GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 14 D (F)
Dr. MEENA SIVASANKARAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... IP No: .....

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

..... Dept: .....

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

..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	3.35 pm	ER	7 POS	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/7/2	I. fusion pump	1.30pm	2/8/26 at 12pm	1105630	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/7/26	Chemotherapy charges	(1)	1735605	
	IV placement	(1)	1735604	
01/8/26	NEB CO_2	(1)	1736027	
02/8/26	USG Abdomen	(1)		609353

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 02/8/26 Time: 6AM Prepared By: S/N Madhumitha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
609353	7th floor		

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	2/08/2026 @ 11AM.		02/12		
	INTIME	OUT TIME			
Arrangement of File by Nursing	2/8/26	11AM	02/12		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

CONSENT FOR CHEMOTHERAPY

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GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

Patient Name : ..... Age : ..... Gender : Male ☐ Female ☐

UHID No : ..... Department : ..... Date : .....

Type of Chemotherapy : ..... JEB Chemo .....

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the benefits and alternative for this procedure that .....

.....

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : .....

Name : SRI RAGHAVI

Relationship with Patient: Mother

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent):

Signature : .....

Name : Dr. Chandiralegan

Date & Time : 31/7/25

CONSENT FOR CHEMOTHERAPY

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GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

Patient Name ..... Age : ..... Gender : Male ☐ Female ☐

UHID No : ..... Department : ..... Date : .....

Type of Chemotherapy : .....

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the benefits and alternative for this procedure that .....

.....

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : .....

Name : Sri Rathari

Relationship with Patient: Mother

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent):

Signature : .....

Name : Dr. Chandralekha

Date & Time : 1/8/25

CONSENT FOR CHEMOTHERAPY

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GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 15 D (F)
Dr. MEENA SIVASANKARAN

Patient ..... Age : ..... Gender : Male ☐ Female ☐

UHID N ..... Department : ..... Date : .....

Type of Chemotherapy : .....

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the benefits and alternative for this procedure that .....

.....

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : .....

Name : SRI RAGHAVI

Relationship with Patient: Mother

Date & Time : 21/8/2026 @

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent):

Signature : .....

Name : C. DEEPAK

Date & Time : 21/8/26 @

31/7/26

BABY VRIHAA SRI

1 year/Girl

GIRL

GUC:00079463

Weight: 10kgs BSA: 0.49 m2

Diagnosis: Retroperitoneal Yolk Sac Tumor, Stage III

AFP:116411.55IU/mL

MaGIC risk classification: Age <11 Years Sate II-III extragonadal GCT

Protocol:CCLG Germ Cell Tumour Special Interest Group

JEB CYCLE 5

Inj Etoposide 120 mg/m^2 infusion over 1 hour d1,2,3

Inj Carboplatin 600 mg/m^2 iv over 1 hour on day 2

Inj Bleomycin 15 U/m^2 infusion over 30 min

infant dose adjustments:

< 6 months of age: 50% of the calculated dose by BSA

6 months – 1 year: 75% of the calculated dose by BSA

Day 1

1) IV Fluids: 0.9% DNS @ 40ml/hour
2) inj Emeset(Ondansetron) 1 mg iv q8h
3) Syp Domstal (Domperidone)1mg/1ml 1ml PO q12hourly
4) **Inj ETOPOSIDE 60mg in 100 ml NS over 4 hours infusion**
5) Syp Septran (5 ml/40 mg) 3ml---0---3ml (sat,sun)
6) Candid mouth paint

Day 2

1) IV Fluids: 0.9% DNS @ 40 ml/hour
2) iinj Emeset(Ondansetron) 1 mg iv q8h
3) Syp Domstal (Domperidone)1mg/1ml 1ml PO q12hourly
4) **Inj CARBOPLATIN** 290 mg in 100 ml 5%D over 2 hours infusion
5) **Inj ETOPOSIDE 60 mg in 100 ml NS over 4 hours infusion**

6) Syp Septran (5 ml/40 mg) 3ml---0---3ml (sat,sun)
7) Candid mouth paint

Day 3

1) IV Fluids: 0.9% DNS @ 30ml/hour
2) Inj Emeset(Ondansetron) 1 mg iv q8h
3) Syp Domstal (Domperidone)1mg/1ml 1ml PO q12hourly
4) Inj BLEOMYCIN 7UNITS IN 10ML NS IV over 30minutes
5) Inj ETOPOSIDE 60 mg in 100 ml NS over 4 hours infusion
6) Syp Septran (5 ml/40 mg) 3ml---0---3ml (sat,sun)
7) Candid mouth paint

