GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 9 D (F)
Dr. GANESH 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		08/12/26					
Activity Sheet update by Pharmacy		1.45pm	1:20 pm				

ACTIVITY RECORD FOR BILLING

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Name: GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

UHID No: .....

Date of Admissic .....

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/7/26	3 AM	ER	609	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Mohinish	27/7/26	To be raised	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/7/26	CBC, CPP., DP2,	26023932	
	Calcium, Magnesium		
28/7/26	Whole Exome Sequencing	26024178	
28/7/26	cost on order	(to be raised)	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7/26	Infusion pump	3:30 am	26/7/26 @ 8pm	733184	
27/7/26	infusion pump	12pm	7pm.	733718	Sul

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/7/26	IV line placement	(1)	IT-3364	
27/7/26	MRI Brain with MRA, MRV, MRI whole spine Screening, MRI Orbits plain	1	010130	Sent on
27/7/26	Ambulance charges local	(1)	IT-3310	
28/7/26	VEEG 2/	(1)	10180	

ANY OTHER INFORMATION:

Date: 25/7/26 Time: 1:30 pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sreeja on			

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GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 8 D (F)
Dr. GANESH R

DISCHARGE TRACKING SHEET

OOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	28/7/22 1:30 pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing	28/7/22	1:30 pm			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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PRESCRIPTION FORM FOR SCHEDULE X DRUGS

Date: 27/7/26

UHID No: ..C GUC 00055508.... Gender: ...Female...

Date of Birth: ..19/11/2023.... Age: ..2 yr 5 m.. Ward: ..6th flr..

Name of the Patient: ..YAZHINI KISHORE..

Treating Doctor's Name: ..Dr. GANESH.. Regd. No: ..72145..

S.No	Name of Drug	Quantity
1	Inj - Ketamine 2 ml (100 mg) / 5 ml (250 mg	(1)
2	Tab. Methylphenidate (Inspiral SR) 10 mg	
3	Tab. Methylphenidate (Inspiral) 5 mg	

Others if any: ....

....

Prescribing Doctor:

Signature: ..[signature]..

Name: ..C. DEEPAK..

Date & Time: ..27/7/26 - 11:30am..

Issued by (Pharmacist):

Signature: ..[signature]..

Name: ..Suganya..

Date & Time: ..24/01/26 & 12:05pm..

Note: Please fill all the fields. All fields are mandatory, Incomplete forms can be rejected.

Docu. No: RCH /FRM / CLINICAL / 134

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

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BED SIDE CHECK LIST FOR NURSES

Date:	26/7/26	26/7	20/7						
Doctor's Orders	Dr. Ganesh	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	✓	✓	✓						
IV Site	✓	✓	✓						
Central Lines	✗	✗	✗						
Arterial Lines	✗	✗	✗						
Feeding Catheter	✗	✗	✗						
Urinary Catheter	✗	✗	✗						
Skin Care	✓	✓	✓						
Eye Care	✓	✓	✓						
Mouth Care	✓	✓	✓						
Sterillum Bottle, Stethoscope	✗	✗	✗						
Suction Bottle (Should be clean & empty)	✓	✓	✓						
Intubation Tray	✗	✗	✗						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	✗	✗						
Ventilator Tubing,(Any Water, Blood)	✗	✗	✗						
Humidification	✓	✓	✓						
Check all Infusion (Labelling,Correct Preparation)	✓	✓	✓						
Chest Physio & Neb	✗	✗	✗						
Handed Over By Name :	[illegible]	Sharmila dii	Sneha						
Signature :	[signature]	[signature]	[signature]						
Date & Time:	26/7/26 @8am	26/7/26 @8pm	27/7/26 @8AM						
Hand Over Taken By Name :	Sharmila	[illegible]							
Signature :	[signature]	[signature]							
Date & Time:	26/7/26 8am	26/7/26 8PM							

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036620 **Admit Date** : 26-Jul-2026 **Admit Time** : 12:32 AM **UHID** : GUC-00059568

Patient Details :

Patient Name	: Baby YAZHINI KISHORE	**Age**	: 2 Y 8 M 7 D
Guardian	: Mr MR.KISHORE	**DOB**	: 19-11-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:9,BAJANAI KOIL 6TH STREET, CHOLAIMEDU,CHENNAI Choolaimedu Chennai Tamil Nadu INDIA 600094	**Phone No**	: 9677194230
		E-mail	: KISHORE91NOVEMBER@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 102 **Ward Name** : 0F-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr MR.KISHORE **Relationship** : Father

Contact Address : NO:9,BAJANAI KOIL 6TH STREET,CHOLAIMEDU,CHENNAI Choolaimedu Chennai Tamil Nadu INDIA 600094 **Phone No** : 9677194230 / 9677194230

Signature

Doctor Details :

Doctor Name : Dr. GANESH R **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr. Ganesh R **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby YAZHINI KISHORE**	**Age :**	**2 Y 8 M 7 D**
IP No:	**IP18-00036620**	**Sex:**	**Female**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: > M. Kishore

Name: > Kishore Kumar Murugan

Relationship: > Father

Date: 26-07-2026 Time: 12:32

Witness Name: Bhuvi

Witness Signature:

Patient Address:

NO:9,BAJANAI KOIL 6TH STREET,
CHOLAIMEDU,CHENNAI Choolaimedu
Chennai Tamil Nadu INDIA 600094

