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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Name of the Patient: SNC-00031327 Ms NAVIRA IP18-00036658

UHID No: 27-08-2017 9 Y 1 M 3 D (F) Dr. KARTHIK NARAYANAN R

Ward: .....

Date: .....

Gender: .....

Room No: .....

Rainbow Children's Hospital

SNC-00031327 IP18-00036658
Ms NAVIRA
27-08-2017 9 Y 1 M 3 D (F)
Dr. KARTHIK NARAYANAN R

S	<To be filled by Admin >		

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 30/7/26

Time: 11:30 am

Pharmacy Sign

Date: 30-7-26

Time: 11-49 am

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

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... IP No: SNC-00031327 Ms NAVIRA 27-06-2017 Dr. KARTHIK NARAYANAN R 9 Y 1 M 1 D (F) IP18-00036658 ..... Dept: .....

Date of Admission: ..... T..... harge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7/26	6:10 pm	ER	H01	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Sai Suchitra	28/7/26.	To be Paid.	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/7/20	RBS	D60024212	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/7/26.	Infusionpump	6.50pm	29/7/26 6pm	34200	Balwinj/020685

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/7/20	IV placement	(1)	1734184	[illegible]

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 20/5/20 Time: 7Am Prepared By: ....

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

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 3 D (F)
Dr. KARTHIK NARAYANAN R

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DISCHARGE TRACKING SHEET

DATE : _____

Name of Consultant :

Floor : UHID :

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

Rainbow Children's Hospital

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 : IP18-00036658 **Admit Date** : 28-Jul-2026 **Admit Time** : 05:11 PM **UHID** : SNC-00031327

Patient Details :

Patient Name	: Ms NAVIRA		
Guardian	: Mr MADHAVAN	**Age**	: 9 Y 1 M 1 D
Gender	: Female	**DOB**	: 27-06-2017
Occupation	:	**Religion**	:
Address (H)	: 11B, BIMILA NAGAR, 3RD ST Injambakkam Kanchipuram Tamil Nadu INDIA 600115	**Martial Status**	:
		Phone No	: 9940677014
		E-mail	: no@mail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : 0F-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr MADHAVAN **Relationship** : Father

Contact Address : 11B, BIMILA NAGAR, 3RD ST Injambakkam Kanchipuram Tamil Nadu INDIA 600115 **Phone No** : 9940677014

Signature

Doctor Details :

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

Referral Doctor : DR M MUTHURAMKUMAR **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
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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:	**Ms NAVIRA**		
IP No:	**IP18-00036658**	**Age :**	**9 Y 1 M 1 D**
		Sex:	**Female**
Consultant:	**Dr. KARTHIK NARAYANAN R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: >

Name: > J. Malhavan

Relationship: >

Date: 28-07-2026 Time: 5:11

Witness Name: Aswin

Witness Signature:

Patient Address:
11B, BIMILA NAGAR, 3RD ST
Injambakkam Kanchipuram Tamil Nadu INDIA 600115

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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 :> M. Navira.	UHID Number : 31327
Self/Attendant Name :> Mathanan.	Relation : Father
Self/ Attendant Signature :> Phone Number :> 9940677019	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/O: neck pain ↓
unable to move neck to Right side 1 x (3d)

C/O: fever x (3d)

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Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
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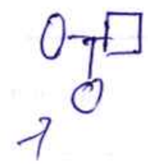
Past I... previous investigation or treatment)

Nil

Birth & Neonatal History:

LSCS / Term / 2.200kg / CIAB / NoNICU

Family Chart



Birth & Socio Economic History:

About Father : (n)

About Mother :

Any additional Information :

Developmental History : (n)

Immunization History : done upto 5yr → IAP Schedule; Varicella, MMR 2nd dose] not given

Anthropometry :

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

Weight (kgs) 23.2kg (Centile ________)

On Examination :

Temperature : 98.0°F Pulse Rate : 135/min B.P. 102/73 (RL) SPO2 98% RA

Resp.rate and type of breathing : (n)

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖

Allergies (if any): ⊖

L/E:
Ear - B/L TM intact
Throat - (L) tonsil pushed medially
mild ? (L) parapharyngeal bulge

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : VBS (B)

Any addes sounds : (A)

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

Cardiovascular System :

Inspection of procordium : (n)

Heart Sounds : S1S2 (A)

Any murmur : (-)

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

Per Abdomen :

Inspection : (n)

Palpation : SOFT/NT

Ausculation : BS (A)

Spine : (n) External Genitelia : (n)

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

Central Nervous System :