Day 4

Inj Peg GCSF 1.5mg Subcutaneous stat

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BED SIDE CHECK LIST FOR NURSES

Date:	31/07/26	1/8/26	2/8/26						
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	YES						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	~~yes~~	yes	YES						
Eye Care	yes	yes	YES						
Mouth Care	yes	yes	YES						
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 :									
Signature :									
Date & Time:	31/07/26	1/8/26	2/8/26						
Hand Over Taken By Name :									
Signature :									
Date & Time:	1/8/26	01/8 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 : IP18-00036698 **Admit Date** : 31-Jul-2026 **Admit Time** : 02:29 PM **UHID** : GUC-00079463

Patient Details :

Patient Name	: Baby VRIHAASRI VENKATRAMAN	**Age**	: 1 Y 1 M 13 D
Guardian	: Mr G. VENKATRAMAN	**DOB**	: 18-06-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO 9 ST THOMAS STREET LAKSHMI NAGAR Polichalur Kanchipuram Tamil Nadu INDIA 600074	**Phone No**	: 7338775877
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 104 **Ward Name** : 0F-EMERGENCY

Room No : ER 104 **Admission Type** : First Visit

Contact Details :

Name : Mr G. VENKATRAMAN **Relationship** : Father

Contact Address : NO 9 ST THOMAS STREET LAKSHMI NAGAR Polichalur Kanchipuram Tamil Nadu INDIA 600074 **Phone No** : 7338775877

Signature

Doctor Details :

Doctor Name : Dr. MEENA SIVASANKARAN **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby VRIHAASRI VENKATRAMAN**	**Age :**	**1 Y 1 M 13 D**
IP No:	**IP18-00036698**	**Sex:**	**Female**
Consultant:	**Dr. MEENA SIVASANKARAN**	**Ward/Bed No:**	**0F-EMERGENCY/ER 104**

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: V. Venkatraman

Name: VENKATRAMAN

Relationship: FATHER

Date: 31-07-2026 Time: 2:29

Witness Name: BALWIN

Witness Signature:

Patient Address:

NO 9 ST THOMAS STREET LAKSHMI NAGAR Polichalur Kanchipuram Tamil Nadu INDIA 600074

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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 : > VRIHAASRI VENKATRAMAN	UHID Number : 79663
Self/Attendant Name : > SRIRAGHAVI	Relation : > MOTHER
Self/ Attendant Signature : > Phone Number : > 9338775877	Name & Signature of Financial Counselor

GUC-00079463 IP18-
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

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CHEMO THERAPY PRESCRIPTION

Rainbow Hospitals — Your Right to a Safe Delivery

Ref. No. : F / HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

Patient Name : Baby VRIHAA SRI CYCLE 5	I.P. No.	Sheet No.	Wards	Weight (kg) 10kg

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
31/7/26	4.30pm	IV Fluids 0.9% DNS	IV	40ml/hr		ES	31/7/26 5.50hrs		ES
31/7/26	5.50pm	INJ. ETOPOSIDE 60mg in 100ml NS	IV	25ml/hr		P.V	31/8/26 @ 9.35pm	9.35pm	P.V
~~31/7/26~~		IV Fluids 0.9% DNS ~~to be continued~~	IV	40ml/hr		V.A			V.A
31									

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CHEMO THERAPY PRESCRIPTION

Ref. No. : F / HW / CHEMO / PRE / 20

All the chemotherapy medications are high risk / high alert drugs.

While administering chemotherapy drugs watch for nausea, vomiting, rashes, urine output and any local extravasation of the drug.

I.P. No.	Sheet No.	Wards	Weight (kg)

Patient Name :

Day 2 - Chemo:

DATE	TIME	Composition of Chemotherapy (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.
1/8/26	7.35 am	~~Inj. [illegible]~~ Inj. CARBOPLATIN 290mg in 100ml 5D	I.V over 2hrs	65ml per hr	[signature] 1655	P.K V.A	1/8/26 at 10am		NS [signature]
1/8/26	10 pm	Inj. ETOPOSIDE 60mg in 100ml NS	I.V over 4 hours	25ml/hr	[signature] 1655	NS [signature]	1/8/26 at 12pm		NS [signature]
2/8/26	8.30am	~~Inj. Bleomycin~~ IV Fluids	IV	30ml/2	[signature] 1912	[signature] 0192	2/8/26 @ 10.30pm		[signature]
2/8/26	10.20am	Inj BLEOMYCIN 70 in 10ml NS	IV		[signature] 10am	[signature] 10[illegible]	2/8/26 @ 10.50am		[signature]
2/8/26	10.50am	INJ. ETOPOSIDE 60mg in 100ml NS over 4hr	IV	30ml/hr	[signature] 10am	[signature]			

