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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 27/7/26

Name of the Patient: GUC-00079043 IP18-00036618 Baby DEVV HARI 05-05-2025 1 Y 2 M 22 D (M) Dr. GANESH R

Gender: Male

UHID No: .....

Room No: 704

Ward: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign P. Kavi Room

Date: 27/7/26

Time: 6 am

Pharmacy Sign

Date: 27/7/26

Time: .....

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

Rainbow Children's Hospital

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

DISCHARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6 AM	PKV 6-05-25				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 20 D (M)
Dr. GANESH R

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

Date of Admission: .....

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

Room / Bed No: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/7	8.50PM	ER	704	17894.

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/7	CBC, CRP, RPR	26023922	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7/20	Infusion	27/7/20 @ 12 am	27/7/20 @ 3.15 pm	1733418	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/7	IV Placement	(1)	1733097	
	Neb. T O_2	(1)	1733100	
26/7/26	Neb T O_2	(3)	1733179	P.V 60726
26/7/26	Neb T O_2	(2)	1733233	
26/7/26	Neb T O_2	(1)	1733341	
27/7/26	Neb T O_2	(3)	1733419	P.V
27/7/26	Neb T O_2	(2)	1733420	P.V

ANY OTHER INFORMATION:

Date: 27/7/26 Time: 7 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P.V 60726			

Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	27/7/26 at.				
	INTIME	OUT TIME			
Arrangement of File by Nursing		27/7/26	Swaf 69318		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

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BED SIDE CHECK LIST FOR NURSES

Date:	25/7	26/7	27/7						
Doctor's Orders	yes	YES	YES						
Carried out or not	yes	YES	YES						
Bed Side									
Structured Handover done	yes	YES	YES						
IV Site	yes	YES	YES						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	[illegible]	NA						
Skin Care	NA	YES	NA						
Eye Care	NA	YES	NA						
Mouth Care	NA	YES	NA						
Sterillum Bottle, Stethoscope	yes	YES	YES						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	yes	YES	YES						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	26/7 @ 3pm	26/7 8AM	27/7 8AM						
Hand Over Taken By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	26/7 8PM	26/7 8AM							

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 : IP18-00036618 **Admit Date** : 25-Jul-2026 **Admit Time** : 07:43 PM **UHID** : GUC-00079043

Patient Details :

Patient Name : Baby DEVV HARI
Guardian : HARIPRASAD
Gender : Male
Occupation :
Address (H) : NO 17/30 FLAT NO 2A KINGSWAY APTS 5TH CROSS STREET Aminijikarai Chennai Tamil Nadu INDIA 600029

Age : 1 Y 2 M 20 D
DOB : 05-05-2025 01:00 AM
Religion :
Martial Status :
Phone No : 9566178787
E-mail : nom@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 : HARIPRASAD **Relationship** : Father
Contact Address : NO 17/30 FLAT NO 2A KINGSWAY APTS 5TH CROSS STREET Aminijikarai Chennai Tamil Nadu INDIA 600029 **Phone No** :

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

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby DEVV HARI**	**Age :**	**1 Y 2 M 20 D**
IP No:	**IP18-00036618**	**Sex:**	**Male**
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: V. Rajesh)

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: V. Rajesh

Name: [redacted] Hariprasad.
Relationship: Father
Date: 25/07/2026 Time: 7.44 PM
Witness Name: Savithra
Witness Signature:

Patient Address:
NO 17/30 FLAT NO 2A KINGSWAY
APTS 5TH CROSS STREET Aminijikarai
Chennai Tamil Nadu INDIA 600029

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 : Baby. Aarv Hari	UHID Number : GUC-000 79043
Self/Attendant Name : Hari prasad	Relation : father
Self/ Attendant Signature : V. Prasad Phone Number : 9566178787	Name & Signature of Financial Counselor

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00556/86449

To
வே ரோகிணி
V Rohini
D/O Venkatapathy
No 6, Ganesh nagar,
Ganesh Nagar
Villa Park road, Behind Casagrande
Kurumbapalayam
Sarkarsamakulam
Coimbatore Tamil Nadu - 641107
9566178787

Signature Not Verified
Digitally signed by DS UNIQUE IDENTIFICATION AUTHORITY OF INDIA OU
Date: 2023.07.18 11:20:17 UTC