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BILLING POLICY

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

DECLARATION

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

Patient Name : > Yazhini Kishore	UHID Number : 59568
Self/Attendant Name : > Kishore Nandhini.	Relation : > father
Self/ Attendant Signature : > Phone Number : > 9677194230	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00059568 IP18-00036620 _____

Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

Department: _____ _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Yazhini. Kishore Age/Sex 2y6m/F

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/O fever for past 1day

↓

suddenly had a episode of seizure in the form of uprolling of eyes & spasm of all 4 limbs lasting for > 15mins

↓

settled after giving IM midazolam

↓

seizure settled

Child is still drowsiness - postictal state

C/O: runny nose x (1d)

Patient Sticker

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

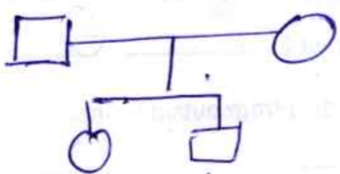
Admitted for Febrile Seizure - June 2024

Birth & Neonatal History:

LSCS / 1.1 kg / Preterm 32 weeks / CIAB / NICU for 25 days for LBW

HC - 48 cm

Family Chart



Birth & Socio Economic History:

About Father : } (N)

About Mother : }

Any additional Information : Father had H/O : febrile seizure at younger age

Developmental History :

(N)

Immunization History :

upto date IAP schedule

Anthropometry :

Head Circum (cms) ~~48 cm~~ 43 cm (< -3SD) (Centile ~~15th - 50th~~) Height (cms): ________ (Centile) ________)

Weight (kgs) 10.2 kg (Centile < 3rd)

On Examination :

Temperature : 101.8°F Pulse Rate : 184/min B.P. 106/84 mmHg SPO2 100% @RA

Resp.rate and type of breathing : 38/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : VBSP

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2(P)

Any murmur : (-)

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

Per Abdomen :

Inspection : Soft / Umblical hernia(P)

Palpation : Soft

Ausculation : NS(P)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Pain response / $E_2V_2M_4$ in Postictal drowsiness.

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) Power cannot be assed

Co-ordinator :

Posture : (N)

Involuntary Movements : (-)

Patient Sticker

Reflexes :

DTR Nl **Superficials:**

Plantars B/L extensor

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Dx: Febrile Status Epilepticus

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC / CRP / RP-2 /
Ca++, Mg2+ /

Planned Management

- IV line
- Syr. P250mg/5ml 3ml if T>100°F Orally/PRN
- Nasal saline drops
- 2V-2V-2V
- Inj Levipil 300mg IV STAT
- Inj Midazolam 1mg IM STAT

Signature of the Doctor: [signature]

Name of the Doctor: C. DEEPAK

Date & Time: 26/7/2018 1:

Signature of the Consultant: [signature]

Name of the Consultant: [signature]

Date & Time: 26/7/20..

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

Docu. No. : RCH /FI

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Your Right to a Safe Delivery

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

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

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Consultant :

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

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Consultant :

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

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 8 D (F)
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CROSS CONSULTATION FORM

Yazhini kishore.

Doctor Name : ..... Date : ..... Time : 2y 6m/F

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

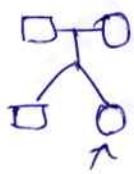
27/7/26

Signature:

Findings and Recommendations :

Moderate preterm - 32 weeks, twin II, B.W - 1.1 kg,

NICU stay -



H/o → seizures in the form of GTCS
2 week back wit fever.

Now presented with fever x 1 day, followed by
1 episode of GTCS - (last) - 2 - 3 mins.
settled with Midazolam.

- Dev - (N) development - climbs stairs, speaks 2 - 3 word.
- Hx/o vision abnormalities → evaluated at Sankara Nethralaya

Consultant :

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

O/E

Dysmorphic facies (P)

HC - 43cm, Microcephaly (P)

Hypertelorism

HC - 43 cm.
(< -3SD)

Vertical nystagmus noted.

Low set ears visible.

Umbilical hernia (P)

Single transverse palmar crease - Simian crease.

Hypotonia.

Plan:

→ MRI Brain ± MRA, MRV, MRS.

→ EEG (Sleep study).

→ Cont. oral levitracetam as per advised.

→ R/w.

Dr. Mohanish.

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE (F)
19-11-2023 2 Y 8 M 7 D
Dr. GANESH R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26	S/B Dr-DEFPOM	
	DSN: Febrile status epilepticus	
	Child reviewed	
	Child has no further seizure episode	
	O/E: child asleep	
	CVS: S1S2 (+)	SPO2 98% RA
	RS: NVBS (+)	PR - 126/min
	P/A: soft	BP: 95/68 mmHg
	CNS: BPERL (+)	
		Rx
		- To monitor for any seizure episodes
		- To monitor vitals, sensorium
		- To trace blood reports
		[signature] 16342

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
26/7/24 9.00AM.	S/B Dr. Chandrakala.	
	Δ - Febrile status epilepticus	
	Child examined	
	Alert, Active	
	no fever spikes since admission	
	no further episodes of seizures	
	oral intake - good	
	c/o Nasal block (+)	
	O/E	
	Afebrile	
	CVS - S_1S_2 (+)	
	RS - B/L AE (+), clear	
	P/A - soft, umbilical hernia (+)	
	CNS - Tone N/N, N/W	
	DTR - 2+ 2+	
	Plantar Extensor	
		Adv.
		- monitor intake
		- W/F fever spikes, seizures
		- Nasoclear nasal drops 2 drops each nostril Q6H
		- Inform (SOS)
	SM 19/12/24.	

