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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 9/7/26

Name of the Patient: GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 24 D (F)
Dr. GANESH R

UHID No: .....

Gender: .....

Ward: 4th floor

Room No: 401

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign ONSN

Date: 9/7/26

Time: 6am

Pharmacy Sign

Date: .....

Time: .....

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00072394 IP18-00036374
Baby SRIRUDRA K
18-05-2023 3 Y 1 M 24 D (F)
Dr. GANESH R

UHID- FLOOR- NAME OF CONSULTANT-

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

ACTIVITY RECORD FOR BILLING

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Name: GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

UHID No: .....

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
08. July. 26.	9:40AM.	ER	701	01013

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
8.07.2026	CBC, CRP, Bloodcls, RP.9	26021841	
	SGOT, SGPT, Typhoid IgM		
8/7/26	Urine Routine, Gs	26021881	
8/8/26	Dengue IgM	26021878	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7/22	Infusion pump	8 Am	8/7/2022 at 7pm	17 83896	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8.07.2026	Duplacement	①	1793831.	016134

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 9/7/26 Time: 6am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 23 D (F)
Dr. GANESH R

UHID- FLOOR- NAME OF CONSULT.

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11.10 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		11.20 AM	P. Kavya 88926		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
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BED SIDE CHECK LIST FOR NURSES

Date:	8/7/26	9/7/26	10/7/26						
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	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	NA	NA	NA						
Eye Care	NA	NA	NA						
Mouth Care	NA	NA	NA						
Sterillum Bottle, Stethoscope	ok	NA	NA						
Suction Bottle (Should be clean & empty)	clean	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)	Labelled	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	8/7/26 8:30pm	[illegible]							
Hand Over Taken By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	9/7/26	9/7 [illegible]							

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036374 **Admit Date** : 08-Jul-2026 **Admit Time** : 08:41 AM **UHID** : GUC-00072394

Patient Details :

Patient Name	: Baby SRIRUDRA.K	**Age**	: 3 Y 1 M 22 D
Guardian	: Mr KALAIARASAN	**DOB**	: 16-05-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: flat b3, utsav the chrove appts Adambakkam Chennai Tamil Nadu INDIA 600088	**Phone No**	: 9176631332
		E-mail	: no@gmail.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 KALAIARASAN **Relationship** : Father

Contact Address : flat b3, utsav the chrove appts Adambakkam Chennai Tamil Nadu INDIA 600088 **Phone No** : 9176631332

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby SRIRUDRA.K**	**Age :**	**3 Y 1 M 22 D**
IP No:	**IP18-00036374**	**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 [redacted] 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: R. Kalai

Name: Kalaiarasan.R

Relationship: Father.

Date: ~~8:41~~ 08-07-2026 Time: 08:41

Witness Name: [illegible]

Witness Signature:

Patient Address:

flat b3, utsav the chrove appts
Adambakkam Chennai Tamil Nadu
INDIA 600088

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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 Ppoint of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : > Sri Rudra. K	UHID Number : 72394
Self/Attendant Name : > Kalaiarasan. R	Relation : > Father.
Self/ Attendant Signature : > R Kalai Phone Number : > 9176631332	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)

UHID ID: Dr. GANESH R

Department:

Consultant:

Patient Sticker
GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

Pedi[...]ysical Examination

Name: ____________________ Age/Sex ____________

Information given by: Mother Relationship ____________

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o fever x 5-6 days
initially low grade → high grade
Initially every q24h → q8h → continuous spikes now.
Not assoc. c̄ chills & rigors.
c/o Runny nose x 6days
c/o Cough x 1 day (occ. for 2-3days)
wet in nature, post tussive vomit (+)
started after starting Ambroxol + cetirizine
Throat pain (+) / Voice change | for 2-3 days.
Nausea (+), no vomit
Oral intake / Activity | ↓ed
U.O - good.
H/o travel to Karnataka - 1 week back. for sight seeing
H/o sick contact c̄ cousin c̄ similar complaints (+)
Started on Cefpodoxime x 3 doses given
No h/o rash / loose stools / abd. pain.
H/o eating outside food for 2-3 days (+) during travel.

GUC-00072394
Baby SRIRUDRA.K
IP18-00036374
16-05-2023
Dr. GANESH R
3 Y 1 M 22 D (F)

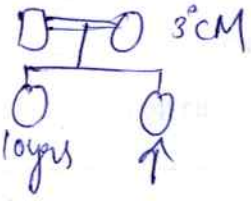
Past ... of any previous investigation or treatment)

NO H/o previous admission

Birth & Neonatal History:

38 wks / NVD / Bt wt - 2.8 kgs
CIAB / NO NICU stay

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional information :

Developmental History :

Dev. (N)

Immunization History :

Vaccinated upto date ace to NIS schedule
+Flu once last year

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 92cm (Centile 15th - 50th)

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

On Examination :

Temperature : 100.9°F Pulse Rate : 147/min B.P. 107/60 mmHg SPO2 97%

Resp.rate and type of breathing : 28/min

Alert

Rash

NPWF, CRT < 2 secs

Lymphadenopathy

B/L cervical LN (P)
non-tender

Oedema :

Allergies (if any):

Throat - mild congestion (P)

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : B/L 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, non-tender

Ausculation :

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 >3/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : -

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

R

DTR

Superficials:

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Acute febrile illness ↓ evaluation

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC ✓
CRP ✓
RP2 ✓
OT, PT ✓
Blood cls ✓
Urine R/e .
Typhoid IgM ✓

Planned Management

IVF
IV Xone
Syp. Cetirizine 1/2
Syp. Mucolite.

Signature of the Doctor: 11.8.26

Name of the Doctor: Dr. kavitha

Date & Time: 8/7/26 8.45am

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facilty Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/23 10.00 AM	S/B Dr. Chandrasekar,	
	Acute febrile illness. Day 6 →	
	Child seriously	
	Dull looking.	
	c/o fever for 6 days initially low grade one spikes per day progressed to high grade, 4-5 spikes per day	
	c/o cough × 5 days.	
	no H/o vomiting, loose stools, pain during micturition	
	Oral intake decreased for past 2 days.	
	Became dull, lethargic from yesterday.	
	H/o Travel (-).	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - B/L AE (+), clear	
	P/A - Soft	
	External genitalia (N)	
		Adv.
		- monitor vitals
		- W/F fever spikes
		- Inj. Ceftriaxone 500mg BD
		- Cetrizine, mucolite.
		- pantoprazole, emeset.
		- Enfarm (SOS)

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
8/7/20 11:30AM	s/a 2	Laxmi
	Fever D5	
	Persisting fever x 2u hrs	
	H/o cold occ soon	
	no vomit.	
	↓ u/o times	
	Febrile alert Dull	
	RS (N)	
	P/a Hepatomegaly	
	CU pulse well felt CRT < 2s	
	? Enteric UTI / TORD / Sepsis	
	Fairly well	
	~~Typhoid Ig -ve~~	Kamal
	~~Urine RIE + C/s~~	
	~~to Dengue SIM~~	

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

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 4.50pm	S/B Dr. Chandrashekar.	
	Acute febrile illness Day(5-6)	
	? Enteric.	
	Child conscious.	
	Alert, active	
	Low grade fever spike present	
	Oral intake + Improved	
	no new complaints.	
	O/E	
	Afebrile	
	WS-S1S2@.	
	RS- B/L AE@	
	P/A - soft,	
	hepatomegaly@2	
	Adv	
	- monitor vitals	
	- W/F fever spikes	
	- continue ceftriaxone,	
	cetirizine, mucolite.	
	- Inform (SOS).	
	19/12/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8-30pm	S/B Dr. Chandiralaga	
	Acute febrile illness / ? Enteric	
	Child reviewed	
	Afebrile for 13 hrs	
	c/o passage of semisolid stools - 3-4 times	
	small volume	
	Tolerating oral feeds well.	
	O/E	
	Afebrile	
	CVS-S1S2 (+)	PR - 112/min
	RS - B/L AE (+)	
	P/A - soft	
		Adv
		- Monitor vitals
		- W/F fever spikes, loose stools
	Blood C/S - S. typhi/ no growth	- Inj. Ceftriaxone 500mg IV BD
	Urine C/S	- Syp. Cetirizine 3ml BD
	↓	- Syp. Mucolite 3ml ...
	awaited	- Inform (SOS)
	[signature] 19/2...	

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

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	9/7/20 10 50 A	S/B Dr haresh
		Viral fever
		fever reducing and
		drinking (N)
		No a charts
		Res
9/7/20 4:30pm.	S/B Dr. Chandrasekar	
	Child reviewed	
	Alert, Active	
	No fever spikes, loose stools	
	Tolerating oral feeds - well	
	O/E	
	Afebrile	PR - 113/min
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A - Soft	
		Adv
		- monitor vitals
		- continue ceftriaxone
		- Inform (SOS)
	[signature] 19/12/24	

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
10/7/26 9Am	S/B Dr Chandiralega / [illegible]	
	Δ – Viral fever	
	child reviewed	
	no fever spikes for 48hrs	
	no loose stools / vomiting	cough ⊕.
	Alert, Active	
	Tolerating oral feeds well.	
	urine output, Activity – good	
	O/E	PR – 104/min
	CVS – S1S2 ⊕	
	RS – B/L AE ⊕	
	P/A – soft	
	Hydration – PPWT, CRT < 3secs	
		Adv:
		– monitor vitals
Agreed		– W/F fever spikes, loose stools
		– Syp. Cetrizine 2ml Q12H
Dr [illegible]		– Syp. Mucolite 2ml Q8H
	[signature] 10/07/24	
R, 14/7/2026		
[signature]		

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

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Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 23 D (F)
Dr. GANESH R

(4)

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It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

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MEDICATION RECONCILIATION FORM

Drug Allergies: NA ☐ 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: TO1

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. GUDCEF CV					☐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 : Dr. Kavitha

Date & Time : 8/7/26 8:55am

Nurse Name & Signature: Suganthi.

Date & Time : 8/7/26 @ 8:55am

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

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DRUG CHART

Date of Admission: 8/7/26 .... 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 : Syp. P250				Date: 8/7 — Time: 4:00 — p.k
Dose: 3ml	Route: P/O	Frequency: SOS	Start Date: 8/7/26	
Doctor's Signature: [signature]		Valid Period	Pharm.	
Additional Instructions: if Temp. >100°F q6h				

DRUG : Inj. EMESET				Date / Time
Dose: 1 mg	Route: iv	Frequency: SOS	Start Date: 8/7/26	
Doctor's Signature: [signature]		Valid Period	Pharm.	
Additional Instructions:				

DRUG : Syp. IBUGESIC				Date / Time
Dose: 4ml	Route: PO	Frequency: SOS	Start Date: 8/7/26	
Doctor's Signature: [signature]		Valid Period	Pharm.	
Additional Instructions: Q8H if Temp >102F				

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

Docu. No. : RCH /FRM / CLINICAL / 118

GUC-00072394
Baby SRIRUDRA.K IP18-00036374
16-05-2023
Dr. GANESH R 3 Y 1 M 22 D (F)

REGULAR PRESCRIPTIONS

Weight. 10.2 kgs Ward. 5701

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	i.v	q12h	8/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time: 8/7/26, 9/7 — 10am, 10pm

DRUG : SYP. CETIRIZINE

Dose	Route	Frequency	Start Date
2ml	P/o	q12h	8/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time: 8/7/26, 9/7, 10/7 — 8am, 8pm

DRUG : SYP. MUCOLITE

Dose	Route	Frequency	Start Date
2ml	P/o	q8h	8/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time: 8/7/26, 9/7, 10/7 — 6am, 2pm, 10pm

DRUG : Inj. PAN

Dose	Route	Frequency	Start Date
10mg	iv	q24h	8/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time: 8/7, 9/7 — 9.30am

Patient Sticker

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

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 12.2 Ward. Tot

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
8/7/26	10 AM	IVF 0.9% DNS	i.v	4 cc/hr		ES / SM	9/7/26 12 PM		SM / PK
9/7/26 ~~12 PM~~		0.9 NS	20 cc/hour			SM / PK			PK / PK

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 10.2 Ward 701

DRUG: Inj. EMESET				Date/Time
Dose	Route	Frequency	Start Dt.	8/7 9.30 SS; 8/7 6am SS; 3pm B.M; 10pm NS
1mg	iv	q8h	8/7/26	stopped
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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RESULT SHEET

Date	8/7/20					
Time						
Hb	12.6					
PCV	38					
RBC	5.24					
WBC	10210					
N/L	44/46					
Platelets	1,90,000					
CRP	11					
ESR						
PCT						
RBS	84					
Na	139					
K	4.1					
Cl	103					
Ca/Mg	1.12					
Phosphate / HCO3	/ 22					
Urea	11					
Creatinine	0.34					
ALP						
SGPT	20					
SGOT	48					
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	8/6/24					
Time						
CUE - Alb	-					
CUE - Sugar	-					
CUE - Ketones	-					
CUE - PUS Cells	0-1					
CUE - RBC Cells	1-2					
CUE Leukocyte	2 negative					
nitrate						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Typhoid IgM	Negative					
Dengue IgM	Negative					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Department: 4th floor Shift: .....

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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Baby SRIRUDRA.K
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Dr. GANESH R

(C)

No. : RCH/ FRM / CLINICAL / 125

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

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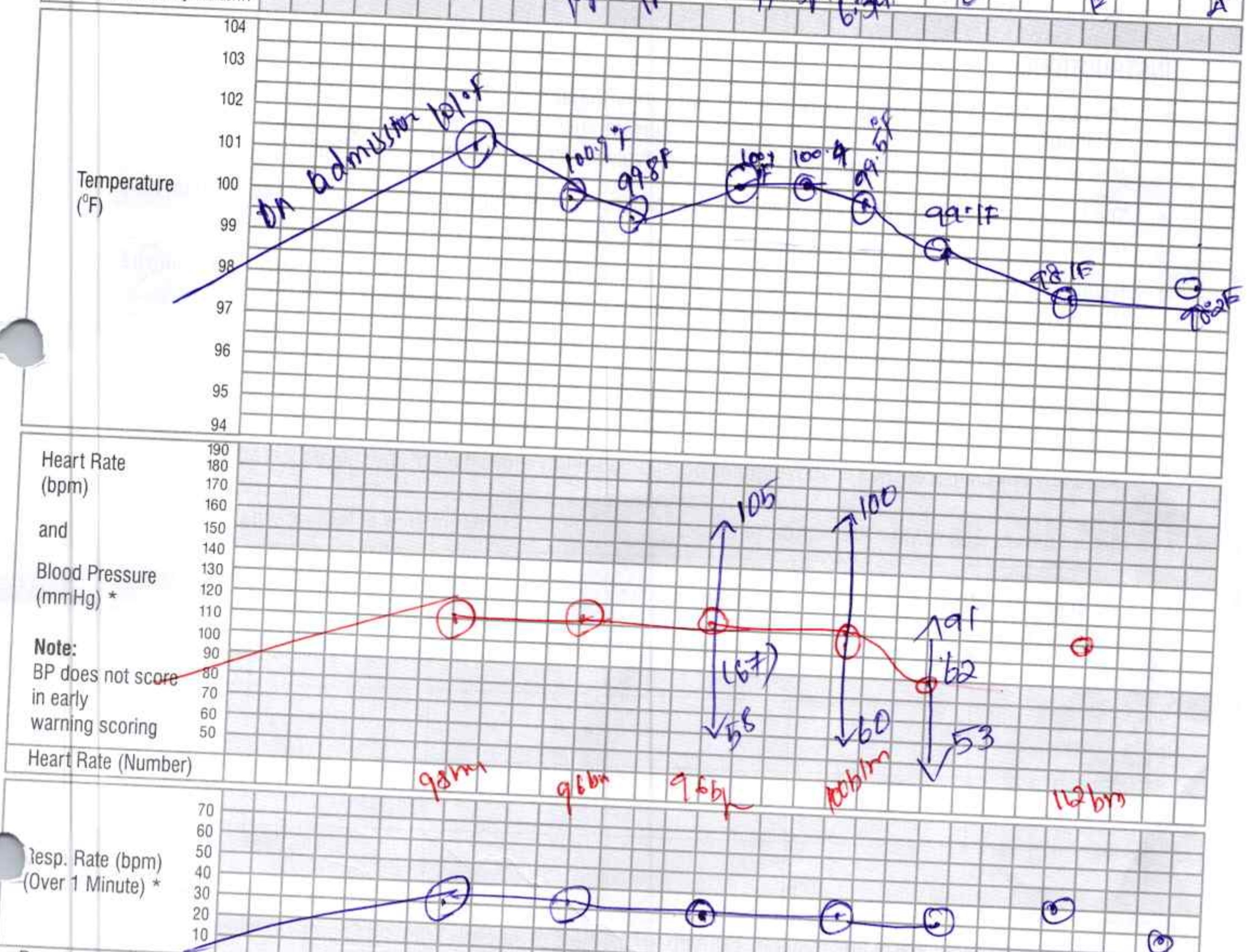
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/26 Time: 10.30am, 12pm, 1pm, 4pm, 5pm, 6.30pm, 8pm, 12am, 4am

Doctor / Nurse / Family Concern?



Resp Rate (Number)	30b/m	28b/m	28b/m	28b/m	28b/m	32b/m	30b/m
Resp Distress: Mod/ Severe; None / Mild	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	98% (RA)	99% (RA)	99%	98%	99%	99%	99%
Conscious Level: Normal / Altered							
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score			0	0	0	0	0
Observer's Initials	[illegible]	[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.

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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-00072394 IP18-00036374
Baby SRIRUDRA.K (F)
15-05-2023 3 Y 1 M 23 D
Dr. GANESH R

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 : 9/7/26 Time:

Time	8am	12pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	97.5°F	98°F	98.6F	98.2F	98.7F	97.2F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)			96/62 (64)	124/99 (99)		
Heart Rate (Number)	110b/m	113b/m	113bpm	108bpm	112bpm	104bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	32b/m	32b/m	30bpm	40bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) / O_2 Saturations (%)	RA 97%	RA 98%	RA 99%	RA 99%	RA 99%	RA 99%
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]

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
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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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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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
8/7/2	08:00 am											
	09:00 am				On	admission					0	[illegible]
	10:00 am	H2O	20ml	30ml							0	[illegible]
	11:00 am	H2O	100ml	40ml							0	[illegible]
	12:00 pm	H2O	50ml	40ml						Now voids	0	[illegible]
	01:00 pm	H2O	100ml	40ml								
Total Intake : 270ml + 150ml = 420ml						Total Output : 1 time Urine passed						
	02:00 pm			40ml							0	P.V
	03:00 pm	TC	50ml	40ml			✓			100ml	0	P.V
	04:00 pm			DC							0	P.V
	05:00 pm	H2O	100ml	DC						100ml	0	P.V
	06:00 pm			40ml							0	P.V
	07:00 pm	H2O	50	40ml			✓			100ml	0	P.V
Total Intake : 200 + 120ml = 320ml						Total Output : 300ml						
	08:00 pm	H2O	50ml	40ml			✓			150ml	0	[illegible]
	09:00 pm			40ml							0	[illegible]
	10:00 pm	H2O	50ml	40ml			✓				0	[illegible]
	11:00 pm			DC						150ml	0	[illegible]
	12:00 am	H2O	40ml	40ml							0	[illegible]
	01:00 am			40ml								
Total Intake : 140ml + 200ml						Total Output : U - 300ml M - 2					0	[illegible]
	02:00 am	H2O	100ml	40ml						100ml	0	[illegible]
	03:00 am			40ml							0	[illegible]
	04:00 am			40ml						150ml	0	[illegible]
	05:00 am	H2O	100ml	40ml							0	[illegible]
	06:00 am			40ml						100ml		[illegible]
	07:00 am	H2O	50ml	40ml								
Total Intake : H2O - 250ml + 240ml						Total Output : U - 350ml M -						

Total 24 hrs. Intake	H2O - 800ml + 1180ml
Total 24 hrs. Output	U - 950ml M - 4 time

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FLUID CHART

Sheet No. : 2

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

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
			Mouth	I.V	N.G							
	08:00 am			40						✓	0	
	09:00 am	H20	20ml	40								
	10:00 am			40						✓	0	
	11:00 am	Juice	50ml	20								
	12:00 pm			20						✓	0	
	01:00 pm	H20	(100ml)	20								
Total Intake :		80ml. + 180ml.				Total Output :				3 times.		
	02:00 pm			20						100ml	0	
	03:00 pm	H20	50ml	DL							0	
	04:00 pm			DL						100ml	0	
	05:00 pm	H20	100ml	DL							0	
	06:00 pm	Ranji	100ml	20							0	
	07:00 pm			DL						100ml	0	
Total Intake :		250ml + 40 = 290 ml				Total Output :				300 ml		
	08:00 pm	H20	50ml				✓				0	
	09:00 pm	H20	50ml							100ml	0	
	10:00 pm	H20	50ml				✓				0	
	11:00 pm									100ml	0	
	12:00 am										0	
	01:00 am									100ml	0	
Total Intake :		150ml				Total Output :				300ml - U		
	02:00 am										0	
	03:00 am									200ml	0	
	04:00 am										0	
	05:00 am									100ml	0	
	06:00 am	H20	70ml							50ml	0	
	07:00 am	H20	50ml								0	
Total Intake :		350ml				Total Output :				350ml		

Total 24 hrs. Intake	H20 - 600ml IV - 120ml	Total 24 hrs. Output	U 1,250ml M - 2

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Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI & Evaluation			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	8/7/26 M	8/7/26 E	8/7/26 N	9/7/26 M	9/7/26 E	9/7/26 N
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
	Diet:	N diet	N diet	N diet	N diet	N diet	N diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	101·F	96.6F	99.1F	97F	98.6F	98.6F
	Res:	30bm	30bm	28bm	28bm	28bm	28bm
	SpO₂:	98%(RA)	98%.	99%.	97%	99%.	99%.
	Pulse:	98bm	98bm	100bm	115bm	113bm	124/90
	BP:	-	-	-	-	-	-
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:			-	-	-	-
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	-	-	-	-	-	-
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Normal	Normal diet	Normal diet	N diet	N diet	N diet
	Critical Lab Test / Values:	-	-	-	-	-	-
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		-	-	-	-	-	-
Handed Over By Name :		E. Sowmy	V.Abirami	Hasin	Sowmya	V.Abirami	Hasin
Signature / ID :		[illegible]	607738	[illegible]	019058	607738	[illegible]
Date:		8/7/26	8/7/26	9/7/26	9/7/26	9/7/26	10/7
Time:		12 Am	8pm	7:30am	2pm	7:30pm	7:30am
Taken Over By Name :		V.Abirami	Hasin	Sowmya	V.Abirami	Hasin	P.Kavya
Signature / ID :		607738	[illegible]	019059	607738	[illegible]	607728
Date:		8/7/26	8/7/26	9/7/26	9/7/26	9/7	10/7/26
Time:		2pm	8pm	8am.	2pm	8pm	8Am

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Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10am	- Assess the Child General condition - teach the parents how to prevent infection.	12pm	- Assessed the child General Condition - Tough the parents how to prevent Infection.	Tough the parents how to prevent Infection.	Parents aware of Infection	
Afternoon	2pm	Assess the child General condition teach the habit how to prevent hygiene	3pm	Assess the child General condition Tough the patient. How to prevent infection	Baby was Stable	Reassessment was done	
Night	8pm	Assess the child general condition. Maintain the nutritional status.		Improve the child condition. Improve the nutrition level.	Evaluate the child condition Evaluate the child weight.	Re assessment done	

Patient Sticker

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: 9/7/[illegible]

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	maintain good nutritional status.	8.30 am	maintained good nutritional status	Encourage oral intake and output	Reassessment done	[illegible]
Afternoon	2pm	Maintain good nutritional status	3pm	Assess the oral intake maintain good nutritional status.	encourage oral intake	Re-assessment was done	[illegible]
Night	8pm	Assess the child general condition. Maintain nutritional status.		Improve the child general condition. Improve the nutritional status.	Evaluate the child condition. Evaluate the nutritional balance	Re-assessment is done	[illegible] 10/7/18

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

NURSES NOTES

(1)

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

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission notes on 8/7/21.	
	10am	Child received from ER to 4th floor. child conscious and alert. Child IV line pattern. child IVF 0.9% GNS 40ml/hr on flow of the child. child vital signs checked and recorded →	[signature]
		CP: ++; PP: ++; CFT: <2sec (10am)	
		Temp - 101°F, pulse - 98b/mt, SpO2 - 96% (RA). Pulse - 98b/mt, →	[signature]
		Inj: ceftriaxone 500mg c 20ml NS added given IV route →	[signature]
	11.30am	Dr. Ganesh sir seen the child advised by to do urine R/E, urine c/s, Dengue IgM →	[signature]
	12pm.	previous sample Dil raised Dengue IgM. maintain intake and output chart. vital signs checked and recorded →	[signature]
		CP: ++; PP: ++; CFT: <2sec (12pm)	
	1.30pm.	Child details handed over on evening duty staff →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies ..... N/L

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		EVENING DUTY	
8/1/26	1:30pm	Child details handing over taken from morning duty staff baby was conscious and oriented Baby have no fever spike checked and informed	
	2:00pm	Baby on RIF 40 ml/hr normal cardinal no other complaints. Medication was given as per drug drug order	
	4:00pm	vitals was checked and recorded maintain I/O chart. temperature 100.1°F	
	5:00pm	Again recheck the vital 5pm 100.4°F informed by doctor	
	6:00pm	vitals was checked and recorded maintain I/O chart Vitals on 99.5F	
	7:00pm	maintain I/O chart and recorded no other complaints	
	7:30pm	pt details handing over given by night duty staff	
		Night Duty	
8/1/26	8pm	child details case file handover taken from the evening duty staff. child general condition is	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 23 D (F)
Dr. GANESH R

Rainbow® Children's Hospital
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		assessed. child is well	
		activity and conscious the	
		child. child vitals are checking	
		and reporting. child is good	
		cooperative.	→[signature] 607915
	10 pm	child is medication is	
		given to the as per as	
		doctors order. IV line is	
		present and No swelling	
		and leaking not the IV	
		line site. child intake of	
		food and IV fluid on oflow	→[signature] 607915
9/7/66	2 am	child is well sleeping and	
		there is no c/o of child	
		mother. child is maintaining	
		continues I/o chart.	→[signature]
4Aam	4 am	child vitals are monitoring	
		and reporting. child is well	
		sleeping. child u/m is passed.	→[signature]
	7 30am	child details carefile handover	
		given to the morning duty	
		staff.	→[signature] 607915.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ......Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty Notes.	
9/7/20	7.30am.	Handover received from Night Duty staff. Child is active and oriented. IVF - 0.9% DNS - 40ml/hr onflow.	Soumya 019555.
	8am	Checked vital sign and recorded. PP ++, CP ++, CRT <2sec	Soumya
	10am.	IVF - 0.9%. DNS - 40ml/hr on flow.	
	11am	Dr. Ganesh sir came and seen the baby advice to reduced IVF - 0.9%. DNS - 20ml/hr on flow. plan discharge tomorrow.	Soumya
	12pm	Checked vital sign and recorded. PP ++, CP ++, CRT <2sec	
	1pm	Monitored input and output chart and recorded.	
	1.30pm	Handover given to Evening duty staff.	Soumya 019555.
		EVENING DUTY	
	1:30pm	Baby details handing over taken from morning duty staff. Baby on IVF (continu	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 23 D (F)
Dr. GANESH R

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		ceftriaxone nomonitor vitals	
		continue as same	60774
	2:00pm	Baby was normal condition	
		Baby take feed well	
		no other complaints medication	
		was given as per drug chart	
		no fever spike.	60774
	4:00pm	child vitals are stable. maintained	
		I/O chart. child no c/o Fever,	
		child general condition is fear	60774
	6:00pm	bp / pp ++ / cp ++ / CRT <2sec	
		check vitals no fever spike	60773
	7:00pm	maintain I/O chart and	
		recorded	60778
	7:30pm	Baby details handing over given	
		by night duty staff	60778
		Night duty	
9/7	8pm	child details casefile handover	
		taken from the evening duty	
		staff. child general condition	
		is assessed. child vitals	
		monitoring and recorded. child	
		vitals are stable.	607915
	10 pm	child side there no c/o of	
		pain and child continues	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		I/O chart. child passed urine and motion. child intake of food. Dr. Ganesh sir come	
1.	12pm	and see to the baby. baby condition is normal and antibiotic stop informed to the nurses.	[signature]
10/7/66	12am	Child vitals are monitoring and recorded. vitals are stable.	[signature]
	2 am	child side observed. sleeping is good. continues maintain I/O chart. PP ++ / OP ++ / CH [illegible]	[signature]
	6am	child today discharge planned. child is observed. the understanding is good. well activity of the child. child medicine given to the doctor order	[signature]
	7.30am	child details case file handover given to the morning duty staff	[signature] 60795

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient's Name:..

MRD GUC-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R
No.:....................

Age : .....Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 08.07.2026 Time: 9:35am

Location : Right Methocarpal

Size : 24G

Cannula inserted by : S/N Ramraj

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
8.7/26	9.45pm	☐Yes ☑No	☐Yes ☑No	Pattern	[illegible]
	10 pm	☐Yes ☑No	☐Yes ☑No	Observe	R
8/7/26	12pm	☐Yes ☑No	☐Yes ☑No	Observe	a
	2pm	☐Yes ☑No	☐Yes ☑No	Observe	of
	4pm	☐Yes ☑No	☐Yes ☑No	Observe	of
	6pm	☐Yes ☑No	☐Yes ☑No	Observe	of
9/7/26	8 am	☐Yes ☑No	☐Yes ☑No	Observe	dg
	10am	☐Yes ☑No	☐Yes ☑No	Observe	dg
	12Pm	☐Yes ☑No	☐Yes ☑No	Obsn	dg
	4Pm	☐Yes ☑No	☐Yes ☑No	Observ	P.V
	8pm	☐Yes ☑No	☐Yes ☑No	Observe	P.V
	12Am	☐Yes ☑No	☐Yes ☑No	Observe	P.V
	4Am	☐Yes ☑No	☐Yes ☑No	Observe	P.V
	8Am	☐Yes ☑No	☐Yes ☑No	Observe	P.V
	12Pm	☐Yes ☑No	☐Yes ☑No	Observe	P.V
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7/21	DATE 8/7/26	DATE 8/7	DATE 9/7	DATE 9/7
			M	E	N	M	E
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9	9	9	9	9

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		NA	NA	NA	NA	NA
	Other Intervention(s) Specify		NA	NA	NA	NA	NA
	Nurse's Name:						
	Signature:						
	Date:		8/7/21	8/7/26	8/7	9/7	9/7
	Time:		10am	2pm	8pm	8am	2pm

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/17	DATE 10/17	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		9	9			

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		N/A	X			
Other Intervention(s) Specify		N/A	X			
Nurse's Name:		[illegible]	P.[illegible]			
Signature:		[illegible]	P.[illegible]			
Date:		9/17	10/17			
Time:		8pm	8PM			

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BRADEN 'Q' SCALE

	1. Completely immobile:	2. Very limited:	3. Slightly limited:	4. No limitations:	Date: 8/7/26	8/7	8/7	9/7
					Time: M	E	N	M
Mobility	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	Makes frequent through slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	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				

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

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

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BRADEN 'Q' SCALE

	1. Completely Immobile:	2. Very limited:	3. Slightly limited:	4. No limitations:	Date: 9/7	9/7	9/7	10/7
					Time: N	E	N	M
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				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/26	10pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
8/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 60728
9/7/26	8am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
9/7/26	2pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 607238
9/7/26	8PM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P.[signature] 60724
10/7/26	2 AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P.[signature] 60724
10/7/26	8AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P.[signature] 60724
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

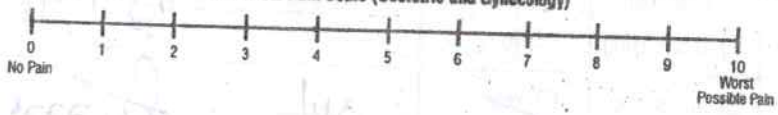
Re-assessment Frequency:

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

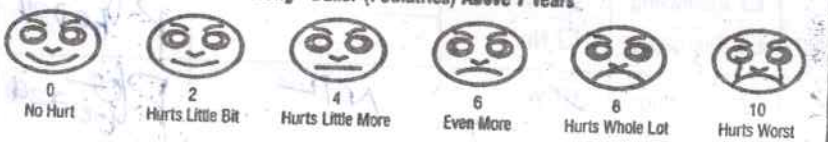
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score of -2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 09/7 Time: E	Date: 9/7 Time: N	Date: /017 Time: M	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1		0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
	Total Score		0	0	0			
	Signature of the Nurse							

Intervention: _____

_____

_____

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. AFI ↓ 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	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
8/7/26	2pm	yes	educate the patient about orals	Mother	yes	oral	None	yes	good	P [illegible] 60726
9/7/26	8am	Yes	Educated the IV fluid importance	mother	nil	oral	nil	Yes	good	[illegible]
10/7/26	10AM	yes	Explain about nutrition	Mother	yes	oral	None	yes	good	P [illegible] 60726

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-00072394 IP18-00036374
Baby SRIRUDRA.K
16-05-2023 3 Y 1 M 22 D (F)
Dr. GANESH R

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 10.00 Mode of Arrival: Carrying Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: 10.2 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, Nil

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

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

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

Observations: Weight: 10.2 Kg Length: — Head Circumference (< 2 years): —

Temp.: 100.F HR: 98 bpm RR: 30 bpm BP: —

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 9 (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 Nil Location Nil Frequency Nil 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?) .....

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 .....

Nurse's Name: ..... Date: ..... Time: ..... Signature

5:30Am Sup. Neonal Dom
Tem. 101.4F.

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wt. 10.2kg.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Sri Rudra. Age : 3y F. Gender: ☐ Male ☑ Female

Date : 8/7/26 Time of Arrival : 8:15Am. ☐ Not known

Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify):

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 100.9F PR: 147b/m BP: 107/60(80) RR: 28b/h SpO₂: 97%(RA).

Chief Complaints: c/o Fever x6days

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

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

Signature of Parent / Guardian

Triage Completion Time : 8:20Am.

* CTAS - Canadian Triage and Acuity Scale

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

Name of Triage Nurse: Suganthee.

Date & Time : 8/7/26 @ 8:15Am.

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

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).

Signature of Triage Nurse : [signature] 018286.

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 8:15 AM

Chief Complaints: C/o fever x 6 days RBS: 83 mg/dl

Height : — Weight : 10.2 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?) one girl

Time of initial assessment completed by ER Nurse : 8:20 AM

(P.T.O.)

Time	Nursing Notes
8:15am	Child Come for fever 2 days. Child
	Conscious & oriental. Vitals checked
	& Records Vitals stable. Dr. Ganesh sir
	See the child to admitted for further
	managemet. IV Placement done, Sample
	Send to Lab. Child Due to medication
	given. Child shifted to ward.

Samples collected by: R/C Ramesh
Samples sent by: S/N Suganthini.

Time: 8:20am.
Time: 8:30am.

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 149bM. BP: 101/60 CFT: <3sec
RR: 28bM SPO₂ : 97%RA
GCS: 15/15 Temperature : 100.9F
Pain Score: 0
Repeat RBS (if applicable): NIL

Details of Shift - out

Shift - out from ER to: 701
Time of Shift - out: 9:40AM
Handover given to: (Nurse's Name) S/N Sowmiya

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done. 24G (R) metacarpal.

Name of the Nurse: Suganthini,
Date & Time: 8/7/26 @ 8:30am

Signature of the Nurse: Suganth
01857

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16-05-2023 3 Y 1 M 22 D (F)
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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ganesh Date : 8/7/26

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

Start Time of Assessment: 8.15am Weight: 10.2 kgs

Allergic History: .....

Chief Complaints: .....
Fever × 6 days

Pediatric Assessment Triangle

A Appearance - TICLS Alert

B C Circulation
- ☐ Normal ✓
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

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

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

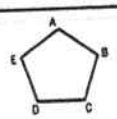
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☐ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 28/min SpO_2 on ~~FiO~~ RA 97%
Rhythm: regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: equal
Palpation Findings (If necessary).....

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

(P.T.O.)

Circulation

HR: 147/min

BP: 101/60 mmHg

Pulse Volume: Central / Peripheral: good

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

CFT: Central / Peripheral: <3 secs

Murmurs: ☐ Yes ☐ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Disability

GCS: 15/15 AVPU: Alert

Pupils: Responsive ☐ Non-Responsive ☐

Size: Right .... Left ....

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 100.9°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: .... Mentioned

Treatment Planned: .... inside

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. Kavitha

Signature: [signature] 1788

Date & Time: 8/7/26 8.20am

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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PATIENT TRANSFER FORM

GUC-00072394 IP18-00036374
Baby SRIRUDRA.K (F)
16-05-2023 3 Y 1 M 22 D
Dr. GANESH R

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 8:41am	8/7/26 @ 9:40am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr Ganesh	Dr Kavitha	For the mgmt
From Unit	**To Unit**	**Information to Attendant** Yes ☐ No ☐
ER	701.	
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?
10	—	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	NS 500ml	01
2.	IV set	01
3.	inj. Xone 500mg	01.
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 01801	[signature] 1784

Patient & Clinical Records Received by : [signature] 004353 at 9:40AM

Date & Time of Patient Received :

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

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

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

GUC-00072394 IP18-00036374
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
8/7/23	9:00am	83mg/dl	—	[illegible]