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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Name of the Patient: .. GUC-00077486 IP18-00036513 Baby DHANVIKA R 1 Y 3 M 5 D (F) 14-04-2025 Dr. GANESH R

Date: .....

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 19/7/26 @ 15:30	Date: 19/7/26
Time:	Time: 19/7/26 @ 8.30am	Time: .....

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

GUC-00077486 IP18-00036513
Baby DHANVIKA R
14-04-2025 1 Y 3 M 5 D (F)
Dr. GANESH R

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		19/2/26 @ 8.30 am	21/2/26				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... GUC-00077486 IP18-00036513 ..... Consultant: ..... Dept: .....
Baby DHANVIKA
14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7	9.45AM	ER	405	[signature] 178894.

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
18/7/26.	CBC, CRP, RFT, Ca^{2+}, Mg	26023096	
18/7/26	Urine R/E	26023137	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7/26	Infusion pump	10.30Am	18/7/26 10pm.	9349.	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/7	IV Placement	(1)	1729226.	

ANY OTHER INFORMATION:

Date: 19/7/26 Time: 8.30 a Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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GUC-00077486 IP18-00036513
Baby DHANVIKA R
14-04-2025 1 Y 3 M 5 D (F)
Dr. GANESH R

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTA.

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		19/2/26 8.30			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00077486 IP18-00036513
Baby DHANVIKA
14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R

Patient Name: _____ _____ Bed Category: 405

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

- Explain about room facility like how to use the patient COT, Nursing Bell, important contact details.
- Room cleaning and wash room cleaning will be done regularly.
- Patient bed sheet & clothes will be changed every day morning.
- If patient got shifted to OT, please enquire with nursing station to get further updates
- Wash room hot water will be available round the clock
- For patient food please reach to Dietician / F&B Call @ (2203)
- Don't keep waste in the sink or other drains
- Food for the patient strictly as per the advice in-house dietician
- No outside food is allowed for patients
- Fruit juices, coconut water, salads, are available in canteen
- Patients' Rights & Reasonability explain to the family.
- Only 2 attender's allowed inside the room with patient.

BILLING:

- Take billing update on daily basis at ground floor IP Billing Department (09:00AM to 06:00PM) and if any Query please reach to billing manager/IP Manager (+916379905271) (on same time.)
- If any insurance query and corporate information, please reach to ground floor insurance/ corporate desk.
- For Insurance patient give documents after admission.
- Please carry attender pass at the time of visiting patient.
- VISITING HOURS for Pediatrics (08AM -09PM & 4PM -6PM)
- VISITING HOURS for OBG (12PM -01PM & 4PM -6PM)
- Explain about concern department contact details, which mentioned bedside chart.

MANAGEMENT TEAM:

- Team will meet everyday morning to look after the patient welfare and collect patient feedback on hospital services & MOD (+91 6379905263) available round the clock.
- Please give your valuable feedback before leaving the hospital at the time of discharge, it would be helpful to improve our services.

THANK YOU AND GET WELL SOON

R Ranganathan

Signature of patient/ patient Attendance

Signature of the Introducer

Rainbow Children's Hospital

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 : IP18-00036513 **Admit Date** : 18-Jul-2026 **Admit Time** : 08:32 AM **UHID** : GUC-00077486

Patient Details :

Patient Name	: Baby DHANVIKA R	**Age**	: 1 Y 3 M 4 D
Guardian	: Mr RENGANATHAN. R	**DOB**	: 14-04-2025 02:00 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NEW NO.19, OLD NO. 7, NEW BOAG ROAD, LALITHAPURAM, Thygaraya Nagar Chennai Tamil Nadu INDIA 600017	**Phone No**	: 9176357750
		E-mail	: renganathan.radha@outlook.com

Admission Details :

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

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

Contact Details :

Name : Mr RENGANATHAN. R **Relationship** : Father

Contact Address : NEW NO.19, OLD NO. 7, NEW BOAG ROAD, LALITHAPURAM, Thygaraya Nagar Chennai Tamil Nadu INDIA 600017 **Phone No** : 9176357750

R. Renganathan

Signature

Doctor Details :

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

Referral Doctor : Dr. Arun Kumar S **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 DHANVIKA R**	**Age :**	**1 Y 3 M 4 D**
IP No:	**IP18-00036513**	**Sex:**	**Female**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: R. Renganathan

Name: Renganathan .R
Relationship: Father
Date: 18/7/2026 Time: 8-51 Am
Wittness Name: Panithra
Wittness Signature:

Patient Address:
NEW NO.19, OLD NO. 7, NEW BOAG ROAD, LALITHAPURAM, Thygaraya Nagar Chennai Tamil Nadu INDIA 600017