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

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/2026		S/c & [illegible]
11.45 Am	Feels [illegible]	
	afebrile now	
	no seizures	
	[illegible]	
		[illegible]
	Dr mohith [illegible]	EEG.
	[illegible]	
		[illegible]
26/7/26 5.30pm	S/B Dr Chandiraleg,	
	D - Febrile status epilepticus	
	Child reviewed	
	one episode lowgrade spike @ 4.30pm.	
	no further seizures.	
	oral intake - good,	
	nasal block (+).	
	O/E	BP - 98/62 mmHg
	Afebrile	PR - 120/min
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A - soft	

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
	Advi	
	- monitor vitals	
	- w/f fever spikes, seizures	
	- Plan EEG [illegible] sir opinion tmrw	
	- Inform (SOS)	
	Sd/- 19/24	
27/7/24 9am	S/B Dr. Chandrakala	
	Δ- Febrile status epilepticus	
	child received	
	Alert, Active	
	Afebrile for 16 hrs	
	no further episodes of seizures	
	oral intake, Activity - good	
	no new complaints	
	O/E	
	Afebrile	
	CVS - S1S2 ⊕	
	RS - B/L AE ⊕	
	P/A - soft, umbilical hernia ⊕	
	reducible	

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CNS – B/L Pupil RTL, [illegible]	
	Tone : N/N N/N	
	DTR – 2+ 2+	
	Plantar – Extensor	
	Adv:	
	BP - 100/65mm Hg	– monitor vitals
	PR - 118/min	– W/F fever spikes, seizures
		– Sy. Levipil 100mg Q12H
		– Nasoclear nasal drops
		– EEG Dr. Mohinish sir opinion
	[signature] 19/11	
	(1) MRI brain c MRA/MRV/MRS c screening whole spine	
	[illegible] MRI ORBIT	
	(2) USG + Chromosomal microarray [illegible] prior to [illegible]	
	[signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/2026		
8:15	Reviewed	
	[illegible]	
	[illegible]	
	no seizure	
	MRI brain [illegible] report (N)	
		[illegible]
	Discharge adv:	
	Syp mucolite 2.5ml – 2.5ml – 2.5ml x 3days	
	– Syp [illegible] to be decided after EEG report.	

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RESULT SHEET

Date	26/12/23					
Time						
Hb	12.1					
PCV	36					
RBC	4.60					
WBC	19,890					
N/L	40 | 50					
Platelets	3,20,000					
CRP	6					
ESR						
PCT						
RBS						
Na	135					
K	4.3					
Cl	101					
Ca/Mg	9.7					
Phosphate / Mg^{2+}	/ 2.3					
Urea	36					
Creatinine	0.51					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: N/K ☐ 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: ED Shifted to: 609

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 : G

Date & Time : 26/7/26 @ 1:30 AM

Nurse Name & Signature: M. Abhi

Date & Time : 26/7/26 @ 1:30 AM

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

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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ 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 / 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: Syp. P 250 mg				Date / Time
Dose	Route	Frequency	Start Date	26/7 4:30 PM
3 ml	P/O	SOS	26/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
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-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. 10.2 kg Ward. 609

DRUG: Nasoclear drops				Date/Time	26/7	27/7	28/7
Dose: 2	Route: PIN	Frequency: Q6H	Start Date: 26/7	12AM		SH/HM	SS/HH
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	4am LL/M	SH/HH	SS/MM
Additional Instructions:				12PM	TS/AA	PS/SL	
				6PM	PS	SP/AA	
Daily Doctor's Endorsement by a Sign							

DRUG: INJ LEVIPIL				Date/Time	26/7	27/7
Dose: 100mg	Route: IV	Frequency: Q12h	Start Date:	12 AM		SH/HM
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions:				12 Pm	TS/AA	PS/SL
Daily Doctor's Endorsement by a Sign						

Stop / change 27/07/26 [signature] 2033/77

DRUG: Syp. LEVIPIL				Date/Time	28/7
Dose: 1ml	Route: Po	Frequency: Q12H	Start Date: 27/7	12 AM	SS/HH
Name & Signature of the Doctor Starting the Drugs: [signature] 2033/77				12 PM	
Additional Instructions: (100mg/ml)					
Daily Doctor's Endorsement by a Sign					

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

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2Y8M7D (F)
Dr. GANESH R

Weight. 10.2kg Ward. 609

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/7/24	12:10 am	Inj Midazolam	1mg	IM	Cam	
26/7/24	12:30 am	Inj LEVIPIL	300mg.	IV	Cam	
26/7/24	12.15am	Neomol Suppository	175mg	P/R	Cam	
27/7/24	4pm	Inj Ketamine	1mg + 0.5mg	IV	Cam	
27/7/24	4.10pm	Inj Propofol	1mg	IV	Cam	
27/7/24	4.12pm	Inj Glycopyrrolate	40mcg	IV	Cam	
28/7/24		Syp PEDIALORYL	5ml	PO	Cam	