உங்கள் ஆதார் எண் / Your Aadhaar No. :

6069 1197 9221

VID : 9139 4458 7699 9434

எனது ஆதார், எனது அடையாளம்

Issue Date: 01/01/2014

இந்திய அரசாங்கம்

Government of India

ஆதார்

வே ரோகிணி
V Rohini
பிறந்த நாள்/DOB: 03/03/1990
பெண்/ FEMALE

6069 1197 9221

VID : 9139 4458 7699 9434

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளச் சான்று, குடியுரிமைக்கான சான்று அல்ல
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது
- பாதுகாப்பான QR குறியீடு/ஆஃப்லைன் XML / ஆன்லைன் அங்கீகாரத்தைப் பயன்படுத்தி அடையாளத்தைச் சரிபார்க்கவும்
- ஆதார் கடிதம், பிவிசி கார்டுகள், இ ஆதார் மற்றும் எம் ஆதார் போன்ற அனைத்து வகையான ஆதார்களும் சமமாக செல்லுபடியாகும். 12 இலக்க ஆதார் எண்ணுக்கு பதிலாக மெய்நிகர் ஆதார் அடையாளத்தை (VID) பயன்படுத்தலாம்.
- 10 ஆண்டுகளுக்கு ஒரு முறையாவது ஆதாரை புதுப்பிக்கவும்
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற உங்கள் ஸ்மார்ட் போன்களில் எம் ஆதார் செயலியைப் பதிவிறக்கவும்
- பாதுகாப்பை உறுதிப்படுத்த ஆதார் / பயோமெட்ரிக்ஸ் லாக் / அன்லாக் அம்சத்தைப் பயன்படுத்தவும்
- ஆதார் கோரும் நிறுவனங்கள் உரிய ஒப்புதலைப் பெற வேண்டும்
- **Aadhaar** is a proof of identity, not of citizenship.
- **Aadhaar** is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of **Aadhaar** like **Aadhaar** letter, PVC Cards, **eAadhaar** and **mAadhaar** are equally valid. Virtual **Aadhaar** Identity (VID) can also be used in place of 12 digit **Aadhaar** number.
- Update **Aadhaar** at least once in 10 years.
- **Aadhaar** helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in **Aadhaar**.
- Download **mAadhaar** app on smart phones to avail **Aadhaar** Services.
- Use the feature of lock/unlock **Aadhaar**/biometrics to ensure security.
- Entities seeking **Aadhaar** are obligated to seek due consent.

Download Date: 18/07/2023

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

ஆதார்

முகவரி:
ட/ஒ வெங்கடபதி, எண் 06, கணேஷ் நகர்,
வில்லா பார்க் ரோடு, பெஹிந்தி கசக்ராண்டே,
குரும்பபாளையம், சர்க்கரசமாகுலம்,
கோவை,
தமிழ் நாடு - 641107

Address:
D/O Venkatapathy, No 6, Ganesh nagar,,
Ganesh Nagar, Villa Park road, Behind
Casagrande, Kurumbapalayam,
Sarkarsamakulam, Coimbatore,
Tamil Nadu - 641107

6069 1197 9221

VID : 9139 4458 7699 9434

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 20 D (M)
Dr. GANESH R

Department: _____

Consultant: _____

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Dev Hari. Age/Sex 1y 2m/Male

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

C/o - Cough & Running nose x 1 day

Fast breathing since morning -

History of present illness :

- child has c/o. cough for 1 day
  c/o: Fast breathing
  Chest indrawing | since morning.
  ↓
- Treated with Nebulization in OPD basis but has persistent cough & dyspnea.

- Had fever spikes ⊕ @ ER

- CXR - ⊖

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

ls of any previous investigation or treatment)

No h/o hospitalization

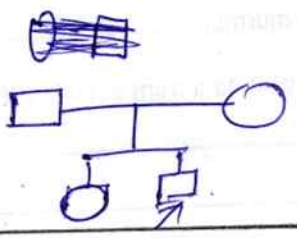
Birth & Neonatal History:

PT (34+3 wks) / BW - 2.1 kg / IDM

NICU stay x 1 day for observation.

D/S on Day (2)

Family Chart



Birth & Socio Economic History:

About Father : (N)

About Mother :

Any additional Information :

Developmental History : (N)

Immunization History : upto date

Anthropometry :

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

Weight (kgs) 9.8 kg (Centile _____)

On Examination :

Temperature : 100.5°F Pulse Rate : 180/min B.P. _____ SPO2 95% @ RA.