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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 : BABY. DHANVIKA	UHID Number : 77486
Self/Attendant Name : ∂	Relation : X Father
Self/ Attendant Signature : ∂ Phone Number : ∂ 9176357750	Name & Signature of Financial Counselor

9154039276 ✓

E Card download. ✓

இந்திய அரசாங்கம்
Government of India

ரெங்கநாதன்
Renganathan
பிறந்த நாள்/DOB: 01/06/1984
ஆண்/ MALE

3582 0296 0459

எனது ஆதார், எனது அடையாளம்

இந்திய தனித்துவ அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

முகவரி:
தந்தை / தாய் பெயர்: ராதா, -, சக்தி நகர்,
குளங்கரை தெரு, திட்டை ரோடு, சீர்காழி,
நாகப்பட்டினம்,
தமிழ் நாடு - 609111

Address:
S/O: Radha, -, sakthi nagar, kulangarai
street, thittai road, Sirkali, Nagapattinam,
Tamil Nadu - 609111

3582 0296 0459

help@uidai.gov.in
www.uidai.gov.in

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00077486 IP18-00036513 _____
Baby DHANVIKA
14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R

UHID ID: _____ _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- c/o fever x 1 day
  seizure - 1 episode.

History of present illness :

Apparently well child,

- c/o fever - high grade Tmax - 102°F
  x 1 day intermittent
  not A/W chills & rigors
  ↓
- f/b seizure activity - 1 episode
  c/c UROEB +
  tonic posturing of all 4 limbs
  lasted for 2 mins
  aborted on its own
  regained consciousness on its own
  ↓
  brought to ER, RLH c/o normal sensorium state. GCS - 15/15.
  P/L PERL - RTL.
  Tone (N)
  power > 3/5 in all 4 limbs
  oral intake - good
  u/o - good

H/O running nose (+), mother has URI.
No other focus

Patient Sticker

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

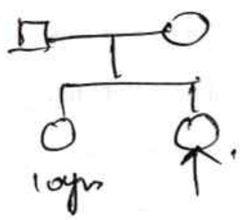
-Nil-

Birth & Neonatal History:

NVD | Term | 37weeks | CIAB |

BW - 2.5kg | No NICU stay

Family Chart



Birth & Socio Economic History:

About Father : } NCM.

About Mother :

Any additional information : No H/O seizures in the family

Developmental History : Dev - (N) milestones attained as per age.

Immunization History : as per NIS Last vaccine @ 9months (MR vaccine)

Anthropometry :

Head Circum (cms) ________ (Centile ________) Height (cms): 75cm (Centile) 10th - 25th centile

Weight (kgs) 9.3kg (Centile 25th - 50th centile)

On Examination :

Temperature : 101.1°F Pulse Rate : 181/min B.P. ________ SPO2 98%.

Resp.rate and type of breathing : 30/min

· Child awake & alert

Rash ⊖

Lymphadenopathy ⊖ · PPWF ⊕

Oedema : ⊖ · CRT < 2sec.

Allergies (if any): Not Known.

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+) NVBS (+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection :

Palpation : soft, not tender, no organomegaly.

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5 5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR 2+ **Superficials:** +.

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: A- Simple Febrile seizure.
- 1st episode.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- CBC
- CRP
- RP-2.
- Urine R/E
- S. Ca^{2+}
- S. Mg^{2+}.

Planned Management

- IVF 0.9% DNS 36ml/hr.
- Syp. P- 250 · 3ml (if >100°F) SOS.

Signature of the Doctor: 16/7/26

Name of the Doctor: Dr. Gayathri

Date & Time: 18/7/26

Signature of the Consultant:

Name of the Consultant: R. Naveen

Date & Time: 18/7/26

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: .....

   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00077486 IP18-00036513
Baby DHANVIKA
14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/20 9.40AM	S/B Dr. Chandiralaga / Harsh	
	Febrile seizure 1st episode.	
	Fever since morning.	
	1 episode of stiffening of all 4 limbs with	
	uprolling of eye balls for 2-3 mins.	
	no c/o cough, running nose, vomiting, loose stools.	
	O/E	
	Afebrile	Development:
	CVS - S1S2 (+)	walks independently
	RS - B/L AE (+), clear	speaks word.
	P/A - soft.	
	Investigations - Awaited	
	Adv:	
		- monitor vitals
		- W/F fever spikes, seizures
		- Continue IV fluids
		- Paracetamol (SOS) If Temp > 100F. Q6H
		- Inform (SOS)
	[signature] 19/2/14.	[signature] K. Harsh 7/21