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I.V. FLUIDS CHART

Weight. 10.2 kg Ward. 609

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/7/23	1:00 pm	0.9% DNS	40 ml/hr for ... stopped.		Cash	SCY / MM	26/7/23 at 08 am	[illegible]	[illegible]

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

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Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(1)

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/11/26 Time: 3.30am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.0°F

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

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

193 (62) 52

Note: BP does not score in early warning scoring

Heart Rate (Number) 125 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 32 b/m

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(2)

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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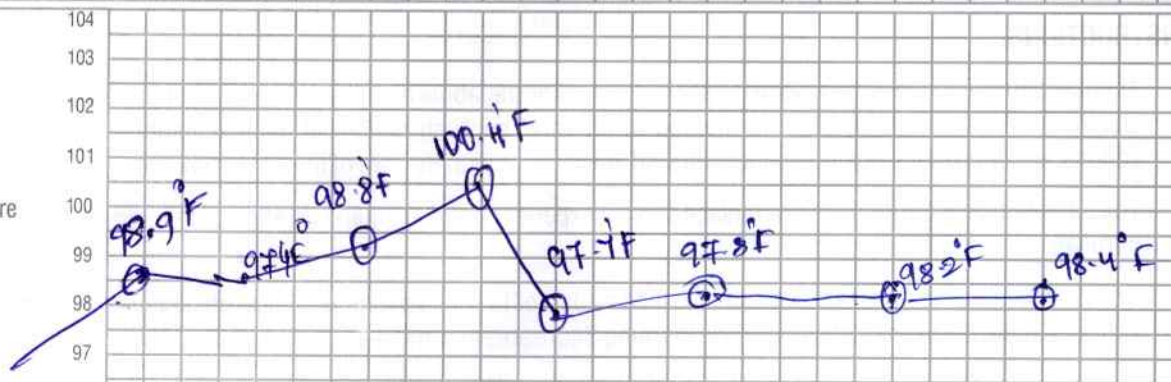
EARLY WARNING SCORE: CHILDREN'S UNIT

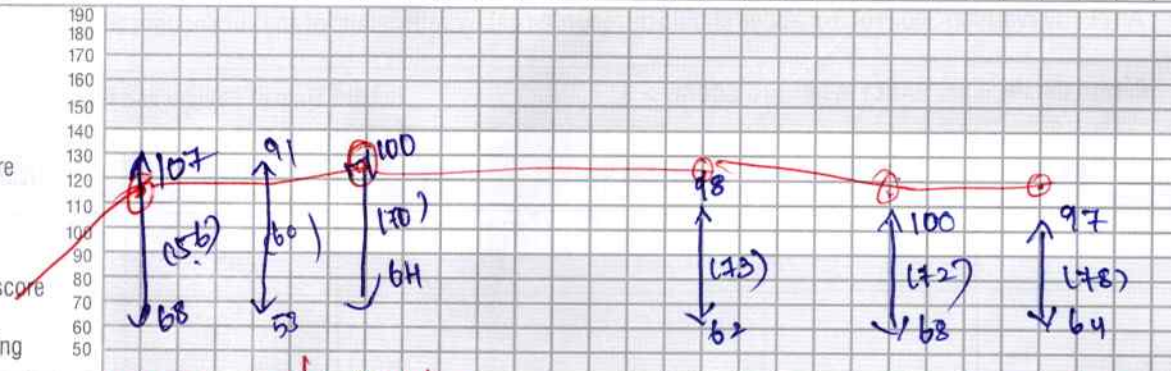
Date : 26/7/24 Time:	9AM	12pm	3:30PM	4:30PM	6PM	8pm	12am	4am	
Doctor / Nurse / Family Concern?									

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	116b/m	122b/m	138b/m	120b/m	118b/m	120b/m

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

Resp Rate (Number)	30b/m	32b/m	38b/m	32b/m	30b/m	31b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA
O_2 Saturations (%)	96%	99%	99%	98%	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	BM	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf		
	Score 1	: Continue normal observation by staff nurse
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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

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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-00059588 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

3

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

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

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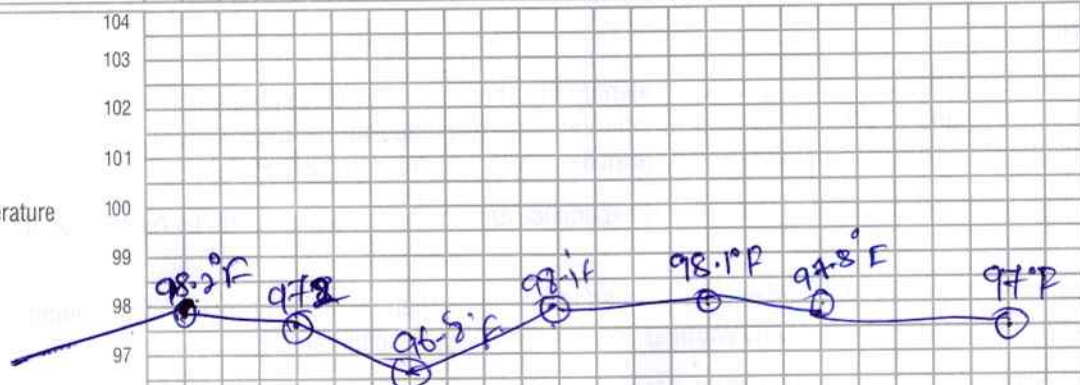
EARLY WARNING SCORE: CHILDREN'S UNIT