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CIN : U85110 AP1998 PTC029914

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN (F)
18-06-2025 1 Y 1 M 13 D
Dr. MEENA SIVASANKARAN

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: VRINDADRI VENKATARAMAN Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

H/o/c/o S/P Tumor excision 5 uterus & fallopian tube & B/L premature dysovaries

Retroperitoneal yolk sac Tumor Stage III

MAIC Straight Cath - 5th cycle (<1 yrs)

History of present illness :

Now came for 5th cycle of chemotherapy

No c/o fever/ cough/ cold/ loose stools/ vomiting.

Patient Sticker

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

K/c/o retroperitoneal yolk sac tumor - Stage III
[Maje stratification < 11yrs] - underwent
4 cycles of chemotherapy
4th cycle completed on 15/6/26

Birth & Neonatal History:

Family Chart

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally app for age

Immunization History :

Anthropometry :

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

Weight (kgs) 10kgs (Centile ______)

On Examination :

Temperature : 97.7°F Pulse Rate : 138/min B.P. — SPO2 97% @RA

Resp.rate and type of breathing : 38/min

Rash

Lymphadenopathy } —

Oedema :

Allergies (if any):

Alert/Active
CRT < 3sec
Warm peripheries
PP - well felt

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE ⊕ / No added sounds

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 ⊕ / No murmur

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft NT - No organomegaly

Ausculation : No mass palpable

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes : 2+

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Ic/c/o Status/post Tumor excision c uterus & fallopian tube & B/L preservation of ovaries, Retroperitoneal gold sac tumor

MaGIC stratification [<11yrs / 5th cycle]

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Planned Management

As per chemotherapy chart

Signature of the Doctor: .....

Name of the Doctor: 203317

Date & Time: 31/7/16

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: .....

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

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BirthRight — BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/26 4:30pm	S/B Dr. Chandiraleqa / Dr. meere	
	Retroperitoneal yolk sac tumor s/p tumor excision	
	Chemotherapy cycle 5	
	child reviewed.	
	Alert, active	
	on IV Fluids, nasal block (+).	
	Tolerating oral feeds well.	
	Hydration - PPWT, CRT < 3 secs	
	O/E	
	Afebrile	
	CVS - S_1S_2 (+)	
	RS - clear	
	P/A soft	
	Adv:	
	- monitor vitals.	
	- To start Inj. etoposide at 5.30pm	
	USG Abd tomorrow	- W/F fever spikes, rash, hypotension
		- Infoem (SOS)
		- Nasoclear nasal drops 2° Q6H
	[signature] 19hr	[signature] Dr. meere 9010r

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/16 9AM	S/R Dr. Chandiraleg.	
	D- Retroperitoneal yolk sac tumor	
	S/P Tumor excision	
	cycle 5 chemotherapy.	
	child removed sleeping	
	Nasal intake (+).	
	no c/o fever, cough.	
	Tolerating oral feeds well.	
	Urine Output - good	
	O/E	
	Afebrile	BP - 94/40 mmHg
	CVS-S1S2(+)	PR - 100/min.
	RS-clear	
	P/A - Soft	
	Adv:	
	- monitor vitals	
	- chemotherapy as per chart	
	- TW/F fever, rash, hypotension	
	- Inform SOS	
	- USG Abdomen	Today / T/m
	19/2/16	

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/26	S/B Dr. Gayathri / Dr. Meera	
3.30 pm	Child reviewed	
	on D2 - chemotherapy of cycle 5 (D5)	
	received carboplatin	
	etoposide.	
	vomiting - 1 ep	
	Nose block (+)	
	Chest - B/L AE (+)	
	conducted sounds	
	tolerating oral feeds well	
	u/o - good	
	O/E : afebrile	
	CVS : S_1S_2 (+)	
	RS : B/L AE (+)	
	Abd : soft, not tender	
	vitals - stable	
	Plan	
	(1) Monitor I/O, vitals	
	(2) w/f fever, rash, hypotension	
	(3) USG Abdomen T/m (Dr. Prasanna Sir)	
	9am.	
	[signature]	[signature] Dr. Meera 8490105