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

Cranial Nerves : _____

Motor System : (n)

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

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27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

Reflexes :

DTR (P) **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Diag: (L) cervical lymphadenitis c ~~[illegible]~~ torticollis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

VSG NECK
CBC
CRP
ESR
Blood C/S
] Done at OPD

Ortho Opinion
ENT Opinion
] Obtained

Planned Management

Inj Xone 1g IV Q12H
Syr. CROCIN -DS 6.5ml SOS
Syr. Ibugesic 10ml-10ml-10ml
Inj Metrogyl 250mg IV Q8H
[illegible]

Signature of the Doctor: [signature]

Name of the Doctor: C.DEEPAK

Date & Time: 28/7/16 @ 5:00PM

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 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: .....

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

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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CROSS CONSULTATION FORM

Doctor Name : DR. RUCHITRA Date : 28/7/26 Time :

Diagnosis :

Hospital :

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Navira 9Y/F

Thanks for referral

Presenting c (L) sided torticollis, acute onset since Monday

Sore throat before that and also 2 weeks ago

O/E Afebrile,
Left SCM borders faintly defined
Mild tenderness in M/3 belly
Neck rotation to (R) restricted
Abd to flex, extend
Cervical lymphadenopathy (+)

Adv

ENT Consult
to r/o abscess (parapharyngeal)
If unsettled pt
iVAB, to consider CT neck + C spine which includes C_1-C_2 level.

Consultant :

Name : DR. RUCHITRA Signature : Date & Time : 28/7/26 16:54

Doc. No. : RCH / FRM / CLINICAL / 049

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/20 5am	S/B Dr. Marana?	
	Fever spike (P)	
	(F) Neck Swelling (I)	
	Asleep.	
	No stridor / drooling of saliva	
	PP-WF	
	RS-NVBS (P)	
	Throat - Not examined	
	Other systems-nm	
	Rx	
	→ Cont IV antibiotic	
	→ HMF stridor / drooling of saliva	
	- plan about CECT after rounds	
[signature]		

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 10AM	S/B- Dr Yuvaraj	
	A - (L) cervical lymphadenitis	
	Child reviewed	
	O/E able to move less neck slightly torticollis (+)	
	Afebrile ~ 14 hrs	
	intake - good	
	RS - Clear	
	PA - Soft, non tender	
	CVS - S1S2 (+), no murmur	
	CNS - NFND	
	Plan: DNS · 30cc hr → stop if intake good	
	Syp Ibrugesic 10ml Q8H	
	(D5) IV Xone 1gm BD	
	(D2) IV Metronidazole 250mg Q8H	
	IV Pan 25mg OD	
	Plan to do CECT Neck + C-spine if symptoms persist	
	T.Y.	

SNC-00031327
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27-06-2017
Dr. KARTHIK NARAYANAN R
9 Y 1 M 1 D (F)
IP18-00036658

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 4PM	S/B - Dr Yuvaraj	
	Child reviewed o/E alert, active afebrile- Neck pain ↓	
	RS - Clear CVS / NAD PA - Soft CNS - Stop IVF	
	Plan - Continue antibiotics - Trace blood Cs	
		T.Y
30/7/26 9AM	S/B - Dr Yuvaraj	
	Δ - Cervical lymphadenitis (L > R)	
	Child reviewed o/E alert, active afebrile 38 hrs intake - good able to move neck better now vitals stable	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
RS-	b/l, AE equal, No added sounds	
PA-	Soft, non tender	
CVS / CNS	NAD	
Blood c/s - NG	Adv - (D3) Xone 1gm Q12H	
	- (D3) Metronidazole 250mg Q8H	
	- Syp Ibugesic 10ml Q8H	
	S/B Dr. Karthik	
30/7/2025	Plan	
	D/c today	
	A: Acute cervical lymphadenitis with Torticollis	
	Adv D/c advice	
	1) Syp Augmentin DDS 5ml — 0 — 5ml × (7) days	
	2) Syp Metrogyl 5ml — 5ml — 5ml × (5) day	
	3) Econorm sachet 1 — 0 — 1 × (5) day	
	4) To do CRP, CBC after (5) days	

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

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RESULT SHEET

Date	28/7/18					
Time						
Hb	12.2					
PCV	36					
RBC	4.57					
WBC	25,940					
N/L	85/10					
Platelets	4,15,000					
CRP	124					
ESR	80					
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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 : Blood c/s - No growth

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 401

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 : C.K

Date & Time : 28/7/26 @ 5.15PM

Nurse Name & Signature: A. Ajith

Date & Time : 28/7/26 @ 6pm

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

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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DRUG CHART