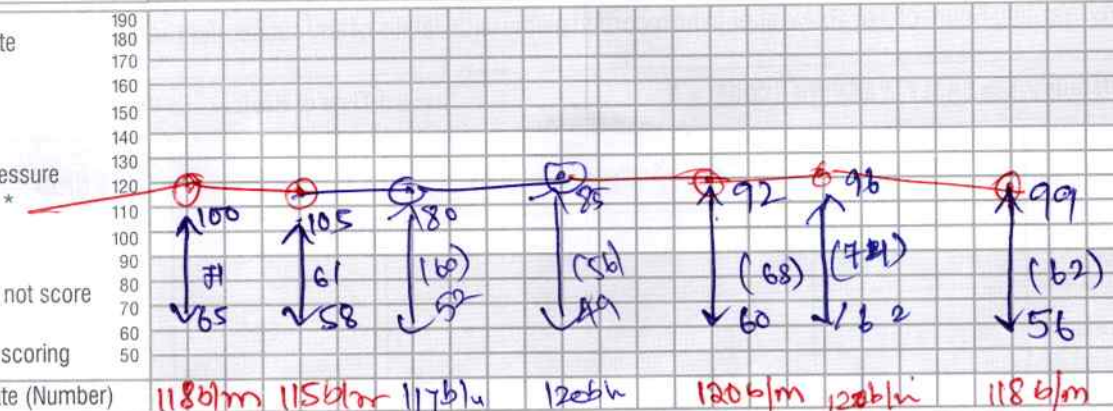
Date : 27/7/26 Time:	8AM	12pm	3.30pm	6pm	8pm	12am	4am
Doctor / Nurse / Family Concern?							

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	118b/m	115b/m	117b/m	120b/m	120b/m	120b/m	118b/m

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

Resp Rate (Number)	30b/m	30b/m	30b/m	28b/m	28b/m	30b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	97%	96%	98%	98%	100%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

25/8/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am	→		on admission		←						
	03:00 am										0	
	04:00 am			40ml								
	05:00 am			40ml						✓	0	
	06:00 am			40ml								
	07:00 am			40ml							0	
Total Intake :				160ml		**Total Output :**						

Total 24 hrs. Intake	+160ml	Total 24 hrs. Output	U - 1

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

26/11/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	20ml	stop						✓	0	
	09:00 am											
	10:00 am										0	
	11:00 am	H2O	50ml									
	12:00 pm									✓	0	
	01:00 pm	H2O	50ml									
Total Intake :		120 ml				Total Output :		2 times				
	02:00 pm	H2O	50ml								0	
	03:00 pm	H2O	50ml							✓		
	04:00 pm										0	
	05:00 pm									✓		
	06:00 pm	H2O	50ml								0	
	07:00 pm											
Total Intake :		150 ml				Total Output :		2 times				
	08:00 pm	Milk	100ml									
	09:00 pm	H2O	30ml								0	
	10:00 pm									✓		
	11:00 pm	H2O	10ml								0	
	12:00 am											
	01:00 am										0	
Total Intake :		140ml				Total Output :		U - 1				
	02:00 am											
	03:00 am	H2O	10ml								0	
	04:00 am									✓		
	05:00 am	H2O	10ml								0	
	06:00 am											
	07:00 am	H2O	20ml								0	
Total Intake :		30ml				Total Output :						

Total 24 hrs. Intake	440ml	Total 24 hrs. Output	U - 5

GUC-00059568 IP18-00036620
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FLUID CHART

Sheet No. : 3

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

27/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am									✓		
	10:00 am	Idly H2O	50M									
	11:00 am	milk	100								0	
	12:00 pm	NPO		40m						✓		
	01:00 pm			40m							0	
Total Intake :			150ml + 80m			Total Output :				2 times		
	02:00 pm			40mL							0	
	03:00 pm	N		40mL						✓		
	04:00 pm	P		DC							0	
	05:00 pm			DC						✓		
	06:00 pm	D		40mL								
	07:00 pm			40mL							0	
Total Intake :				160mL		Total Output :				2 times.		
	08:00 pm	milk	100ml									
	09:00 pm	Tea wth	100ml								0	
	10:00 pm	H2O	50ml							✓		
	11:00 pm										0	
	12:00 am	H2O	50ml									
	01:00 am									✓	0	
Total Intake :			300ml			Total Output :				U-2		
	02:00 am											
	03:00 am	H2O	50ml								0	
	04:00 am	H2O	100ml									
	05:00 am									✓	0	
	06:00 am	H2O	50ml									
	07:00 am											
Total Intake :			200ml			Total Output :				U-1		

Total 24 hrs. Intake	650ml + 240ml	Total 24 hrs. Output	U-7

GUC-00059568 IP18-00036620
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Δ[in] Febrile Status Epilepticus.