Resp.rate and type of breathing : 38/min.

Retractions (+).

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System : SCR, ~~IER~~, SSR (+)

Inspection (any s/o distress) :

Air entry & breath sounds : b/l AE equal, expiratory wheeze (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : No murmur

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

Per Abdomen :

Inspection :

Palpation : Soft, non tender, no HSM

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

Superficials:

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:
Acute Exacerbation of wheeze

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC /
CRP /
RP-2 /

Planned Management

- Neb Levolin 0.31mg Q3H (Check HR before Neb)
- Neb Budecort 0.5mg Q12H.
- IV Hydrocort 100mg
  ↓
  50mg Q6H
- IVF - DNS - 15 cc/hr.

Signature of the Doctor: T.Y
Name of the Doctor: T. Yuvaraj
Date & Time: 25/7/26 @ 8 AM.

Signature of the Consultant:
Name of the Consultant:
Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facilty 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-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

704.

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RESULT SHEET

Date	25/7					
Time						
Hb	10.9					
PCV	32					
RBC	4.28					
WBC	14970					
N/L	62/24					
Platelets	2.7 lk					
CRP	<5					
ESR						
PCT						
RBS						
Na	139					
K	4.3					
Cl / Ricarb	103/19					
Ca/Mg						
Phosphate						
Urea	27					
Creatinine	0.37					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/11/25 9.30 AM	S/B - Dr Yuvaraj	
	Child reviewed	
	A - Acute exacerbation of wheeze	
	c/o cough, c/o fever	
	oral intake - poor	
	mild SCR & ICR ⊕	
	SpO_2 - 98% @ RA	
	RR - 40/min	
	RS - b/l AE ⊕, expiratory wheeze ⊕	
	Other system - WNL	
	Labs: CBC, CRP - RP-2 - (N)	
	Adv: Continue	IVF - PNS - 15 cc/hr
	• Neb Levolin q6H	
	Neb Budecort q12H	
	IV Hydrocort 50mg q8H	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/22 9AM.	S/B Dr. Chandralekha. / homes	
	D- Acute exacerbation of wheeze.	
	child reviewed Alert, Active cough (+) NO Tachypnoea, resp distress Comfortable in room air Tolerating oral feeds well	
	O/E	
	Afebrile CVS - S1S2 (+) RS - B/L AE (+) wheeze (+) RR - 36/min SpO_2 - 97% RA WOB - (N) P/A - Soft	
	Adv: - monitor vitals - Neb Levolin 0.31mg QHH - Neb Budecort 0.5mg BD - Inj. Hydrocortisone 50mg IV QHH - Syp Montelukast 2.5ml OD - Inj Pantoprazole 10mg - W/F Resp distress, tachypnoea, Hypoxia - Inform SOS	

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

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/24 5pm.	S/B Dr. chandiralega.	
	A - Acute exacerbation of wheeze.	
	Child seen and Alert, Active no Tachypnoea, distress. WOB - (N)	
	O/E Afebrile RS - B/L AE (+) wheeze (+). RR - 34/min SpO_2 - 98% RA	
		Adv: - monitor vitals - W/F escalation / resp distress - Nebulisations as per chart - Inform (SOS)
	SCP 19/7/24.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/24 9AM	S/B Dr. Chandrakala,	
	D - Acute exacerbation of wheeze	
	child semiconscious Alert, Active no c/o fever spikes, Resp distress, tachypnea Tolerating oral feeds well. no new complaints. urine output - good, Running nose (+)	
	O/E Afebrile CVS - S1S2 (+) RS - B/L AE (+) RR - 30/min SpO2 - 99% RA WDR - (N)	
		Adv: - monitor vitals - Neb Levolin 0.31mg Q6H - Neb Budecort 0.5mg Q12H - Syp Omnacortil 5mg/5ml 5ml/Q12H - W/F Resp distress, tachypnea, desaturation.
	9:12H.	