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Chandirabega	
2/8/20 9Am		
	Child received	
	Alert, Active	
	Tolerating oral feeds well	
	no c/o vomiting	
	Hydration - Adequate	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - clear	
	P/A - soft	
	Adv:	
	- monitor vitals	
	- chemotherapy as per chart.	
	- Inform (SOS)	
	[signature] TAIRN	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00079463 IP18-00036698
Patient S Baby VRIHAASRI VENKATRAMAN
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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: 705

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	Syp. Septran	2.5ml	PO	BD	31/7/26	☑ C ☐ DC
2	~~T. Ebrvas~~	~~2.5mg~~	~~PO~~	~~1/2 OD~~	~~31/7/26~~	~~☑ C ☐ DC~~
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Chandiralega [signature]

Date & Time : 31/7/26

Nurse Name & Signature: Sonia [signature]

Date & Time : 31/7/2026 at 3pm

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

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DRUG CHART

Date of Admission: 3/7/26 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 :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

REGULAR PRESCRIPTIONS

Weight. 10 kg Ward. .....

DRUG : Syp. SEPTRAN

Dose	Route	Frequency	Start Date
2.5ml	PO	Q8H	31/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Sat / Sun

Daily Doctor's Endorsement by a Sign

Date / Time		
1/8/26 8AM	02/8	
8pm	SM VA	

DRUG : T. ENVAS

Dose	Route	Frequency	Start Date
2.5mg	PO	½-0-1	31/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
	stopped.	

DRUG : Inj. EMESET

Dose	Route	Frequency	Start Date
1mg	I.V	Q8H	1/8/26

Name & Signature of the Doctor Starting the Drugs:
Dr. Gayathri 16577

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
01/08 6AM	02/8 P/C V.A	SM VA
3pm	SS AD.	
10pm	SM VA	

DRUG : Syp. DOMSTAL.

Dose	Route	Frequency	Start Date
1ml	P/O	Q12H	1/8/26

Name & Signature of the Doctor Starting the Drugs:
Dr. Gayathri 16577

Additional Instructions:

Inj 1 ml

Daily Doctor's Endorsement by a Sign

Date / Time			
01/08 8AM	02/8 P/C V.A	E.P A.N	
8PM	SS AD		

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/8/16	2:30PM	Neb. 3% NaCl	P/N (1 resp)	P/N.	[illegible] 203387	AA / SS.

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

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
16-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

I.V. FLUIDS CHART

Weight. 10 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

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

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Ref. No.: F / HW / DC / RP / INPR / 05.a

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

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

R PRESCRIPTIONS

DRUG : Candid mouth paint

Dose	Route	Frequency	Start Dt.
	L/A	Q12h	7/8/25

Name & Signature of the Doctor starting the Drugs: Dr. Gayathri

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	01/08	02/8
10 AM	N/G	EP/DP
10 PM	Sm/VA	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/7/26 .... Time:

Parameter					
Time	7pm	8pm	12a	4am	7:35am
Doctor / Nurse / Family Concern?					
Temperature (°F) (scale 94–104)	On admission 97.5F	97.5F			98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	90/57 (61)	106/74 (64)	Not willing	Not willing	94/40 (58)
Heart Rate (Number)	132b/m	100bpm			112b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)					
Resp Rate (Number)	30/m	30bpm			30b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓			✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99% (RA)	99%			RA 100%
Conscious Level: Normal / Altered					
GCS *	Alert	Alert			Alert
TOTAL SCORE: Number of shaded boxes	0	0			0
Pain Score	0	0			0
Observer's Initials	[illegible]	[illegible]			PB

Note: BP does not score in early warning scoring

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)

GUC-00079463 IP18-00036698
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18-06-2025 1 Y 1 M 13 D (F)
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c. 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 : 1/8/25 Time: 8am | 10pm | 4pm | 8pm | 12AM | 4 AM

Doctor / Nurse / Family Concern?

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

- 4pm: 97.6°F
- 8pm: 98.6°F
- 4 AM: 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

Heart Rate (Number)

- 4pm: 115bpm
- 8pm: 110bpm
- 4 AM: 120bpm

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)

- 4pm: 30bpm
- 8pm: 30bpm
- 4 AM: 28bpm

		4pm	8pm	4 AM
Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		RA 99%	99% RA	99% RA
Conscious Level	Normal / Altered	✓	✓	✓
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		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
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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.
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(1)

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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.