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

Surgery / Procedure: —

Post OP Day:

BACKGROUND

Date / Shift	26/7/26 N	26/7/26 M	26/7/26 E	26/7/26 N	27/7 M	27/7 E
Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	Noted	Noted
Diet:	Normal diet	(N) diet	(N) diet	(N) diet	(N) diet	(N) diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	97.2°F	97.7°F	98.5°F	97.2	98.2°F
Res:	32 b/m	26 b/m	32 b/m	32 b/m	30 b/m	30 b/m
SpO_2:	98%	99%	99%	98%	98%	99%
Pulse:	125 b/m	123 b/m	120 b/m	120 b/m	118 b/m	120 b/m
BP:	93/52 (62)	91/52 (60)	100/64	98/64	102/56	85/49
LOC:	Conscious	E4 V5	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	16	17	16	16	16	16
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	—	—	—	—	—
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	Normal diet	(N) diet	(N) diet	(N) diet	(N) diet	
Critical Lab Test / Values:	—	—	—	—	—	
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—

Handed Over By Name :	[illegible]	Shamili	Saranya	[illegible]	Sneha	Praveena
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	26/7/26	26/7/26	26/7/26	27/7/26	27/7/26	27/7/26
Time:	@ 8 am	@ 2pm	8 PM	@ 8 am	@ 2pm	@ 8pm
Taken Over By Name :	Shamili	Saranya	[illegible]	Sneha	Praveena	Serajul
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	26/7/26	26/7/26	26/7/26	27/7/26	27/7/26	27/7/26
Time:	@ 8 am	8 PM	@ 8 pm	@ 8 AM	@ 2pm	8pm

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(1)

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon		→		on admission	←		
Night	4 am.	Ensure adequate hydration level.	6 am.	→ Assess for dehydration → Monitor I/o chart → Administer IV fluid as doctor's order	DWS - 40ml/hr is on flowing as per doctor's ordered.	Maintained Hydration level.	Arthi 607784

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D
Dr. GANESH R (F)

NURSING CARE RECORD

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

Date: 26/7/25

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Assess the child condition Vitals monitor I/O Chart monitor Administered medication		Assessed child condition Vitals monitoring I/O chart monitoring medication given.	Child vitals stable	Re-assessment done	[signature] 0100WR
Afternoon	8 pm	prevent falls and injury.	4 pm	Keep bed in low position with side rails up. ensure call bell in reach.	The bed side rails up both side.	The baby ensure safety done.	[signature] 0200 NR
Night	8 pm	Promote adequate Nutrition.	10 pm	→ Assess nutritional status and appetite → Provide balanced diet to the baby.	Baby takes oral intake good.	Baby's Nutritional status improved	[signature] 00778

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(1)

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	3:30am	Receiving Notes.	
		Baby was received from ER to 6th Floor. IP band and IV-line checked. IV fluids - 40 ml/hr is connected. vitals are monitored. Nasal drops given. Baby was stabled. Baby in Normal diet →	Sythili 607784
	5am	IV fluids - 40 ml/hr is on flow as per doctor's ordered →	Sythili 607784.
	6am	Maintained I/O chart for the baby.	
	7:30am	Baby details are handing over given to Morning duty staff →	Sythili 607784
		Morning Duty 26/7/26.	
	26/7/26 7.30am	Child condition taken over by morning duty Staff Nurse. Handing over Followed By ISBAR method. Child is on Room air SpO2 99%. maintained Child conscious. oriented. pulse volume 2+ bcs 18/18, pupil 2mm equally reactive. IV line present pattern.	Sharmila 010735
	8pm	Child vitals stable. Due medication given as per drug chart orders →	Sharmila 010735
	10pm.	→ child on line ✓. no other complaints	Dy

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	11.40AM	→ Dr. Ganesh sir come and seen the child sir advised Inj. Levipil 100mg 12 hrly and Dr. mohinish opinion + EEG plan.	Divya [signature]
	12pm	→ child vital signs checked and record, vitals are stable. PP ++ / CP ++ / CRT 2sec	Divya [signature]
		→ due medication given as per order chart, intake and output chart maintained & record.	Divya [signature]
		Child vitals stable. Child	
	1pm	Inj - Levipil 100mg given as per drug chart order →	Shamil [signature]
		Child vitals Nasal Clear given as per doctor order.	
	1.30 pm	Child vitals stable Child condition Handed over to EVENING duty staff Nurse.	Shamil [signature]
26/7/26		Evening duty notes.	
	1.30PM	child details Handing over taken from morning duty sis. Vitals, IVF stop. Inj. Levipil 100mg (BD) started 10PM one dose given, tomorrow a) Dr. Mohinish sir opinion b) EEG to do also	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(2)

NURSES NOTES

Rainbow Children's Hospital
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Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	2PM	Baby had food. No vomiting. Comfortable.	OHG
	3.30PM	T. 98.8°F Vitals checked and recorded	
	4.30PM	T - 100.4°F. P-250 3ml P/O given.	
		PP ++ CP ++ CRT <2	
	5PM	Baby sleep well.	
	6PM	T-97.7°F. recorded.	
	7PM	Maintained IV/D chart recorded	OHG
	7.30PM	Handing over given to night duty SIN.	
		Night Duty Notes	
	7:30pm	Baby details are handing over taken from evening duty staff. IV line present. Iv fluid stop. Tommorow Mohinish sir opinion is there and tommorow plan for EEG - to do →	
	8 pm	Baby vitals are checked and recorded. vitals are stabled.	
		CP ++ PP ++ CRT <sec →	
	10 pm	Baby slept well. No complaints of fever spikes. No other complaints →	
27/7/26	12 am	Baby vitals are checked & recorded vitals are stabled. CP ++ PP ++ CRT <2sec	