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05-05-2025 1 Y 2 M 22 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	27/7/2025 11AM.	S/x D hanuk
	Acute exacerbation of Wheeze	
	Recurrent	
	Atopic	
	Rs. Wheeze + no distress.	
	Afebrile.	
	① Levolin MDI — 2 puffs	R4H x 3 days
	② Budecan MDI (Budesonide)	2 puffs — BD 2 days x 1 month
	Tab Pcm kit	
	O/E. Oxygen sat	Stable RA x 3 days
	R/ on	29/7/2025 or earlier if needed
		hanuk

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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Baby DEVV HARI
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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: BR Shifted to: 704

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 : T. Yuvaraj & T. Yr

Date & Time : @8.30PM 25/7

Nurse Name & Signature: Aman

Date & Time : 25/7 @8.30PM

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
26/7/26	12.00 AM	Neb. Levolin – 0.31mg iO_2	P. Kavi	
	3.00 AM	Neb. Levolin – 0.31mg iO_2	P. 60726	
	7.00 AM	Neb. Levolin – 0.31mg iO_2	P. Kavi 6072	
26/7/26	03.00 8AM	Neb. Budecort 0.5mg tO_2	Sinedhy 607353	V. Selvi
	04.00 11AM	Neb. Levolin 0.31mg tO_2		
	05.00 3 pm.	Neb. Levolin 0.3mg iO_2 (1)		
	06.00 7PM	NEB. Levolin 0.3mg.		
	07.00 8 PM	Neb. - Budecort 0.5mg		
27/7/26	08.00 12.00AM	Neb. Levolin 0.63mg	P. Ravi 607326	
	09.00 6.00AM	Neb. Levolin 0.63mg.		
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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DRUG CHART

Date of Admission: 25/7 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 *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: P-100 drops				Date / Time
Dose: 1.5ml	Route: P/o	Frequency: Q6H	Start Date: 25/7	
Doctor's Signature: T.Y	Valid Period:	Pharm.:		
Additional Instructions: If temp > 100°F				

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:				

Signature .....

VERIFIED BY : Name .....

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Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG : Neb LEVOLIN

Dose	Route	Frequency	Start Date
0.3ml	Neb	Q3H	25/7

Name & Signature of the Doctor Starting the Drugs: T.Y

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
12am	P.K E.P
3am	P.K E.P
6am	P.K E.P (7AM)
9am	
12pm	
3pm	
6pm	
9pm	

changed 26/7/25 at 7Am

DRUG : Neb BUDECORT

Dose	Route	Frequency	Start Date
0.5mg	Neb	Q12H	25/7

Name & Signature of the Doctor Starting the Drugs: T.Y

Additional Instructions:

8pm E.P / K.M

Daily Doctor's Endorsement by a Sign

Date / Time	25/7	26/7	27/7
8:30 PM	NKD.	8am SM / NS	8am SM / NS

DRUG : ~~Neb~~ HYDROCORTISONE

Dose	Route	Frequency	Start Date
50mg	IV	Q6H	25/7

Name & Signature of the Doctor Starting the Drugs: T.Y

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/7	27/7
2am	P.K / E.P	
8am	SM / NS	
9pm	B.S / E.P	
8pm	E.P / K.M	

stopped 27/7/25 at 1AM

DRUG : Syp MUCOLITE

Dose	Route	Frequency	Start Date
2.5ml	P/o	Q8H	25/7

Name & Signature of the Doctor Starting the Drugs: T.Y

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/7	27/7
8am	SM / NS	SM / NS
2pm	E.P / SK	
10pm	E.P / K.M	

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 9.8kg Ward .....

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	IV	OD	25/7

Name & Signature of the Doctor Starting the Drugs: T.V

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 25/7 26/7 27/7

8:30 pm IKD. 8 am PIL E.P

Stopped 27/7/26 at 1PM

DRUG : NEB. LEVOLIN

Dose	Route	Frequency	Start Dt.
0.3mg	Neb	QUH	26/7

Name & Signature of the Doctor Starting the Drugs: SV 19/24

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 26/7 27/7

8am Sm RM
12pm PIL E.P
4pm Sm RM
8pm 4PM ES/SS
1pm E.P
11pm PIL E.P

Stopped 27/7/26 at 1AM

DRUG : SYP. OMNACORTIL

Dose	Route	Frequency	Start Dt.
5ml	PO	Q12H	26/7

Name & Signature of the Doctor Starting the Drugs: SV 19/7/24

Additional Instructions: 5mg/5ml @ 1mg/kg/day.