Date of Admission: 27/7/26 Drug Allergies: NKA ☐ 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: S RVP PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
240mg (6.5ml)	P/O	SOS	28/7	
Doctor's Signature		Valid Period	Pharm.	
C. Arun				
Additional Instructions: T > 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

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

REGULAR PRESCRIPTIONS

Weight. 23.2kg Ward. 4th

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
1g	IV	Q12H	28/7/17

Name & Signature of the Doctor Starting the Drugs: G. [signature] 163425

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/7	29/7	30/7
6am	/	BA	PSA/RJ
6pm	6.10pm VB/PN	MA/SA	
	D1	D2	D3

DRUG : Inj METRONIDAZOLE

Dose	Route	Frequency	Start Date
250mg	IV	Q8H	28/7/17

Name & Signature of the Doctor Starting the Drugs: G. [signature] 163425

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/7	29/7	30/7
6am	/	PSA	BA/RJ
2pm	/	MA/SA	
10pm	11.45pm PN/VB	PSA/RJ	
	D1	D2	D3

DRUG : Inj PANTAPRAZOLE

Dose	Route	Frequency	Start Date
24mg	IV	Q24H	28/7/17

Name & Signature of the Doctor Starting the Drugs: G. [signature] 163425

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/7	29/7	30/7
6.30pm	[illegible]		
6am		PSA	BA/RJ

DRUG : SYRUP IBUGESIC

Dose	Route	Frequency	Start Date
10ml	P/O	Q8H	28/7/17

Name & Signature of the Doctor Starting the Drugs: G. [signature] 163425

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/7	29/7	30/7
6am	/	VB/PN	PN/BL
2pm	/	MA/SA	
10pm	3am PN/VB	PSA/RJ	

Patient Sticker

REGULAR PRESCRIPTIONS

Weight. 2.3..2kg Ward. ....

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

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

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

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

Patient Sticker

REGULAR PRESCRIPTIONS

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

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				

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				

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				

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				

SNC-00031327
Ms NAVIRA
27-05-2017 9Y1M1D (F)
Dr. KARTHIK NARAYANAN R
IP18-00036658

Rainbow® Children's Hospital

BirthRight by Rainbow®

Ref. No. F/INPR/

Name :	I.P. No	Weight(kg)	Sheet No:

I. V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (If infusion, mention ml/hr=Mcg/kg/min. et.c.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

ICH/ FRM / CLINICAL / 126

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

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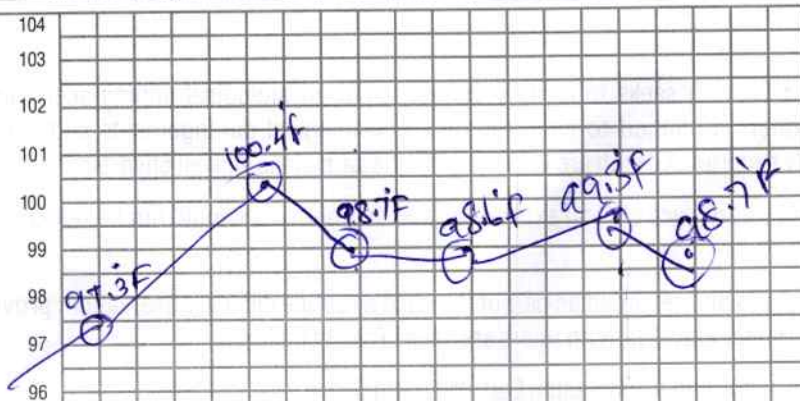
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/7/26 Time: 6pm 8pm 9pm 12AM 4AM 5AM

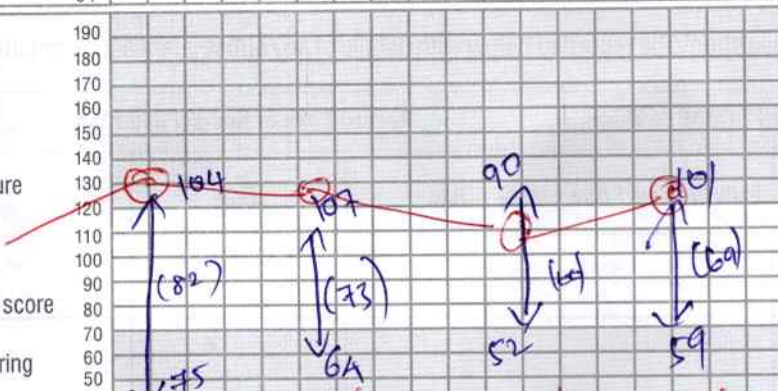
Doctor / Nurse / Family Concern?

Temperature (°F)



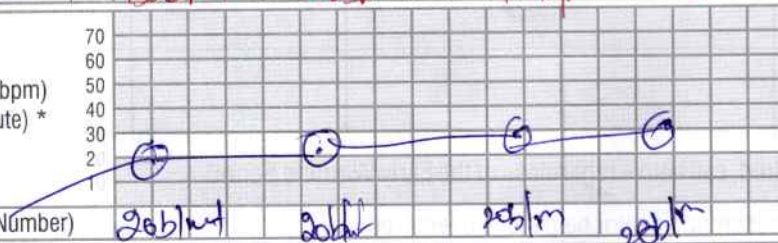
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	132 b/mt	128 b/m	110 b/m	136 b/m

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



Resp Rate (Number)	26 b/mt	20 b/m	26 b/m	28 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	97%	99%	99%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	VB		PKP	PKM

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)

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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

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

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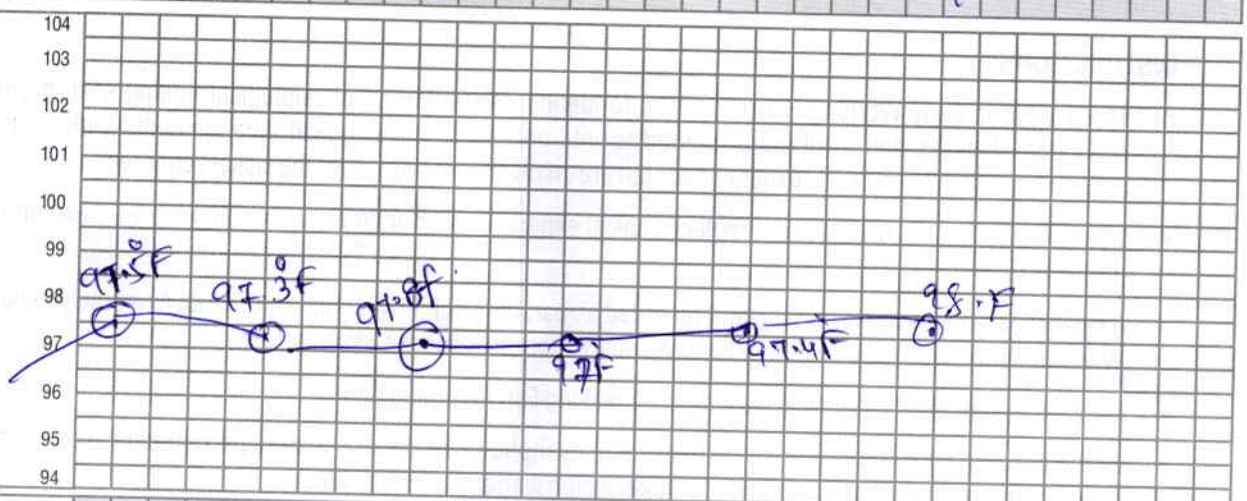
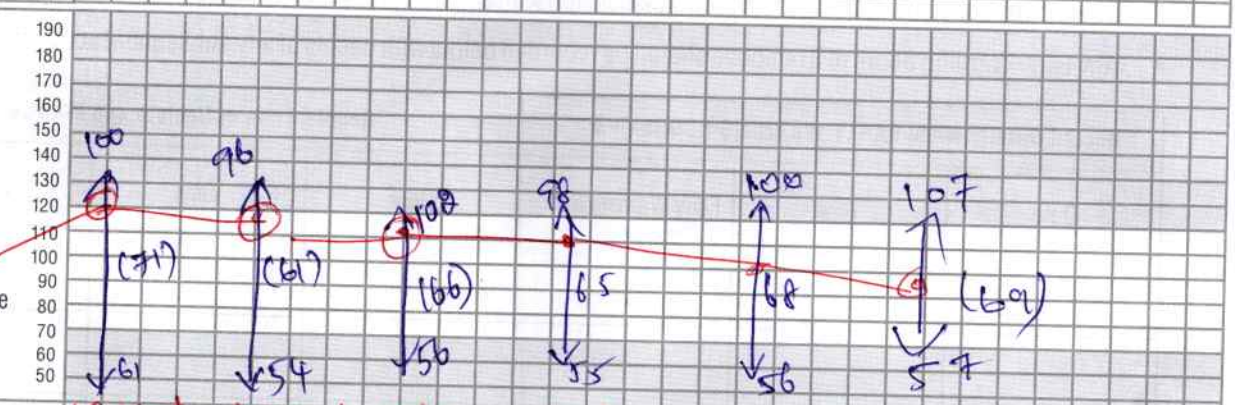
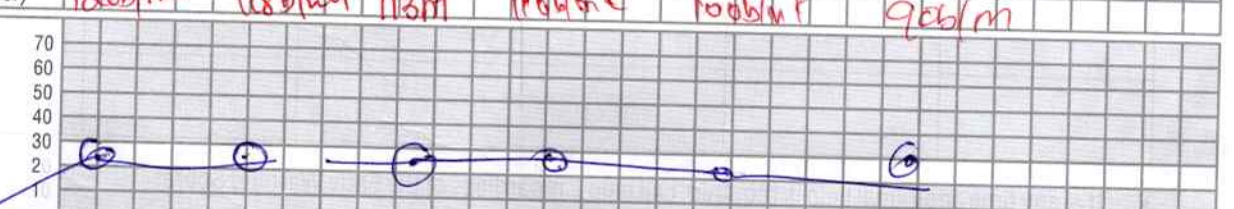
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26 Time:	8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						