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Patient Sticker

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 ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	12:10 am	Inj. Levipil 100 mg is given as per Doctor's ordered. →	[illegible] 607784
	2 am	Baby slept well. No c/o of fever spikes. →	[illegible] 607784
	4 am	Baby vitals are checked and recorded. Vitals are stabled. CP ++ / PP ++ / CRT <3sec →	[illegible] 607784
	6 am	Due medications was given as per doctor's ordered. →	[illegible] 607784
	7 am	Maintained I/O chart for the baby.	
	7:30 am	Baby details are handing over given to Morning duty staff →	[illegible] 607784
		Morning Duty	
28/7/26	7:30 Am	Child details handover taken from night duty staff. IV line healthy ⊕. Child conscious & oriented.	[illegible]
	8 Am	Child vital signs checked & Recorded. CP ++ / PP ++ / CRT <3. IVF stop. other no complaints.	[illegible]
	10 Am	Dr. Mohinish Sir advised MRI brain c̄ NRA/NRV/NRS c̄ screening whole spine + MRI orbit	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2Y8M7D (F)
Dr. GANESH R

(8)

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Dr Ganesh sir advised	
	11pm	NPO, IVF 40ml/hrs	
		MRI Scan world Nandanam	
		3.30pm booked	
		maintain I/O chart	
	12pm	child vital signs checked	
28/7/26		& Recorded [OP ✓ / PP ✓✓ / CRT <3]	
		maintain I/O charts	
	1.30 pm	child details handover is	
		given to evening duty	
		Staff	
		Evening duty notes.	
27/7/26	1.30pm	child details hand over.	
		taken from Morning duty	
		Staff. child was Active	
		and oriented →	[illegible]
	2pm.	child IV line pattern is	
		healthy and observed. IVF	
		0.9% NS 40ml/h. on flow →	[illegible]
	3pm.	child Today MRI is Plan.	
		child was NPO. →	[illegible]
	3.30pm.	child shift to Scan	
		word. vitals checked and	
		Recorded. vitals normal →	[illegible]
		[CP ++ / PP ++ / CFT <3sec]	

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

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	4pm	Child sedation given as per drug chart order →	Pravalli 020890
	5.50pm	Child came to Hospital. No any other complaint. MRI done. →	Pravalli 020890
	6pm.	Child IV fluids is 0.9% DNS - 40ml/h on flow 2 hours NPO. After 8 hrs. to break NPO. →	Pravalli 020890
		Maintained intake and output chart. vitals checked and recorded. vitals Normal →	Pravalli 020890
		CP ++ / PP ++ / CRT <2sec	
		One medication given as per drug chart →	Pravalli 020890
	7.30pm	Hand over given from Night duty Staff →	Pravalli 020890
		Night duty Notes.	
27/7/26	7.30pm	child details hand over taken form evening duty staff. child consious & active. →	Serajul 018912
	8pm.	child vitals checked & record temp is normal. CP ++ / PP ++ / CRT <2sec	
		child IV line (+) IV line Obser	

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

Rainbow® Children's Hospital
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Patient's Name: GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

MRD NO:..........

Age :.................... M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 26/7/26 Time: 12:15am

Location : (R) Metacarpal

Size : 24G

Cannula inserted by : S/N: Astri

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
26/7/26	12:15	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	am	☐Yes ☐No	☐Yes ☐No		
	4am	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	8Am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	6PM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
27/7/26	2am	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12 PM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4Pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8Pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
28/7/26	2am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6 am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

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Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/11/26 4am	DATE 26/11/26 8AM	DATE 26/11/26 3PM	DATE 26/11/26 8pm	DATE 27/11/26 8AM
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4	4	4	4	4	4
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1	1	1	1	1
	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		16 14	14	14	14	14

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓		✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		X	X	X	X	X
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		26/11/26	26/11/26	26/11/26	26/11	27/11
Time:		4am	8AM	3 PM	8pm	8AM

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
26/7/26	8AM	0/10	–	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
26/7/26	4PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
26/7/26	10pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/7/26	9AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/7/26	10pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

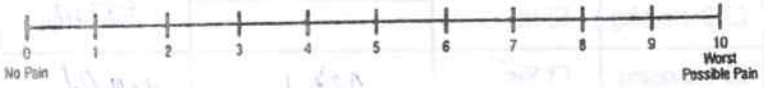
Re-assessment Frequency:

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

(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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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : D

				Date :	25/7/26	26/7	26/7	26/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Febrile status Epilepticus Plan 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		
26/7/24	4am	Yes	Explained about the treatment and Medications	Mother	Nil	Verbal	None	Yes	Good	
26/7/24	12pm	Yes	Explained about Hand hygiene	mother	Nil	verbal	NON	yes	Good	
27/7/24	8AM	Yes	Explained about nutrition to maintain diet	Mother	NIl	verbal	None	yes	good	
28/7/24	9AM	Yes	explained about Bed rails safety	Father	NIl	oral	NIl	Yes	Good	

Part - III: CODES

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

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

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 8.30 am Mode of Arrival: carry by Parents Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: —

Body Weight: 10.2 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Admitted for Febrile seizure - June 2026.