Daily Doctor's Endorsement by a Sign

Date/Time: 26/7 27/7

8PM Sm NS
9PM PIL E.P
D1 D2

DRUG : NEB. LEVOLIN

Dose	Route	Frequency	Start Dt.
0.3mg	Neb	Q6H	27/7

Name & Signature of the Doctor Starting the Drugs: SV 19/7

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 27/7

6am EP AK
12pm
6pm
12AM

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date/Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

GUC-00079043
Baby DEVV HARI
05-05-2025
Dr. GANESH R
IP18-00036618
1 Y 2 M 21 D (M)

Weight. ..... Ward. .....

	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
25/7	6PM	Neb LEVOLIN	0.3ml + 3 neb (4 @ PO)	back to back	T	
25/7	8.25 PM	HYDROCORTISONE	100 mg	IV	T	
25/7	7.40 PM	PARACETAMOL suppository	170 mg	P/R	T-Y	

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... 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
25/7/26	18 Apm	DNS	IV	15	T-24	P.G / E.P	26/7 at 10pm		Sm / NS
26/7/2026		0.9% NS	IV	80cc/hour		Sm / NS			
		stop by 6pm if infusion is not finished							

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

GUC-00079043
Baby DEVV HARI
05-05-2025
Dr. GANESH R

IP18-00036618

1 Y 2 M 21 D (M)

No. : RSH/ 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 : 25/7/26 Time: 9.30 PM 12 AM 4 AM

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

ON ADMISSION 98.9°F 98.0°F 97.5°F

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

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

Note: BP does not score in early warning scoring

132 b/m 124 b/m 118 b/m

Heart Rate (Number)

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

70 60 50 40 30 2 1

34 b/m 30 b/m 30 b/m

Resp Rate (Number)

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

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: 26/7/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor / Nurse / Family Concern?

Temperature (°F): 98.6°F | 97.5°F | 98.3°F | 98.8°F | 98.6°F | 98°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 130bpm | 130bpm | 129bpm | 140bpm | 136 b/m | 129bpm

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

Resp Rate (Number): 32bpm | 30bpm | 32bpm | 32bpm | 40bpm | 34

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

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

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

Patient Sticker

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH 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.

25/7/26		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	—		ON	ADMISSION					→		
	10:00 pm										0	P.V
	11:00 am										0	P.V
	12:00 am									✓	0	P.V
	01:00 am			15ml							0	P.V
Total Intake :	15ml					**Total Output :**	Diapers changed					
	02:00 am			15ml							0	P.V
	03:00 am	H20	20	15ml							0	P.V
	04:00 am			15ml							0	P.V
	05:00 am	H20	20	15ml						✓	0	P.V
	06:00 am			15ml							0	P.V
	07:00 am			15ml							0	P.V
Total Intake :	40ml + 90ml					**Total Output :**	Diapers changed					

Total 24 hrs. Intake	105ml	Total 24 hrs. Output	2 times Urine passed.

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1 Y 2 M 21 D (M)

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FLUID CHART

Sheet No. : 07

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.

26/7/26		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	Aptamil	150ml	DC			✓			(charged) diaper	0	AA
	09:00 am			DC							0	AA
	10:00 am	Aptamil	150ml	8ml							0	AA
	11:00 am			8ml						diaper charged	0	AA
	12:00 pm	Aptamil	150ml	8ml							0	AA
	01:00 pm	H2O	50ml	8ml						diaper charged	0	AA
Total Intake : 622ml						Total Output : 3 time diaper changed						
	02:00 pm										0	
	03:00 pm	FF	100ml							✓	0	
	04:00 pm										0	
	05:00 pm	FF	100ml								0	
	06:00 pm									✓	0	
	07:00 pm										0	
Total Intake : 260ml						Total Output : 2 times NO						
	08:00 pm											
	09:00 pm	FF	100							✓	NO	
	10:00 pm											
	11:00 pm									✓	IV	
	12:00 am											
	01:00 am	FF	140ml								line	
Total Intake : 240ml						Total Output : 2 times						
	02:00 am										NO	
	03:00 am									✓		
	04:00 am	FF	100								IV	
	05:00 am											
	06:00 am									✓	line	
	07:00 am	FF	140									
Total Intake : 240ml						Total Output : 2 times						

Total 24 hrs. Intake	1162 ml	Total 24 hrs. Output	Urine : 8 times motion : 4 times

8 times FF feeds.