Heart Rate (Number)	120b/mt	118b/mt	118b/t	100b/mt	100b/mt	96b/m



Resp Rate (Number)	22b/mt	22b/mt	22b/t	22b/mt	20b/mt	20b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	98%	99%	98%	100%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	VB	VB	[illegible]	RS	RS	ASK

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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FLUID CHART

Sheet No. : 1

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

28/7.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	→ Child received from ER to 4th Floor										
	07:00 pm	water	20ml	IVF DNS 50ml						✓	0	Balvet
Total Intake :		20ml + 50ml				Total Output :				1 time urine passed.		
	08:00 pm	wats	50ml	50ml							0	PSA
	09:00 pm			50ml							0	PSA
	10:00 pm	wats	20ml	50ml							0	PSA
	11:00 pm			50ml							0	PSA
	12:00 am			50ml							0	PSA
	01:00 am	wats	10ml	50ml							0	PSA
Total Intake :		80ml +		300ml		Total Output :				✓		
	02:00 am			50ml						✓	0	PSA
	03:00 am			DC							0	PSA
	04:00 am			DC							0	PSA
	05:00 am			DC							0	PSA
	06:00 am			DC							0	PSA
	07:00 am	pulse	150ml	DC						✓	0	PSA
Total Intake :		150ml + 50ml				Total Output :				2 times urine passed		

Total 24 hrs. Intake	650ml	Total 24 hrs. Output	3 times urine passed

Docu. No. : RCH /FRM / CLINICAL / 092

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Ms NAVIRA
27-08-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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FLUID CHART

Sheet No. : 20

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
29/7/17												
	08:00 am	water	50ml				✓			✓	0	Baby
	09:00 am	water	50ml								0	Baby
	10:00 am										0	Baby
	11:00 am	Soup	150ml							✓	0	Baby
	12:00 pm	water	30ml	30ml							0	Baby
	01:00 pm			30ml							0	Baby
Total Intake :			280ml + 60ml			Total Output : 2 times urine passed						
	02:00 pm			DC							0	dly
	03:00 pm	water	100ml	30ml						✓	0	dly
	04:00 pm			30ml							0	dly
	05:00 pm	Tc water	150ml	30ml							0	dly
	06:00 pm	milk	100ml	30ml							0	dly
	07:00 pm	water	50ml	DC						✓	0	dly
Total Intake :			400ml + 120ml			Total Output : 2 times urine passed						
	08:00 pm	waf	50ml	DC							0	Rfer
	09:00 pm										0	Rfer
	10:00 pm	water	100ml							✓	0	Rfer
	11:00 pm										0	Rfer
	12:00 am										0	Rfer
	01:00 am	water									0	Rfer
Total Intake :			150ml			Total Output : 1 time urine pass						
	02:00 am										0	Rfer
	03:00 am										0	Rfer
	04:00 am										0	Rfer
	05:00 am										0	Rfer
	06:00 am										0	Rfer
	07:00 am	Ref'd	200ml							✓	0	Rfer
Total Intake :			200ml			Total Output : 1 time urine passed						

Total 24 hrs. Intake	1210 ml	Total 24 hrs. Output	6 times urine pass

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27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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NURSING CARE RECORD

Date: 28/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	–	–	–	–	–	–	–
Afternoon	6pm	To maintain fluid balance.	7pm	→Assess the child's condition → I/o chart maintain → Encourage oral fluids.	Maintained fluid balance.	Reassessment done.	Balu 2 doses
Night	8pm	Maintain Nutritional Status	9pm	Assess the child condition monitor the vitals Administer medication Maintain I/o chart	Maintained Good nutritional status child oral intake is good.	Re assessment is Done.	Anju 01938

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Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	To maintain good nutritional status	10am	-> Assess the childs condition -> I/o chart maintained -> Encourage oral.	Maintained good nutritional status.	Reassessment do	[signature] 030684
Afternoon	2pm	Relieve pain & discomfort	6PM	Assess child condition monitor vitals. Administer medication I/o chart maintained	Pain was reducing	Reassessment done	[signature] 01[illegible]
Night	8PM	-> To maintain adequate fluid balance	11pm	-> Assessed the fluid balance of the child -> Monitored vital signs -> Maintained I/o chart -> Encouraged to take more amount of oral fluids	Improving and maintaining adequate fluid balance	Reassessment was done.	[signature] 020249

Docu. No: RCH /FRM / CLINICAL / 148

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
28/7/26	6.10pm	The child received from ER to 4th floor. Child details handing over taken from ER staff. Child is conscious. IV line present and patency. Vital signs checked & recorded. Vitals are stable. CP ++ / PP ++ / CRT <3sec. Child came with fever, neck pain	Balaji/020685
	6.15pm	Inj. Xone 1g given to child. I/O chart maintained →	Balaji/0
		No other complaints.	
	6.50pm	IVF 0.9% DNS 500ml - 50ml/hr on flow →	Balaji/020685
	7.30pm	The child details handing over given to night duty staff →	Balaji/020685
		→ Night Duty 28/7/26 ←	
	7.30pm	Child details handing over taken from evening duty S/N. Child was conscious & oriented. IV line present & patent. Child under the room air. Child had soft diet.	
	7.45pm	Syp- Ibugesic comp P/O given as per order. after syrup- no vomiting →	[illegible] 019254

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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BirthRight
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☐ No Known Drug Allergies

☐ Drug Allergies .... NIL.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue Notes ←	
28/7/26	8pm.	Vitals are checked recorded. Vitals are stable PP/CP/CRT H/H/<3s T- 100.4°F.	
		7.45 pm- Given syp- Ibugesic watched for reducing the temperature.	PS Anus 019354
	8.10pm.	Inj- Meropen 250mg IV given as per drug chart order. after injection no any allergic reaction assessment Done.	Anus 019354
	10pm.	Child sleeping well. No any fresh complaints.	
29/7/26	12Am	Vitals are checked recorded. Vitals are stable PP/CP/CRT H/H/<3s NO fever.	
	2Am.	Child sleeping well. No any fresh complaints. IVF - DNS 50ml/hr on going. →	P.S. Anus 019354
	4Am.	Vitals are checked recorded. Vitals are stable PP/CP/CRT NO fever. T-99°F. Child sleeping well. No any pain complaints	
	5am	rechecked the temperature NO fever.	PS Anus 019354

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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27-06-2017 9Y1M1D (F)
Dr. KARTHIK NARAYANAN R

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue notes ←	
29/7/26	6Am	Due medication given as per drug chart order maintained I/o chart	
	7.30am	Child details Handing over given to the morning duty staff.	P. [illegible]
		Morning duty Notes.	
29/7	7.30am	The child details handing over taken from night duty staff. Child is conscious. IV line present and patteney →	Baluiy/020685
	8am.	vital signs checked and recorded. Vitals are stable. CP ++ / PP ++ / CRT <3sec →	Baluiy/020685
	8.40am	Due to medications are given as per drug chart →	Baluiy/020685
	10am.	Child is stable. No other complaints →	Baluiy/020685
	11.45am	Dr Karthik Sir seen the child. Adviced to to CECT Neck c̄ c-spine if symptoms persist and continue the same treatment →	Baluiy/020685
	12pm	Vital signs checked & Recorded Vitals are Stable. CP ++ / PP ++ / CRT <3sec →	Baluiy/020685

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
		→ Continue Notes ←	
29/7/26	1pm.	I/o Chart maintained. No Other complaints →	Baby/020655
	1.30pm	The child details handing over given to evening duty staff →	Baby/020655
		Evening duty Notes on 29/7/26	
	1.30pm	The child details handover taken from the morning duty staffs The child is consious and active	01570
	2pm	Administer the medication as per doctors orders	
		I/v fluid 0.9% NS @ 30ml/hr on flow	
	4pm	Vitals are checked and recorded Temp is normal	
	6pm	Due to medication was given as per doctors Order	01570
		I/o chart Maintained No any complaints	
	7.30pm	Child details hand Over given to night duty Staff-	01890
29/7/26	7.30 PM	Night duty Nurse on 29/7/2026 Child details taken over from evening duty Staff nurse with thank noted. on Assessment	020749

PD	++
UP	+1
CRT	<2s

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/18		← Continue notes →	
		Child is conscious, oriented and	
		afebrile, GCS-15/15, Skin Assessment	
		done. Skin is present and	
		patent, no pain or redness	
	8PM	vitals checked and recorded	Rfa
		all are hemodynamically stable	020749
		CP ++ / PP ++ / CRT <3sec	
	10PM	Due medication given as per the	Rfa
		drug chart	020749
30/7/18	2AM	Vitals checked and recorded	
		all are hemodynamically stable	
		CP ++ / PP ++ / CRT <3sec	
	2AM	Child slept well, no specific	Rfa
		complaints	020749
	4AM	vitals checked and recorded,	
		all are hemodynamically stable	Rfa
			020749
		CP ++ / PP ++ / CRT <3sec	
	6AM	Due medication given as per drug chart	
	7AM	Strict I/O chart maintained	Rfa
	7.30	child details handed over to morning duty staff nurse.	020741

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
30/7/24	30/7/24	morning duty notes:- child details	
		handing over taken from night duty S/N. child	
		conscious & oriented. child	
		activity are good. IV line	
		(+) no swelling & pain.	
	8:00 am	vital signs checked & recorded vitals are stable now	
		CP ++ | PP ++ | CRT [illegible]	
		Due medication are given as per drug chart order	[illegible] D2004
	11:30a	DR. [illegible] sir seen by a child. He advised today discharge.	[illegible]
	2pm	vital signs are checked and recorded. vital signs stable	
		CP ++ | PP ++ | CRT [illegible]	[illegible]
	4pm	I/O chart was maintained no other complaints of [illegible]	[illegible]
	1:30pm	The child details handing over given to [illegible] duty staff	[illegible] Deepa

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THE HUMPTY DUMPTY SCALE

E N M E N

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			28/7	29/7	29/7	28/7	29/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	1	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	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		1/8	8	1/8	8	8

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		–	–	–	NA	–
	Other Intervention(s) Specify		–	–	–	NA	–
	Nurse's Name:		Baby	Ajitha	Baby	Ajitha	Ajitha
	Signature:		Baby	DSP	Baby	DSP	DSP
	Date:		28/7	29/7	29/7	29/7	29/7
	Time:		7pm	8pm	8am	2pm	8pm

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BRADEN 'Q' SCALE

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					Date : / Time :			
					E 28/7 7pm	N 28/7 8pm	M 29/7 8am	29/7 E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	27	27	27
					Evaluator's Name	Baby 020688	PD 8/6284	Baby

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

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis
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		
28/7/26	6.15pm	Medi-cations	Explained about medications and its uses.	Mother	No	oral	Alone	Verbalises understan-ding	Good	Baluij
29/7/26	9am.	Treatment and care.	Explained about treatment and care.	Mother	No	Oral	None	Verbalises understan-ding	Good	Baluij
30/7/26	9am	Nutrition								

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: (L) cervical lymadenitis
Arrival Time: 6.10pm Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil ..... Body Weight: 23.2 Kg

..... Height: ..... cm

.....

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

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

Family History: – .....

.....

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

If yes please list, ...

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

.....

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

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

Observations: Weight: 23.2 kg Length: ..... Head Circumference (< 2 years): ....

Temp.: 97.3°F HR: 132 bl/mt RR: 20 bl/mt BP: 104/74 mm Hg

Pain Score: 4/10 Specify Site: Neck (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 8 (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: 4/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

Character of Pain Dull. Location Neck Frequency ..... Duration Intermittent

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Family Members .....

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: ..... Balapeiyanga ..... Date: ..... 28/7/26 ..... Time: ..... 6.30pm ..... Signature

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	28/7/20 @ 5:11 pm	28/7/20 @ 6:10 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Karthik.	Dr. Deepak.	further Management
From Unit	**To Unit**	**Information to Attendant**
ER	4N1	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
15	NIL	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐ Dx.. (L) cervical lymphadenitis c̄ torticollis

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
A. Aneesh [signature] A. Ajith	C. DEEPAK

Patient & Clinical Records Received by : [signature] 28/7/20 @ 6:40 pm

Date & Time of Patient Received :

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

Unavailable Bed | Nurse not Available | Available Bed not ready

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/Feb.	6 pm.	121 mg/dl	-	[illegible]

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 28/7/26 Time of arrival : 4:35 pm

Chief Complaints: fever x 2 days, Throat pain x 3 days. RBS: 121 mg/dl

Height : — Weight : 23.2 kg BMI : ..... Head Circumference (<2 years) —

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

If yes , identify AM

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

AM

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: AM (Date/Time): .....

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 9:45 pm

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

Time	Nursing Notes
4:50 pm	Patient came for ER with the complaints of fever x 2 days, throat pain x 3 days. Dr. Karthik sir advised to take blood investigation and USG-Neck, done on OP-basis. Dr. Nithya, mam opinion done on OP basis, Dr. Sai Suchitra mam opinion done. Sir advised to start the antibiotics and IV fluids. Shifted to ward.

Samples collected by: S/N Ajith Time: 4:45 pm

Samples sent by : S/N Godwin. Time: 4:45 pm

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 135/min BP: 102/87 CFT: <2sec	Shift - out from ER to: 401
RR: 28/min SPO$_2$: 98%	Time of Shift - out: 6:10pm
GCS: 15/15 Temperature : 97.2°F.	Handover given to: S/N. Nisha. (Nurse's Name)
Pain Score: 0/10.	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done in (L) metacarpal vein 22G is placed

Name of the Nurse : A. Ajith Signature of the Nurse : [signature]

Date & Time : 28/7/86 @ 4:50pm.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : DR. DEEPAK Date : .....

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

Start Time of Assessment: ..... Weight: 23.2kg

Allergic History: (-)

Chief Complaints: C/O: fever x2d
throat pain x2d

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 ☐

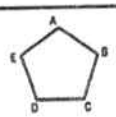
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: Nil

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% on RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAEO

Palpation Findings (If necessary).....

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

(P.T.O.)

Circulation

HR: 135/min CFT [Central ..... Peripheral .....]

BP: 102/78 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.: 98.1 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: .....

.....

.....

.....

AS Charted

.....

.....

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. DCEP

Signature: .....

Date & Time: .....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

SNC-00031327 IP18-00036658
Ms NAVIRA
27-06-2017 9 Y 1 M 1 D (F)
Dr. KARTHIK NARAYANAN R

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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Wt: 23.2 kg

Patient's Name : Ms. Navira Age : 9yrs. Gender: ☐ Male ☑ Female

Date : 28/7/26. Time of Arrival : 4:35 pm.

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.7°F PR: 135/min BP: 102/73(81) RR: 18/min. SpO_2: 98%.

Chief Complaints: Fever x 2 days, Throat pain x 3 days.

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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

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 : A. Jyothi

Signature of Triage Nurse : .....

Date & Time : 28/7/26 @ 4:37 pm

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

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DRUG CHART

Date of Admission: 24/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYRUP CROCIN-DS				Date / Time
Dose: 6.5ml	Route: P/O	Frequency: SOS	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: T > 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:				

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

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REGULAR PRESCRIPTIONS

Weight. 23.2 kg Ward. ....

				Date/Time	28/7	29/7
DRUG : SYRUP IBUGESIC						
Dose	Route	Frequency	Start Date	8am		8.30am VB/PN
10ml	P/O	Q8H	28/7/16	2pm		
Name & Signature of the Doctor Starting the Drugs: [signature]				10pm	US 7pm PN/VB	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

				Date/Time	28/7	29/7
DRUG : Inj METROGYL						
Dose	Route	Frequency	Start Date	6am		PSD
250mg	IV	Q8H	28/7/16	2pm		
Name & Signature of the Doctor Starting the Drugs: [signature]				10pm	8.10pm PSD/ES	
Additional Instructions:					D1	D2
Daily Doctor's Endorsement by a Sign						

				Date/Time	28/7	29/7
DRUG : Inj XONE						
Dose	Route	Frequency	Start Date	6am		PSD
1g	IV	Q12H	28/7			
Name & Signature of the Doctor Starting the Drugs: [signature]				6pm	6.15pm VB/PN	
Additional Instructions:					D1	D2
Daily Doctor's Endorsement by a Sign						

				Date/Time	28/7	29/7
DRUG : Inj PAN						
Dose	Route	Frequency	Start Date	5.45pm	[signature]	PSD
24mg	IV	Q24H	28/7	6am		PSD
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Patient Sticker

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

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 23.2 kg 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
28/7/18	6.50pm	0.9 · 1 · DNS	IV	50ml/hr	[illegible]	Balaji [illegible]			

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