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/20 4.30pm	S/B Dr. Chandrikalogs.	
	child reviewed	
	Alert, Active	
	no fever spikes	
	no further episodes of seizures	
	Tolerating oral feeds well	
	1 episode of loose stool	
	O/E	
	Afebrile	BP-92/50mmHg
	CVS-S1S2 (+)	PR-122/min
	RS-B/L AE (+)	
	P/A - soft	
		Adv
		- monitor vitals
		- W/F fever spikes, loose stools
		- Paracetamol (SOS)
		- Inform (SOS)
	[signature] 19.24	

GUC-00077486
Baby DHANVIKA R
14-04-2025
Dr. GANESH R
IP18-00036513
1 Y 3 M 5 D
(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/24 8AM	S/B Dr. Chandiralege	
	Δ - Simple febrile seizure 1st episode	
	Child reviewed	
	sleeping	
	One episode of low grade fever spike around 10PM	
	no further episode of seizure	
	Tolerating breast feeds well.	
	Hydration - PPWT, CRT < 3sec	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	BP - 95/50mm Hg
	RS - B/L AE (+)	PR - 124/min
	P/A - soft.	
	Adv:	
	- Monitor vitals	
	- W/F fever spike, seizures	
	- paracetamol (SOS)	
	- IV fluids @ 20ml/hrs	
	- Inform SOS	
	[signature] 19/7/24	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00077486
Baby DHANVIKA IP18-00036513
14-04-2025
Dr. GANESH R 1 Y 3 M 4 D (F)

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RESULT SHEET

Date	15/7/26					
Time						
Hb	11.7					
PCV	30					
RBC	4.58					
WBC	14,93					
N/L	69/23					
Platelets	2,98,000					
CRP	6					
ESR						
PCT						
RBS						
Na	138					
K	3.6					
Cl						
Ca/Mg	10.1					
Phosphate /Mg	1.8					
Urea	11					
Creatinine	0.31					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	19/7/26					
Time						
CUE - Alb	-					
CUE - Sugar	-					
CUE - Ketones	-					
CUE - PUS Cells	1-3					
CUE - RBC Cells	0-1					
CUE Leucocyte Nitrate	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00077486 IP18-00036513
Baby DHANVIKA 1 Y 3 M 4 D (F)
14-04-2025
Dr. GANESH R

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER ..... Shifted to: 405

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 12559.

Date & Time : 18/7 @ 9AM

Nurse Name & Signature: 12554 / Iman

Date & Time : 18/7 @ 9AM

GUC-00077486 IP18-00036513
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DRUG CHART

Date of Admission: 18/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. P-250				Date / Time: 18/7
Dose: 3ml	Route: PO	Frequency: SOS	Start Date: 18/7	8PM NB SD
Doctor's Signature:	Valid Period:	Pharm.		
Additional Instructions: (T>100°F)				

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

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

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

Patient Sticker

REGULAR PRESCRIPTIONS

Weight. 9.3kg Ward. ....

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

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

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

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

GUC-00077486 IP18-00036513
Baby DHANVIKA R
14-04-2025 1 Y 3 M 5 D (F)
Dr. GANESH R

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
18/7	8.20 AM	Supp. Neomol	170mg 4/5	P/R		178894.

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

GUC-00077486 IP18-00036513
Baby DHANVIKA R
14-04-2025 1 Y 3 M 5 D (F)
Dr. GANESH R

9.3kg

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/7	10.30am	IVF 0.9% DNS	I.V	36ml per hr	8/ 16333				
19/7	8AM	IVF 0.9% DNS	IV	20ml/hr	8/ 1913				

Signature .....

VERIFIED BY : Name .....

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Baby DHANVIKA
14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/4/25 Time:	9.54pm	12pm	4pm	8pm	10pm.	12Am.	4am
Doctor / Nurse / Family Concern?							

Temperature (°F): 98.5F, 97.6F, 99.2F, 100.3F, 97.6F, 98.4F, 98F

Heart Rate (bpm) and Blood Pressure (mmHg) *
Note: BP does not score in early warning scoring

Heart Rate (Number)	120b/m	126b/m	122bpm	120bt	124b/m	126bt

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

Resp Rate (Number)	28bm	28pm	22bpm	28bt	30bt	30bt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA					
O_2 Saturations (%)	98%	100%	99%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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14-04-2025 1 Y 3 M 4 D
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FLUID CHART

Sheet No. : (1)