Family History: Nil

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

If yes please list, —

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

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

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

Observations: Weight: 10.2 kg Length: — Head Circumference (< 2 years): 48 cm

Temp.: 98°F HR: 125 b/m RR: 32 b/m BP: 93/52 (62)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 16 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING:

☑ No Abnormalities Detected

☐ Mobility Problem
☐ 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

(P.T.O)

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: ..... Mythili ..... Date: ..... 25/7/26 ..... Time: ..... 4:15 am Signature Mythili
607789

GUC-00059568 IP18-00036620
Baby YAZHINI KISHORE
19-11-2023 2 Y 8 M 7 D (F)
Dr. GANESH R

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/7/26 Time of arrival : 12:10 AM

Chief Complaints: C/o. fever x 1 day. Active Seizure RBS: 184mg/dl

Height : — Weight : 10.2kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:
- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:
- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:
- ☑ Escort while ambulating
- ☐ Assist Patient
- ☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected
- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria
—

Nutritional Screening: ☑ No Abnormalities Detected
- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: (Date/Time): 26/7/26 0:12:12AM

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 12:25AM

(P.T.O.)

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

Time	Nursing Notes
12:00 am	Baby Come to ER c complain of fear x [illegible]
	seizure in the form of uprolling of
	eyes. With Jerky movements, 1-2 mins and
	child regained consciousness after 5 mins.
	Checked vital signs & recorded.
	S/b Dr. Deepak. Inform to Dr. Ganesh.
	Admitted to admission, IV cannula placement done.
	Blood sample collected sent to lab, Baby i Home

observation in ER, after shift to ward. Starting inj. Lenipl[illegible]

Samples collected by: / S/N. Athi   Time: / 12:05am.

Samples sent by: S/o: Imam   Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign
12:10 am	Inj: Midaz	IV	1mg	[signature]	[signature]
12:30 am	Inj: Levipile.	IV	300mg	[signature]	[signature]
12:15am	Neomol				
	Suppository	P/R	150mg	[signature]	[signature]

Condition of patient at time of shift - out :

HR: 140 b/m BP: 106/60 CFT: <3 sec

RR: 36 b/m SPO$_2$: 100%

GCS: 15/15 Temperature: 98.6°F

Pain Score: 0/10

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 6th floor

Time of Shift - out: 26/7/26 @ 3:15am

Handover given to: (Nurse's Name) S. [illegible] OPD

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done.

(D) Metacarpal 24 G 26/7/26 @ 12:10 am.

Name of the Nurse: Athi

Signature of the Nurse: [signature]

Date & Time: 26/7/26 @ 12:15am

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. DEEPAK
Date : 26/7/00

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

Start Time of Assessment: .... Weight: 10.2 kg.

Allergic History: (-)

Chief Complaints:
C/O: fever x 1d
seizure -> x GTCS
> 15 min

Pediatric Assessment Triangle

A Appearance - TICLS: active, seizure

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: seizure
↓
inj Midazolam IM

Significant Past History: Febrile seizure
Medication History: nil
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% RA
Rhythm: ....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: RAE (+)
Palpation Findings (If necessary): (N)

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

Circulation

HR: 84/min CFT Central ..... Peripheral .....

BP: 106/68 mmHg

Pulse Volume: Central ..... Peripheral .....

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

Muffled Heart Sound: ☐ Yes ☒ No

Engorged Neck Veins: ☐ Yes ☒ No

Murmurs: ☐ Yes ☒ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☒ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Disability

GCS: active & sinus AVPU: .....

Pupils: Responsive ☐ Non-Responsive ☒

Size Right .....

Left .....

Active Seizures: ☐ Yes ☐ No Sugars: 184 mg/dl

Signs of Neurological compromise .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes IM Fydazolam

Exposure

Temp.: 101.8 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: .....

Abdo USG

Treatment Planned: .....

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. Aggarwal

Signature: .....

Date & Time: 26/7/16 @ 2:00 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

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EMERGENCY ROOM TRIAGE FORM

wt - 10.2kg

Patient's Name : Yazhini Kishore. Age : 2Y6M Gender: ☐ Male ☑ Female

Date : 26/7/26 Time of Arrival : 12.10AM.

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

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

RBS - 184

Initial Vital Signs: Temp: 101.8°F PR: 184 BP: 106/60 (H) RR: 38 SpO_2: 100 @ NRM.

Chief Complaints: Active Seizure @ / fevers 1 day

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

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

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

* CTAS - Canadian Triage and Acuity Scale

✓ C. Nah.
Signature of Parent / Guardian

Triage Completion Time : 2 min

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 : Iman

Signature of Triage Nurse : .....

Date & Time : 26/7/26 @ 12.15AM

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

@ 12.10AM. Supp. Neomol 170 mg

@ 12.10AM. Inj. Midaz 1mg (I/M)

PATIENT TRANSFER FORM

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Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Ganesh	26/7/26 01:12:32 am	26/7/26 01:3[illegible] am
Transfer Ordered by	**Reason for Transfer**	
Dr. Deepak	fulhiy managem	
From Unit	**To Unit**	**Information to Attendant**
ER	609	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
10	Nil	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr.- Fibrib seizure epilepsy

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	C - DEEPAK

Patient & Clinical Records Received by : [illegible] 607784

Date & Time of Patient Received : 26/7/26 @3[illegible]pm

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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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
26/7/26	12.10 am	184 mg/dl	—	[signature]