31/7/25

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm					On admission						
	05:00 pm	H2O	80ml	None						50ml	0	
	06:00 pm	H2O	70ml	40ml						50ml	0	
	07:00 pm	H2O	30ml	100ml						40ml	0	
Total Intake :		H2O – 180ml + 180 → 360ml				Total Output :				140ml – U		
	08:00 pm										0	
	09:00 pm	DBF									0	
	10:00 pm										0	
	11:00 pm	NIL	40ml	40ml							0	
	12:00 am	DBF		40ml							0	
	01:00 am			40ml						Diapers changed	0	
Total Intake :		140 + 120 → 260ml + DBF				Total Output :				Diapers changed 1 time		
	02:00 am	DBF		40ml							0	
	03:00 am			40ml							0	
	04:00 am	DBF		40ml							0	
	05:00 am			40ml							0	
	06:00 am	DBF		40ml							0	
	07:00 am			40ml							0	
Total Intake :		DBF 3 + 240ml				Total Output :				NIL		

Total 24 hrs. Intake	DBF. – 4 times 660ml	Total 24 hrs. Output	Diapers changed 1 time

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(2)

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FLUID CHART

Sheet No. : (9)

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.

1/8/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	7.35 AM											
	08:00 am			Inj. Carboplatin							0	SN
	09:00 am			120ml							0	SN
	10:00 am			Inj. Etoposide 60mg E 100ml Actd						Diapper	0	SN
	11:00 am	H20	50	25						Wet	0	SN
	12:00 pm	DBF		25							0	SN
	01:00 pm	DBF		25							0	SN
Total Intake :		50 + 220 = 280ml				Total Output :				1 time		
	02:00 pm			40								
	03:00 pm	H20	50ml				✓			✓	0	SN
	04:00 pm											
	05:00 pm	H20	50ml							✓	0	SN
	06:00 pm	H20	100ml							✓	0	SN
	07:00 pm											
Total Intake :		200ml H20 + 40ml = 240				Total Output :				3 time		
	08:00 pm										0	SN
	09:00 pm	DBF									0	SN
	10:00 pm									✓	0	SN
	11:00 pm	DBF									0	SN
	12:00 am										0	SN
	01:00 am	DBF									0	SN
Total Intake :		3 hrs of DBF				Total Output :				1 time		
	02:00 am										0	SN
	03:00 am	DBF									0	SN
	04:00 am									✓	0	SN
	05:00 am	DBF									0	SN
	06:00 am										0	SN
	07:00 am										0	SN
Total Intake :		2 hrs of DBF				Total Output :				1 time		

Total 24 hrs. Intake	520 ml DBF = 7 times	Total 24 hrs. Output	Urine - 6 motion - 1

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

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: 30/7/2026

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	4pm	- Assess the Baby gen condition - teach the parent how to prev of fever	5pm	- Assessed the baby general condition - taught the parents how to prevent Infection	taught the parent how to prevent Infection	Parent aware of Infection.	
Night	8pm	Ass the baby general condition teach the patient how to prevent Infection	9pm	assed the baby general condition teach the patient how to prevent Infection	taught the parent how to prevent infection	parents aware of infection	607728

GUC-00079463 IP18-00036698
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NURSING CARE RECORD

Date: 1/8/25

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify. NIL
- ☐ 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 general condition Vital sign to be checked & Record Maintain I/O chart.		Assessed the general condition Vital signs are checked & Record Maintained I/O chart	Child took prime & aerine	Re-assessment was	SN 0125415
Afternoon	2pm	Maintenance Input and output chart.	2:30 pm	Maintained good nutritional status.	Baby clinically stable.	Reassessment done	Soiy 014801
Night	8pm	Assess the child condition monitor vital signs Maintain I/O chart.	12am	Assessed the child condition monitored vital signs	Vitals are stable.	Done	Simaoli 609307

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
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(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes On 31/7/25	
	3.30pm	Child received from ER to	
		7th floor. Child detail handing	
		over taken from ER staff.	
		Child conscious and oriented. No	
		IV line, patterns child came for	
		Chemotherapy Cycle 5. Vitals	[signature]
	4pm	checked and recorded →	
		[4.30pm: CP ++, PP ++, CFT <2sec]	
		Child shifted to ER for	
		IV line placement under GA by	[signature]
		IV line secured. Bill raised →	
	4.30pm	IVF 0.9% … on flow	[signature]
		of the child →	
		Inj. Emeset 1mg given to IV …	
		Syp. … 1ml given P/O … →	[signature]
	5.50pm	Dr. Gayathri mam seen the child	
		advised by chart Inj. Etoposide 60mg	[signature]
		ē 100ml over 4 hours →	
		Inj. Etoposide 60mg + 100ml NS over	[signature]
		4 hours 25ml/hr connected to child →	
	6pm	Maintain intake and output	[signature]
		chart →	
	7.30pm	Baby details case file	
		handing over given to the	

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

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
		Night duety staff.	→ Hari 60726
		Night duty	
31/07/26	7.30pm	Child details handover taken over from evening to Night Child is chemotherapy Inj. Etoposide 60mg in 5.50pm start, tommorow Day-2, IVF-40ml/hour	
	8.00pm	Child vitals checked and Recorded.	→ P. Kanmoz 609261
		8pm | CP ++ | PP ++ | CFT <2sec	→ P. Kanmoz 609261
	9.35pm	Child Inj. Etoposide Finish	→ P. Kanmoz 609261
		then child vitals is stable	→ P. Kanmoz 609261
	11.30pm	Dr. Vijayathri Team come and see advised continue IV Fluids tommorow Inj. Carboplatin 290mg start @ 8AM	→ P. Kanmoz 609261
01/08/26	12.00AM	child vitals check Not willing	→ P. Kanmoz 609261
		Inform Dr. Vijayathri	→ P. Kanmoz 609261
	2.00AM	Child is sleeping, No other Complians	→ P. Kanmoz 609261
	4.00AM	Child vitals check Not willing	→ P. Kanmoz 609261
	6.00AM	Child due medications Inj. Emest and Domstral given	→ P. Kanmoz 609261
	7.30AM	Child details handover given to Morning duty staff	→ P. Kanmoz 609261

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GUC-00079463 IP18-00036698
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18-06-2025 1 Y 1 M 13 D (F)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/8/26	7:30Am	Dr. Gayathri mam instruct to start a chemo at 7:35 am. Mam carboplatin 29ml added on inj set DNS-90ml by drug chart no other complaints pre. vital were checked and informed by doctor: Dr. Gayathri mam day start the carboplatin wi 7:35am. flow rate 65ml/hr [illegible] 130ml.	
		← Morning duty on 1/8/26 -	
	7:30 am	Child Report taking over from Night duty staff —	[signature]
	8am	Child was on afebrile taking orally & micturating well. Vital sign are checked & recorded maintained. 8/10 chart IV line patent - D15 on Hormotherapy on flow voided freely General condition is fair.	[signature]
		8am — CP ++ / PP ++ / CST <2sec	
	10am	Child sleeping well no other specific complaint at present. IV line patent D15 —	[signature]
	10am	Inj. carboplatin 220mg in 100ml D 5%	

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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
1/8/26	-	Over IV line pattern o/s	
		general condition is fair	[signature]
	10.20 pm	Inj Etoposide 60mg c̄ [illegible] Addup	
		Has no allergic reactions as	
		present voiding freely	[signature]
	12pm	Vital signs are [illegible] & [illegible]	
		maintained [illegible] [illegible] line	
		pattern o/s.	[signature]
	1.10pm	Pt Reported [illegible] due to (D)	
		[illegible] staff	[signature]
		Evening Duty Status	
	1.30pm	Handover received from	
		morning duty staff. Child	
		is active and accepted.	[signature]
		IV line present tomorrow	[signature]
		USG abdomen plan and	
		plan discharge.	
	2pm.	Baby one episode vomiting.	
		Administered due medication	
		Inj. emeset 1mg given as	
		per drug chart orderly.	[signature]
	4pm	Checked vital sign	[signature]
		and Recorded. PP ++ / CP ++ / CRT <2sec	
	5pm	Administered due	
		medication as per	[signature]
		chart and recorded.	[signature]

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GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
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(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/8/25 6pm	6pm	Baby vitals are monitoring and reported. vitals are stable. Baby PV line present not swelling and baby well activated. Continues monitoring P/o chart.	Hari 607918
	7pm	Baby medicine given to the as per as doctors order Syp. Domstal IM continues monitoring P'chart and baby intake is good.	Hari 607918
	3pm	Baby details case file handing over given to the night duty staff.	Hari 607918
		Night Duty	
	7:30PM	Baby details Hand over taken from Evening duty staff. Baby vitals are stable. child admitted for 6th cycle chemo, Day 1, Day 2 completed, Baby BP Q4Hrly, Baby tomorrow DIS plan, USG Abdomen Plan, tomorrow Day-3, Inj. Bleomycin 7units in 10ml NS IV over 30min, Inj. Etoposide 60mg in 100ml NS over 4Hrly.	Suf 607313.
	8PM	Baby vital signs checked and recorded. vitals are stable, maintained P'chart	Suf 607313

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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
01/8/26	10pm	child due medication given as per order. IV line patten, child sleeping well. →	Sof 607353
	12Am	child vital checked not willing for attender, child sleeping well. →	Sof 607353
	2Am	child sleeping well, No other complaints, IV line patten, maintained Flo chart.	

2Am	CP	RR	CRT
	+ve	+ve	<2sec

→ Sof 607353

4Am	child vital signs checked and recorded. Vitals are stable. maintained Flo chart →	Sof 607353
6Am	child sleeping well, pre medication given as per order →	Sof 607353
7:30Am	child details Hand over given to morning duty staff. →	Sof 607353
	Morning Duty Notes.	
7:30am	Handover received from night Duty staff. child is active and alerted. IV line Present. Today plan discharge. Today plan USG - abdomen	DM OV
8am	checked vital sign and Recorded. Baby vital. Ps stable.	RR CP CRT +ve +ve <2sec — DM OV

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
31/7/26	4pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
31/7/26	10pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
1/8/26	4am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
1/8/26	9am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
1/8/26	3pm	c/o	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
1/8/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
2/8/26	2AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
2/8/26	10am	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		

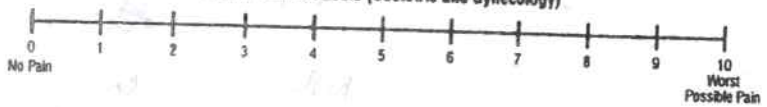
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age.....

	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.	Date : 9/5/25 E	31/7 N	1/8/25 M	11/8/25 E
Mobility					4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	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	28	28	28	27
				Evaluator's Name				

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

GUC-00079463 IP18-00036698
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18-06-2025 1 Y 1 M 13 D (F)
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W/BRD-Q/NSG/04

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BRADEN 'Q' SCALE

(for Paediatric use)

(2)

Patient Name : .....

Age..... Gender : .....

					N	N		
				Date :	0/18	2/8		
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		
"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		
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		
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		
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		
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		
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		
				TOTAL SCORE	27	27		
				Evaluator's Name	[illegible]	[illegible]		

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

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 31/7	DATE 1/8	DATE 1/8	DATE 1/8	DATE
Age	Less than 3 years old	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	1	1	1	1	1
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	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					
	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					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	2					
	One of the Meds listed above	1					
	Other Medications / None		1	1	1	1	1
	Total		10	10	10	10	10

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

Intervention:						
Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		NA	NA	✓	NA	X
Wheel chair support		NA	NA	✓	NA	X
Other Intervention(s) Specify						
Nurse's Name:						
Signature:						
Date:		31/7/25	31/7/25	1/8/25	1/8/25	1/8
Time:		8pm	8pm	8pm	8pm	8pm

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

GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN
18-06-2025 1 Y 1 M 13 D (F)
Dr. MEENA SIVASANKARAN

(2)

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.HE HUMPTY DUMPTY SCALE 21/8.

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			M				
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1				
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	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					
	Outpatient Area	1	1				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	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				
	Total		10				

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

Bed in low position		✓				
Call device within reach		✓				
Wheels Locked		✓				
Room free of clutter		✓				
Adequate lighting		✓				
Wheel chair support		X				
Other Intervention(s) Specify		A				
Nurse's Name:		SH				
Signature:		DRDS				
Date:		21/8/25				
Time:		8am				

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Patient's Name:
MRD NO: GUC-00079463 IP18-00036698
Baby VRIHAASRI VENKATRAMAN (F)
18-06-2025 1 Y 1 M 13 D
Dr. MEENA SIVASANKARAN
Age : ☐ M ☐ F
Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 31/7/26 Time: 4.30pm
Location : (L) Metacarpal
Size : 22G
Cannula inserted by : Sr Akshay

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
31/7/26	5pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	7pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	9pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	11pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
1/8/26	1am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	5Am	☐Yes ☑No	☐Yes ☑No	observe	PG
	7Am	☐Yes ☑No	☐Yes ☑No	observe	PG
	8am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
2/8/26	2Am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6Am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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 2

Date : Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00079463 IP18-00036698
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18-06-2025 1 Y 1 M 13 D (F)
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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
Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
31/07/26	10pm	yes	Explian about hydration	Mother	No	oral	None	yes	good	P.[illegible] 607261
01/8/26	2pm	Yes	Explain about the baby hydration	Mother	No	oral	None	Yes	good	[illegible] 607965
02/8/26	8am	yes	Explained about Inj. Peg GCSF 1.5mg action and importance.	Mother	nil	oral	nil	Yes	good	[illegible]

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

Doc No. : RCH / FRM / CLINICAL / 187

GUC-00079463 IP18-00036698
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 3.35pm Mode of Arrival: Lifted Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 10kg Kg

Height: – cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Chemotherapy cycle 4th Completed	Retroperitoneal Yolk Sac tumour Excision	Yes.

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: 10kg Length: – Head Circumference (< 2 years): –

Temp.: 97.5F HR: 132bpm RR: 30bpm BP: 90/57mm

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

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

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

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

Character of Pain – Location – Frequency – Duration –

FUNCTIONAL SCREENING:

☑ No Abnormalities Detected
☐ Mobility Problem
☐ Developmental Delay
☐ Walking Problem
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

Inform consultant for positive criteria

(P.T.O)

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With .....

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

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

Patient Rights & Responsibilities: ☐ Yes ☐ No

☐ Others

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

Nurse's Name: ..... E Jones ..... Date: ..... 31/7/20 ..... Time: ..... 4 pm .....

Signature

GUC-00079463 IP18-00036698
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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Date : 31/8/26

Admitting Doctor : Dr. MEENA

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

Start Time of Assessment: 31/8/26 Weight: 10 kgs

Allergic History: No Allergies

Chief Complaints: K/c/o S/P Tumor excision c uterus & fallopian tube ≥ B/L preservation of ovaries (retroperitoneal yolk sac tumor → MAKEI stratified Age: <11 yrs (8th cycle)

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: K/c/o Retroperitoneal yolk sac tumor (on chemotherapy)

Medication History: –

Relevant Investigations: –

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ...

Breathing

Rate: ... SpO$_2$ on FiO$_2$ ...

Rhythm: ...

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B/L AE ⊕ , No added sounds.

Palpation Findings (If necessary) ...

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ...

(P.T.O.)

Circulation HR: 138/min CFT — Central .... Peripheral .... Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: .... mmHg

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

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability GCS: 15/15 AVPU: 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.: 97.1°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: As charted

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: Luckyjit

Signature: LUCKY [illegible]

Date & Time: ~~31/07/26~~ 31/7/26.

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

GUC-00079463 IP18-00036698
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 31/7/26 Time of arrival : 2:25pm

Chief Complaints: Come for Chemo Therapy RBS: —

Height : — Weight : 10 kg BMI : — Head Circumference (<2 years) —

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

If yes , identify NIL

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: 31/7/26 (Date/Time): 2:25pm

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 2:35pm

(P.T.O.)

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

Time	Nursing Notes
2.25pm.	BR came to the patient
	chief complaints of Posted for chemotherapy
	Doctor sir advised admitted to the
	patients vitals were checked and recorded
	IV line placement Done 7th floor ER shifted to the ward

Samples collected by: Nil Time: Nil

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	→	Nil	←		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 138 BP: CNY CFT: <2sec	Shift - out from ER to: 7OS
RR: 35 SPO_2 : 98%	Time of Shift - out: 3.40pm
GCS: 15/15 Temperature : 97.2°F	Handover given to: (Nurse's Name) Sin Soumya
Pain Score: 0/10	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Nil

Name of the Nurse : Sanjup Signature of the Nurse : Sanjup

Date & Time : 31/7/26 at 3:30pm

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EMERGENCY ROOM TRIAGE FORM

Wt - 10kg

Patient's Name : Baby Vrihaasri Venkatraman Age : 1yrs 1m Gender: ☐ Male ☑ Female

Date : 3/7/26 Time of Arrival : 2-25pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.1°F PR: 138 BP: Cry RR: 38 SpO_2: 97%

Chief Complaints: Came for Chemotherapy

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time :

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 : [signature] Signature of Triage Nurse : [signature]

Date & Time : 3/7/26 at 2:27pm

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

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PATIENT TRANSFER FORM

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Date & Time of Admission	Date & Time of Transfer Order
31/7/25 + 2-29pm	31/7/25 3-35pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Meena	Dr. Lucky	Further management
From Unit	**To Unit**	**Information to Attendant**
ER	705	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(B)	Nil	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Retroperitoneal Yolk sac tumor | tumor stge III
S/P Tumor excision 5th cycle of chemotherapy

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. Chandiralega 19/12

Patient & Clinical Records Received by :

Date & Time of Patient Received : 31/7/25 3-35pm

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

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Docu.

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