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 25/7/26

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	9.30 pm	Assess the child condition monitor vitals maintain I/O Encourage orals	11 AM	Assessed the child condition monitored vitals maintained I/O Encouraged orals	child is vitals stable	child feel better	Pler 60726

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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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	8AM	Assess the child condition Monitor vitals Maintain I/o Encourage orals	10AM	Assessed the child condition Monitored vitals Maintained I/o Encouraged Orals	vitals are Stable.	Re-assesment done.	
Afternoon	1:30pm	- Assess the child General Condition - Teach the parents how to prevent Infection	4pm	- Assessed the child General Condition - Tough the Parents how to prevent Infection	Tough the parents how to prevent Infection	Parents aware of Infection	
Night	8PM	Assess the Child General Conditions Teach the parents how to prevent infections	10AM	Assised the child General condition - Tough the parent how to Prevent infections	Tough the patient how to prevent infections	awarness of parents Re Assesement Done	

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NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies ..... N.I.L .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
25/7/26	9.30pm	Child details handover taken over from FR Staff Child complaint of cough and fast breathing, Now is review, Op basis investigations done, CBC, CRP, RP-2 done. Neb Nebulin ball to bat Inj. Hydrocort Stat, Temp - 100.5°F / Neonatal 170mg 18 kgs, Neb Levolin 0.3 H, Neb Budicort 1.2 H IV line @, IVF - 15ml/hour	→ P. Kaumo 607261
	10.00pm	Patient Temperature reduced 98.9°F, Monitor vitals	→ P. Kaumo 607261
26/7/26	12.00am	Child vitals checked and recorded. Neb. Levolin given.	→ P. Kaumo 607261

12am	CP	PP	CFT
	++	++	2 sec

	2.00am	Dr. Yuvaraj seen the child Continue Neb Levolin 0.3 H, CRP < 5, Inj. Hydrocort 50mg given and recorded.	→ P. Kaumo 607261
	3.00am	Neb Levolin 0.3 mg given and recorded.	→ P. Kaumo 607261

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
26/7/26	4.00 AM	Child vitals checked and Recorded.	
		4 AM | CP ++ | PP ++ | CRT <2sec → P. Kpl 60726.	
	7.00 AM	Child due Medications given and Recorded. Dr. Deepak sir come and see advised continue Nebulization → P. Kpl 60726	
	7.30 AM	Child details handover given to Morning duty → P. Kpl 60726	
		MORNING DUTY	
26/7/26	7:30 AM	child details handing over taken from night duty staff child wear no fever spike CBC, CRP, PP2 wear normal, CRP<5, Child Neb. Levolin 0.3mg PIN, Q4 Hrly, Neb. Budecort 0.5mg PIN Q12 Hrly, Continue, Inj. Hydrocort Q8 Hrly. →	Sruf 60726.
	8 AM	child vital signs checked and recorded. Maintained Flo chart. Due medication given as per order. Neb. Budecort given PIN as per order. →	Sruf 60726.
	10 AM	child vitals are stable. maintained Flo chart. 10 AM | CP ++ | PP ++ | CRT <2sec →	Sruf 60726.
	11 AM	child IVF 15ml/hr on flows, Neb. Levolin 0.3mg PIO given as per order →	Sruf 60726.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00079043 IP18-00036618
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(2)

NURSES NOTES

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies
☐ Drug Allergies ..... N.K.A.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	12pm	Child Vitals are stable, Maintained the chart. No other complaints, No fever spike. →	Sind 607357
	1:30pm	child details Hand over given to Evening duty staff. → Evening duty on 26/7/26	Sind 607357
	1.30p	Child details handy Over taken from Morning duty staff Child alert and Oriented. IV line patten. IVF 0.9% NS @ 5ml/h On flow of the Child →	
	2pm	Syp. Mucaid 5ml given Oral Route. →	
	2.15pm	IV line out Informed Dr. Chandulu sir advised by after that i will Admi	
	3pm	Dr. Chandulu sir phone call Order advised by Oral Syrup. Omnacortil 5ml - BD →	
	4pm	Syp. Omnacortil 5ml - given to patient Neb. Levolin 0.3ml nebulization Therapy given to Nasal Route →	

	CP	PP	UFT
4pm	++	++	Clear

Vital Sign Checked and Recorded →

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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
26/7/26	7pm	monitored input and output chart and recorded.	
	7.30pm	Handover given to Night Duty Staff	
	7.30PM	Night duty ON 26/7/2026. child conditions and details and details handing over taken from Evening duty staff Nurse. child is Conscious Oriented o/s 15/15 no IV line present.	
	8PM	child vital signs are monitored. Clinicaly stable and vitals monitore & Recorded done. CP PP CFT ++ ++ 3Sec	
	10PM	due medications Given as per the Orders followed and nebulization Given done	
	12AM	Rechecked the vitals H.D stable and monitored and Recorded done.	
	2 AM.	nebulization Given done	
	4AM	pt Rechecked vitals monitored	
	5AM	baby sleeping well and	
	6AM	Personal and oral hygeine Given to baby Povreals.	
	7AM	due medications Given done as per the drug chart	

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PHLEBITIS ASSESSMENT

Patient's Name:..

MRD NO:............ GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 20 D (M)
Dr. GANESH R

Age :.................... I ☐ F

Consultant :..

CANNULA 1

Date : 25/7 Time: 8.20PM

Location Ⓡmetacaropal

Size : 24G

Cannula inserted by : S/N - Iman

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
25/7	8.30PM	☐Yes ☑No	☐Yes ☑No	Patteron	
	10PM	☐Yes ☑No	☐Yes ☑No	path	
	12AM	☐Yes ☑No	☐Yes ☑No	Pattern	
	2AM	☐Yes ☑No	☐Yes ☑No	pattern	
	4AM	☐Yes ☑No	☐Yes ☑No	path	
	6AM	☐Yes ☑No	☐Yes ☑No	path	
	8AM	☐Yes ☑No	☐Yes ☑No	pattern	
	10AM	☐Yes ☑No	☐Yes ☑No	patten	
	12pm	☐Yes ☑No	☐Yes ☑No	Patten	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	26/7/24	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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 26/7/24 @ 2pm
RX any initiated : ☐Yes ☑No ☐NA If Yes specify-
Phlebitis score: 0/5

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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(1)

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THE HUMPTY DUMPTY SCALE

25/7 26/7 26/7 26/7 27/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			N	N	E	N	M
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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	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		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		X	X	NA	NA	X
Wheel chair support		X	X	NA	NA	X
Other Intervention(s) Specify						
Nurse's Name:		PDS	PDS	PDevika	PDS	PDS
Signature:		PDS	PDS		PDS	PDS
Date:		25/7	26/7	26/7/26	26/7/26	27/7
Time:		9.30pm	8AM	9pm	8.14	8am

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00079043 IP18-00036618 Ref. No.: F/HW/BRD-Q/NSG/04
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

Patient Name : .....

Age.....

				Date :	26/7	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.	3	3	3	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.	3	3	3	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	3	3	3	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	24	24	24	28
				Evaluator's Name				

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

Rainbow Children's Hospital

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

RADEN 'Q' SCALE

(for Paediatric use)

(2)

Patient Name : .....

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

Date :					M 27/7			
Mobility	..mpletely 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			
"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			
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			
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			
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			
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			
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			
				TOTAL SCORE	28			
				Evaluator's Name	SL			

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

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Baby DEVV HARI
05-05-2025 1 Y 2 M 21 D (M)
Dr. GANESH R

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PAIN ASSESSMENT FORM

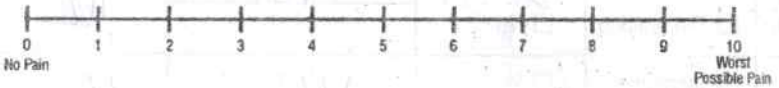
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/7/26	9.30pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P. 60926
26/7/26	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	
26/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	
26/7/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
27/7/26	2Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P. 607261
27/7/26	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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

GUC-00079043
Baby DEVV HARI
05-05-2025
Dr. GANESH R
IP18-00036618
1 Y 2 M 21 D
(M)

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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 ☐ ...althcare 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		
25/11/26	9.30pm	yes	Explain about Room orientation	MOTHR	1/0	oral	Nole	yes	Good	Staff Nurse
26/11/26	8AM	Yes	Explain about Nutrition Status.	Mother	NO	Oral	Nan	yes	good	02nur
27/11	8AM	Yes	Explain about Nutrition Status	Mothe	NO	Oral	None	Yes	Good	Staff Nurse

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: 9.30PM Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... NIL

Body Weight: 9.8kg Kg
Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

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: 9.8kg Length: – Head Circumference (< 2 years): –
Temp.: 98.9°F HR: 136b/m RR: 34b/m BP: .....

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 14 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score NIL) (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

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?) ..... 01 .....

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: ..... SIN Jaunimoz ..... Date: 25/7/26 Time: 9:30 PM Signature .....

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
25/7	8.25pm	118	—	[signature] 17894

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/7/26 Time of arrival : 7.30AM

Chief Complaints: cough x 1 day | fast breathing (+) RBS: 118

Height : — Weight : 9.8kg 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 : 15 min

(P.T.O.)

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

Time	Nursing Notes
8.30pm	- Pt come to ER @ complaints of ~~to~~ Cough & fast breathing.
	- All vitals checked & recorded.
	- Neb. Levoline (0.3ml) back to back (3) given
	- ER Dr. assessed the child & Admitted ↓ Dr. Ganesh
	- IV line done & Bld Sample collected.
	- Pt shifted to ward for further mgt.

Samples collected by: /

Samples sent by : Iman.

Time: /

Time: 8.25PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
25/7 6PM	Neb. Levolin	P/N	0.3 l (back to back (3))	Dr. Deepak	
7.40 PM	Supp. Neomol	P/R	170 mg	Dr. Deepak	

Condition of patient at time of shift - out :

HR: 160 BP: ..... CFT: <3Sec

RR: 48 SPO_2 : 96

GCS: 15/15 Temperature : 99.4F

Pain Score: 0/10

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: ICU

Time of Shift - out: @ 8.50pm

Handover given to: S/N- Kanimuzhi (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

24 G @ (L) Metacarpal

Name of the Nurse : Iman Signature of the Nurse :

Date & Time : 25/7/26 @ 8.30 PM.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ganesh Date : 25/7/26.

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

Start Time of Assessment: ..... Weight: .....

Allergic History: .....

Chief Complaints: c/o: cough x 1d

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: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 50/min SpO_2 on FiO_2 95% on RA
Rhythm: .....
Retractions: ☐ Suprasternal ☑ ICR ☑ SCR
☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☑ Wheezing ☐ Grunting
Air Entry: BAE ⊕ / B/L wheeze
Palpation Findings (If necessary).....

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

Circulation

HR: 190/min due to crying CFT: Central ..... Peripheral .....

BP: ..... mmHg

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

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Disability

GCS: 15/15 AVPU: Alert

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.: 100.5°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: .....

.....

.....

.....

.....

.....

.....

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: C.D

Date & Time: 25/7/24 @ 7:49pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

GUC-00079043 IP18-000366618
Baby DEVV HARI
05-05-2025 1 Y 2 M 20 D (M)
Dr. GANESH R

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WT → 9.8 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : DEVV HARI Age : 1Y 2M Gender: ☐ Male ☐ Female

Date : 25/07/26 Time of Arrival : 7:30pm

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

Source of information : ☐ Parents ☐ Others (Specify) Nil

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 100.5°F PR: 180/m BP: — RR: 50/m SpO_2: 95% in RA.

Chief Complaints: H/O cough x 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

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 : Shibu Debnath

Signature of Triage Nurse : SD 12/8/26

Date & Time : 25/07/26 @ 7:32pm

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

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PATIENT TRANSFER FORM

GUC-00079043 IP18-00036618
Baby DEVV HARI
05-05-2025 1 Y 2 M 20 D (M)
Dr. GANESH R

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Ganesh	25/7 @ 7.43pm	25/7 @ 8.50pm
Transfer Ordered by		**Reason for Transfer**
Dr. Yuvaraj.		treatment
From Unit	**To Unit**	**Information to Attendant**
ER	704	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(11)	(1) CXR b. op basis	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500 ml	(1)
2.	Intraflow	(1)
3.		
4.		
5.		

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

Acute Exacerbation of Wheeze

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
178894/ Iman	T. Yuvaraj

Patient & Clinical Records Received by : P. Kanmozhi 607261

Date & Time of Patient Received : 25/7/26 @ 9.30pm

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

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