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

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
12/4/26	08:00 am	Shifted		D5 DNS		Shifted	emitted	from	ER	to 4th	floor	[illegible]
	09:00 am										0	DSP
	10:00 am	DBF + water	2 oml	36ml							0	DSP
	11:00 am	DBF		36ml							0	DSP
	12:00 pm			36ml			motion passed				0	DSP
	01:00 pm		20ml	36ml			✓			✓	0	DSP
Total Intake :	2 DBF +40ml+144ml						**Total Output :**	1 times urine passed				
	02:00 pm	water	50ml								0	Balaji
	03:00 pm									✓	0	Balaji
	04:00 pm	water	50ml								0	Jey
	05:00 pm										0	Jey
	06:00 pm	DBF								✓	0	Jey
	07:00 pm										0	Jey
Total Intake :	100ml +1 DBF						**Total Output :**	2 Times urine passed				
	08:00 pm			36ml							0	[illegible]
	09:00 pm	water	30ml	20ml						✓	0	[illegible]
	10:00 pm			20ml							0	[illegible]
	11:00 pm	DBF		DC							0	[illegible]
	12:00 am			DC						✓	0	[illegible]
	01:00 am	DBF		DC							0	[illegible]
Total Intake :	2 times DBF+30ml + 76ml						**Total Output :**	2 time urine passed				
	02:00 am	DBF									0	[illegible]
	03:00 am										0	[illegible]
	04:00 am	DBF									0	[illegible]
	05:00 am									✓	0	[illegible]
	06:00 am	DBF									0	[illegible]
	07:00 am										0	[illegible]
Total Intake :	3 times DBF						**Total Output :**	1 time urine passed				

Total 24 hrs. Intake	8 time DBF + 290ml	Total 24 hrs. Output	6 time urine passed

GUC-00077486 IP18-00036513
Baby DHANVIKA
14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Morning receiving note ←	
18/7/26	9.50AM	Baby received from ER to 4th floor. Baby details handing over taken from ER duty S/N. Baby was alert & conscious. Baby came for c/o. Fever x 1 day and seizure 1 episode. Diagnosis is simple febrile seizure. IV line present & patent. child under the room air. Child had soft diet	P.S.Durga OS3384
	10am	vitals are checked & noted. vitals are stable [PP ++, CP ++, CRT <3]	
	10.30am	IVF - DNS - 500ml - 26 ml/hr ongoing	P.S.Durga
	11.45Am	Dr. Utansh sir came & seen the baby advice to continue further treatment	OS3384
	12PM.	vitals are checked & noted. vitals are stable [PP ++, CP ++, CRT <3] Neuro-vascular I/O chart. I/O chart maintained.	P.S.Durga
	1.30pm	child handing over given to evening duty staff	OS3384.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty notes.	
18/7	1.30pm.	The child details handing over	
		taken from morning duty staff.	
		Child is conscious. IV line present	
		and patency →	Balu/020685
	2pm.	Child had lunch. No other	
		complaints →	Balu/020685
		Administer the medication as	
		per doctor's order	
	4pm	vitals are checked and recorded	
		temp is normal PP ++	
		CP ++	
		CRT <2s	A/015860
	5pm	I/O chart is maintained	
		No any other complaints	
	6pm	Administer the medication as	
		per doctor's order	
		Rx fluid 0.9% NS @ 36ml/hr on flow	
	7.20pm	The child details handover	
		given to night duty staffs.	A/015860
		← 18/7/2026 ON Night duty →	
	7.30pm.	The child details handing over	
		taken. from. Evening duty to.	
		night duty. staff. The child is	
		conscious and oriented. IV line.	M/01989
		Present. no pain no swelling.	
		IV line pattern.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name:.. GUC-00077486 IP18-00036513
Baby DHANVIKA
MRD NO:............ 14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R
Age :.................. M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 18/7 Time: 9.15 AM
Location : (L) metacarpal
Size : 24 G
Cannula inserted by : S/N Dr. Gayathri

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
18/7	9.20 Am	☐Yes ☑No	☐Yes ☑No	Pattern	Das
	10 am	☐Yes ☑No	☐Yes ☑No	observ	Pa
	12 pm	☐Yes ☑No	☐Yes ☑No	observ	PP
	2 pm	☐Yes ☑No	☐Yes ☑No	observed	Balaji
	4 pm	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	6 pm	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	8 PM	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	10 PM	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
19/7	12 AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2 Am	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4 Am	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6 Am	☐Yes ☑No	☐Yes ☑No	Observed	[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		
		☐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-00077486 IP18-00036513
Baby DHANVIKA R
14-04-2025 1 Y 3 M 4 D (F)
Dr. GANESH R

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9.45 AM Mode of Arrival: Mother Carry Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil

Body Weight: 9.3 Kg

Height: ..... cm

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

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

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 9.2kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.5°F HR: 120b/m RR: 28b/m BP: –

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 13 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain – Location ..... Frequency – Duration –

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

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

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 ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Parents .....

Nurse's Name: ..... Anuja ..... Date: ..... 18/7/26 ..... Time: ..... 10am ..... Signature

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Y PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
18/4/25	10am	Treatment Care	Explained the parents in Treatment Scare	Mother & Father	No Learning Barriers	Oral	None	Verbalizes Understanding	Closed	Dr. Ganesh

Part - III: CODES

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

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

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

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

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/7/26 Time of arrival : 8 AM

Chief Complaints: fever x 1 day / seizure x 1 epi. RBS: 98

Height : 75cm Weight : 9.3kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

☐ Character ☐ Location — ☐ Frequency ☐ Duration

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

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

Social History: Lives With —

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

Time of Initial assessment completed by ER Nurse : 15 min

Time	Nursing Notes
8.45 PM	- Pt come to ER c complaints of fever x 1 day / seizure x 1 epi. <3 sec.
	- All vitals checked & recorded.
	- ER Dr. assessed the child & Admitted ↓ Dr. Ganesh.
	- IV line done & Bld sample collected.
	- Pt shifted to ward for further mgt.

Samples collected by: /

Samples sent by : / Iman

Time: /

Time: / 9.20 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
18/7 8.20 AM	Supp. Neomol	P/R	150 mg	Dr Ganesh	S/N - Iman

Condition of patient at time of shift - out :	Details of Shift - out
HR: 129 BP: - CFT: <3sec	Shift - out from ER to: 405
RR: 26 SPO$_2$: 98	Time of Shift - out: @ 9.45 AM
GCS: 15/15 Temperature : 98.5°F	Handover given to: S/N - Vaishnavi. (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line done. 24 G @ Metacarpal

Name of the Nurse : Iman Signature of the Nurse : Das 17894

Date & Time : 18/7 @ 9 AM

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Gayathri Date : 18/7/26

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

Start Time of Assessment: ..... Weight: 9.314

Allergic History: Not known

Chief Complaints:
- Febrile seizure (1st episode)

Pediatric Assessment Triangle

A Appearance - TICLS awake & alert

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

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

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

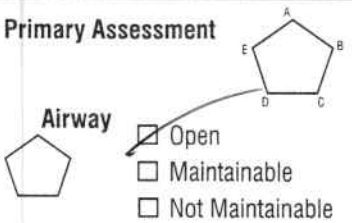
Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing 30/min
Rate: ..... SpO_2 on FiO_2 98 %
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: .....
Palpation Findings (If necessary).....

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

Circulation

HR: 181/min CFT [Central 2 / Peripheral 4]

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: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils: [Responsive ☐ Non-Responsive ☐] Size [Right ..... / Left .....]

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

Signs of Neurological compromise .....

.....

Exposure

Temp.: 101.1°F

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

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

.....

.....

.....

Treatment Planned: .....

.....

.....

.....

per chart

.....

.....

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: Dr. Gayathri

Signature: .....

Date & Time: 18/7/26

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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P-120 - 4ml @7.35AM 102.8°F

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EMERGENCY ROOM TRIAGE FORM

Wt-9.3kg

Patient's Name : R. DHANVIKA. Age : 1Y 3M Gender: ☐ Male ☑ Female

Date : 18/7/26 Time of Arrival : 8AM.

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: 101.4F PR: 181 BP: - RR: 30 SpO_2: 98

Chief Complaints: C/o-fever since morning / C/o-Seizure x1 epi <3sec.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

R. Renganathan
Signature of Parent / Guardian

Triage Completion Time : 2 min

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Iman

Signature of Triage Nurse : 17894.

Date & Time : 18/7 @ 8.05AM

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

@ 8.20AM. Supp. Neomol 150mg -(P/R). given.

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
18/7	8.20AM	98mg	—	

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

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PATIENT TRANSFER FORM

GUC-00077486 IP18-00036513 Baby DHANVIKA 14-04-2025 1 Y 3 M 4 D (F) Dr. GANESH R	Date & Time of Admission 18/7/26. @ 8.32 AM	Date & Time of Transfer Order 18/7/26 @ 9.45 AM
Treating Consultant Name Dr. Ganesh.	Transfer Ordered by Dr. Gayathri	Reason for Transfer treatment
From Unit ER	To Unit 405	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (11)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

A – Febrile seizure – 1st episode

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 178894 / Iman.	[signature] 16557

Patient & Clinical Records Received by : Vaishnavi [signature]

Date & Time of Patient Received : @ 9.50 AM.

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

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

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

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature