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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 28/7/26

Name of the Patient: BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 4 M 1 D (M)
Dr. V V VIVEKANAND

UHID No: .....

Ward: .....

Gender: Male

Room No: 703

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign P.V. 607261.

Date: 28/7/26

Time: 6 AM

Pharmacy Sign

Date: .....

Time: .....

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 4 M 1 D (M)
Dr. V V VIVEKANAND

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6AM	PNC 60226				
Activity Sheet update by Pharmacy							

AC BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

R BILLING

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Name: .....

UHID No: ..... IP 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
26/7	10.30 PM	ER	703	

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
26/1/26	Hb% PCV, DLC, PS	260239900	
	electrolytes, OM RT		
	PT/APTT/INR		
	RBS	260239901	
27/1/26	LIPE, PCV, Platelet	260240014.	
27/1/26	Lipid Add on	260240095	
	For Special Test		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7/26	INFUSION Pump	26/7/26 10PM		1733350	[illegible] 021873

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/7	IV Placement	(1)	1733323	17894

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 28/7/26 Time: 6 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P-Pb07261			

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DISCHARGE TRACKING SHEET

UHID: BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 4 M 1 D (M)
Dr. V V VIVEKANAND

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	28/7/26 at 9pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		28/7/26 at 9AM	Suneel 607383		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

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BED SIDE CHECK LIST FOR NURSES

Date:	26/7	27/7	28/7						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	yes						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	NA	NA	NA						
Eye Care	NA	NA	NA						
Mouth Care	NA	NA	NA						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	yes	yes	yes						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	Priya	Sumaf	Sumaf						
Signature :	Priya	Sumaf	Sumaf						
Date & Time:	26/7 10.30P	27/7 8pm	28/7 8pm						
Hand Over Taken By Name :	Sumaf	Priya							
Signature :	Sumaf	Priya							
Date & Time:	27/7 8pm	27/7 1.30							

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 : IP18-00036627 **Admit Date** : 26-Jul-2026 **Admit Time** : 08:34 PM **UHID** : BAH-00649028

Patient Details :

Patient Name	: Master J.VETRIVEL	**Age**	: 3 Y 3 M 29 D
Guardian	: Mr JAGADISH	**DOB**	: 27-03-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 501 RELIANCE AVANS LEGACY SRI NAGAR COLONY Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 7675079854/ 7675079854
		E-mail	: 7675079854@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 JAGADISH **Relationship** : Father

Contact Address : 501 RELIANCE AVANS LEGACY SRI NAGAR COLONY Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 7675079854

Signature

Doctor Details :

Doctor Name : Dr. V V VIVEKANAND **Specialisation** : PULMONOLOGY

Referral Doctor : Dr BHASKAR RAJU **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
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Rainbow Children's Hospital - Guindy
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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master J.VETRIVEL**	**Age :**	**3 Y 3 M 29 D**
IP No:	**IP18-00036627**	**Sex:**	**Male**
Consultant:	**Dr. V V VIVEKANAND**	**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 c of the patient.

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

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

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

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

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

Signature of Patient/Relative: >

Name: > Indra (INDRA)

Relationship: > MOTHER

Date: 26-07-2026 Time: 08134

Witness Name: ASWIN

Witness Signature:

Patient Address:

501 RELIANCE AVANS LEGACY SRI NAGAR COLONY Srinagar Colony Hyderabad Telangana INDIA 500073

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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 : > VETRIVEL . J	UHID Number : 649028
Self/Attendant Name : > INDRA . D	Relation : > MOTHER
Self/ Attendant Signature : > Indra Phone Number : > 7675079854	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Baby Vetrivel Age/Sex 3½ yrs/M,

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x 3days
vomiting on day 1

History of present illness :

A 3½ yrs old male came with complaints of fever for 3days, high grade, intermittent, not associated with chills.

H/o vomiting on day 1 → now settled.
no c/o cough, running nose.
no c/o Abd pain, loose stools, rash.
no c/o sore throat, ear discharge.

Evaluated at outside hospital.

Hb - 12.1
PCV - 38 N/L - 17/65
Plt - 2,41,000 Dengue NS1/IgM - positive
CRP - Negative
(N) Urea, SGPT, KFT

Chest xray - ? Hyperinflation (no film available)

Hence reffered for admission

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

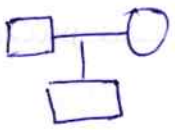
of any previous investigation or treatment)

—

Birth & Neonatal History:

Elec LSCS | Term | B.wt - 3.225Kg | no NICU/SNCU stay

Family Chart



Birth & Socio Economic History:

About Father : ?

About Mother : YNCM.

Any additional Information :

Developmental History :

Milestones attained at appropriate age.

Immunization History :

Immunized upto age according IAP guidelines.

Anthropometry :

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

Weight (kgs) 17.2Kg. (Centile _____)

On Examination :

Temperature : 98F Pulse Rate : 117/mi B.P. 96/73mm Hg SPO2 100.1%

Resp.rate and type of breathing : 28/m.

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

(P.T.O.)

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

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

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

Any addes sounds : no added sounds

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (P)

Any murmur : no murmur

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

Per Abdomen :

Inspection : (N)

Palpation : Soft, non tender

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Dengue fever - Afebrile phase.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Hb, PCV, Plt ✓
PS ✓
Electrolytes ✓
SGOT | SGPT ✓
PT | APTT | INR ✓

Planned Management

IV Fluids DNS @ 55 ml/h.
Inj Pantoprazole 20mg OD.
Inj Emeset 2mg BD.
IV | vitals Monitoring

Signature of the Doctor: .....

Name of the Doctor: Dr. Chandirakala

Date & Time: 26/7/24

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

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

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

   ☐ Needs Assistance In:

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

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

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

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/24 1AM	S/B Dr. Chandiralega	
	Δ - Dengue fever - Afebrile phase	
	child remained	
	no fever spikes	
	no c/o vomiting, Abd pain	
	Oral intake - good.	
	O/E	
	Afebrile	
	P/A - soft.	
	Hydration - PPWT, CRT < 3secs	
	Urine voided - 1 time	
		Adv:
		- monitor vitals.
		- W/F Fever, Rash, Abd pain, Hypotension
	Plt - 2,38,000	- TO vitals / BP monitoring.
	PCV - 33	- Inform (SOS)
	[signature] 1/7/24.	

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
27/7/22 8am	S/B Dr. Vivek sir.	
	Child received	
	NS1 Positive Dengue	
	In Afebrile phase Day 2	
	Stable hemodynamics	
	Platelets (N)	
	Pneumonia (N) child.	
	Plan:	
	Continue fluids	
	↓ 50% if oral intake good.	
	Evening Plt, PCV, Sr IgE	
	Immunocap specific IgE 2 mosquito.	
	(signature)	

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 30 D (M)
Dr. V V VIVEKANAND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/23 6:03PM	S/B Dr. DEEPAK	
	Dx: Dengue Fever - afebrile phase	
	Child reviewed Child has no new concern	
	O/E: Child is active, alert	IV Fluids - 0.9 NS 30 ml/hr
	CVS: S1S2 ⊕ RS: NVBS ⊕ P/A: Soft CNS: NFND	BP: 90/60 mmHg PP - well felt Intake: Adequate U/O: 5 ml/kg/hr.
		Rx To continue as per chart To monitor vitals / S/S warning To do Evening Plt, PCV, S. IgE for Mosquito, Immuno cap Specific IgE (mosquito)
	[signature] 2033hr	[signature] 1033 hr

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
	S/B - Dr. Vivekanand	
28/7/26		
7:40AM	Child seemed	
	clinically stable	
	v/o Adequate	
	Fit for discharge	
	PCV / platelets - (N) / Stable	
		Adv
		1) Plan for discharge today
		2) Review c Doctor saga sir
		30/8/26
		3) To collect pending reports
		on OPD Basis
		~~4) Syp JUSTDSS syrup~~
		~~(5ml = 400IU)~~
		4) ULTRADS syrup (5ml = 1000IU)
		4ml —0—0 x 12weeks
		5) To give allchulaye letter

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

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27-03-2023 3 Y 4 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	25/7/26	26/7/26	27/7			
Time						
Hb	12.5	12.1				
PCV	38	36	35			
RBC	4.8					
WBC	8320					
N/L	17/65					
Platelets	2,49,000	2,38,000	2.28			
CRP	4					
ESR	.					
PCT						
RBS		84				
Na		139				
K		4.5				
Cl		107				
Ca/Mg						
Phosphate						
Urea	28					
Creatinine	0.4					
ALP						
SGPT	21	19				
SGOT		37				
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		13.6/0.96				
APTT		32.3				
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
CPK	84					
TSH	0.694					
Vit D	11.6					
Dengue NS1	positive					
IgM	positive					
Typhoid IgM	Negative					
IgE		129				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ED Shifted to: 703

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

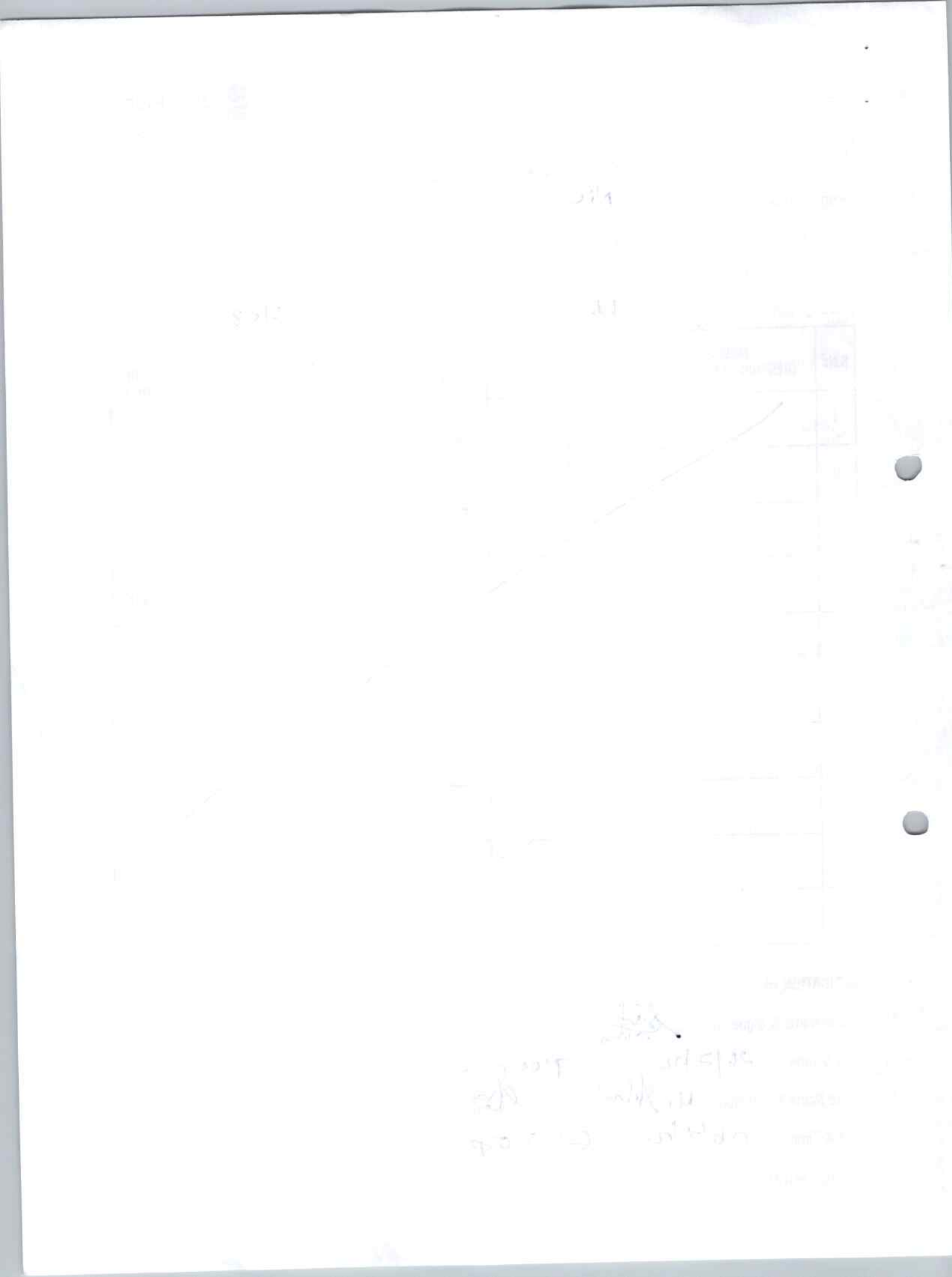
Doctor Name & Signature : .....

Date & Time : 26/7/26 9:00pm

Nurse Name & Signature: M. Asha

Date & Time : 26/7/26 01:40pm

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



BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG : SYP. PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
5ml	PO	SOS	26/7/24	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: 250mg/5ml, every 6hrs By Temp>100F				

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

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

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

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REGULAR PRESCRIPTIONS

Weight. 17.2kg Ward. .....

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
20mg	IV	OD	26/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date																
Time	26/7			27/7	28/7											
	dr	9:15 pm	6 AM	PK EP	PK EP											

DRUG : INJ EMESET

Dose	Route	Frequency	Start Date
2mg	IV	BD	26/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date																
Time	26/7			27/7	28/7											
	9:15 pm	dr	7 PM	PK EP	PK EP											
			7 PM	BS SS												

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date																
Time																

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date																
Time																

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Dr. V V VIVEKANAND

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

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 17.2kg 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
26/7/26	11.00pm	0.9.1. DNS	IV	55ml/hr		P.K / E.P	26/7/26 @ 3pm		ES / SS
27/7/26	2pm	0.9.1. DNS	IV	30ml/hr		ES / SS			
28/7/26	7.00am	STOP AVF							

Signature .....

VERIFIED BY : Name .....

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VITAL SIGNS RECORD

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

Date : 27/7/26

Name

GUC I

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
8AM	98.0°F	98/min	38b/min	96/64	99%	–	[illegible]
10AM	98.0°F				99%		[illegible]
12pm	98.0°F	96/min	36b/min	96/62	100%	–	[illegible]

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VITAL SIGNS RECORD

Name :

Date : GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/7/26 Time: 10 PM 12 AM 4 AM

Doctor / Nurse / Family Concern?

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

ON ADMISSION 98.9F 97.3 97.4F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

100 100 112 | 164 | 50 54 55 | 114bpm 119bpm 122bpm

Heart Rate (Number)

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

28bpm 38bpm 40bpm

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		RA 100%	RA 100%	RA 100%
Conscious Level	Normal / Altered	✓	✓	✓
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials		PG	✓	✓

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date 27/4/26 Time: 6PM 12PM 6PM 8PM. 12AM 4AM

Doctor / Nurse / Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94
97.5F 97.5F 97.2F 97.5F 98.6F 97.6.

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
96 (74) 62 — 94 (72) 60 — 89 (68) 58 — 98 55 — 103 60 — 102 58

Note: BP does not score in early warning scoring

Heart Rate (Number): 98bpm 98bpm 105bpm 97bpm 105bpm 99bpm

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

Resp Rate (Number): 36bpm 36bpm 36 30bpm 28bpm 28bpm

Resp Distress	Mod/ Severe / None / Mild	^	~	~	~	~
Receiving O_2 (l/min)				RA	RA	RA
O_2 Saturations (%)		99%	99%	98%	100%	100%
Conscious Level	Normal / Altered	^				
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE						
Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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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.

26/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm	—	—	ON ADMISSION								
	11:00 pm			55							0	P.V
	12:00 am	H2O	100	55							0	P.V
	01:00 am	Juice	100ml	55							0	P.V
Total Intake :		265 ml				**Total Output :**						
	02:00 am	H2O	50	55							0	P.V
	03:00 am	H2O	50	55							0	P.V
	04:00 am			55							0	P.V
	05:00 am			55							0	P.V
	06:00 am			55							0	P.V
	07:00 am			55							0	P.V
Total Intake :		100 + 330ml				**Total Output :**						

NIL
Diaper soiled
Diapers changed

Total 24 hrs. Intake	795ml	Total 24 hrs. Output	Diapers changed 149ml

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FLUID CHART

Empty diaper - 42

Sheet No. : 9

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

27/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			55							0	
	09:00 am	TC Wate	50	55						201	0	
	10:00 am			55							0	
	11:00 am	TC Wate	50	55							0	
	12:00 pm	H20	25	55						174	0	
	01:00 pm	TC Wate	100	55						163	0	
Total Intake :		225 + 330 = 555ml				Total Output :				538 ml		
	02:00 pm			55 M								
	03:00 pm	TC wat	100ml	30ml						203	0	
	04:00 pm			30m						121 ml		
	05:00 pm	TC wat	100ml	30m						166 ml	0	
	06:00 pm			30mm						211 m		
	07:00 pm	Drop	100	30m							0	
Total Intake :		30ml + 205ml = 505 M				Total Output :				701 mL		
	08:00 pm			90							0	
	09:00 pm	H20	100	30						192 ml	0	
	10:00 pm			30							0	
	11:00 pm	H20	100	30							0	
	12:00 am			30						88 ml	0	
	01:00 am		50	30							0	
Total Intake :		430 ML				Total Output :				280 ml		
	02:00 am			30							0	
	03:00 am			30						88	0	
	04:00 am	H20	50	30							0	
	05:00 am			30						120	0	
	06:00 am			30							0	
	07:00 am			30						100	0	
Total Intake :		230 ML				Total Output :				308 ml		

Total 24 hrs. Intake	1720 M.L	Total 24 hrs. Output	1827 Urine

Bowel open -

205

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NURSING CARE RECORD

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Date: 26/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon				ON ADMISSION			
Night	10.30pm	Assess the child condition Monitor vitals Maintain I/O Administer Medications	7 AM	Assessed the child condition vitals monitored Maintain I/O Administered Medications	child vital's stable	child feel better	Dr 60726

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NURSING CARE RECORD

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Date: 27/7/26

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	7.30 am	Assess the child condition and maintain fluid balanced.		Improve the child condition. Improve the fluid balanced.	Evaluate the child Condition.	Re-assessment is done.	
Afternoon	1.30pm	- Assess the child general condition. - Teach the Parents how to prevent Infection.	3pm	- Assessed the child General Condition - Taught the Parents how to prevent Infection	Taught the Parents how to prevent	Parents aware of Infection.	
Night	8PM	Assess the child general Condition -> Teach the Parent how to Prevent infecti-	10PM	Assessed the child general Condition -> Maintain. Teach of Prevent of infection.	Maintains Aseptic Precations.	Re Assessment Done	

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①

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	10.30pm	Admission Notes	
		Child details handover taken from ER staff. Child is IV line ⊕, IVF-55ml. Dengue NS positive outside, Hb, PCV, PLT, PS, Electrolytes, SGOT, SGPT, PT, APTT, INR done, No fever, child normal diet	P. Kaumo 607261
	10.40pm	Child vitals checked and recorded. No fever	
		10.30pm — CP ++ / PP ++ / CFT <2sec	P. Kaumo 607261
		Dr. Chandralekha mam phonecall order vitals Q2H till 12am after Q4H	P. Kaumo 607261
	11.30pm	Blood reports send to Dr. Vivek and Chandralekha mam	P. Kaumo 607261
27/7/26	12.00am	Child vitals checked and recorded.	
	1.1	12Am — CP ++ / PP ++ / CFT <2sec	P. Kaumo 607261
	1.00Am	Dr Chandralekha mam come and explain blood reports parents	P. Kaumo 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	4.00 am	Child vitals checked and recorded.	
		4 am / CP ++ / PP ++ / CFT <2sec	P. Kavya 60926
	7.00 am	Child due medication Inj. pan, Emset given and recorded. Intake/output chart maintained	P. Kavya 60926
	7.30 am	child details handover given to morning duty staff	P. Kavya 60926
		Morning Duty	
28/7	7 30 am	child details case file handing over taken from the night duty staff, Dr line is present fluid on flow 50ml/hrs. Dengue IgM is positive. Not fever and child diet is normal intake. IgM positive, NS1 positive	Hari 60915
	8.30 am	child vitals are monitoring and recorded vitals are stable. child is conscious.	
		8.30 Am / CP ++ / PP ++ / CFT <2sec	
		Dr. Vivekanand sir come and see the baby condition and	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	8:30AM	A/B, IVF continue DNS 500ml / 55ml/hr on flow, if evening intake better IVF J, 50% reduced, Evening, platelet, PCV, S.IGE, Immunocap specific IGE - mosquito. send to lab, if no c/o fever tomorrow D/s plan	
	10Am	child vitals are stable, maintained flo chart. No c/o fever, same and continue order. →	Sumal 607383
	12pm	child no c/o fever spike, maintained flo chart, T-98°F →	Suf 607383
	1:30pm	child details Hand over given to Evening duty staff. →	Suf 607383
		Evening duty on 27/7/26	
	1.30pm	Child details handing over taken from morning duty staff. Child alive and oriented. IV line patent. IVF 0.9% DNS 55ml/hr on flow of the child. today evening plan with platelet, PCV, S.IGE, Immunocap specific IGE - Mosquito →	[illegible]
	2pm	IVF 0.9% DNS 55ml/hr on flow of the patient →	[illegible]
	8pm.	Dr. Deepak sir seen the patient Advised by to continue as per chart, to Monitor vitals, to do evening platelet, PCV, IGE for Mosquito →	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☑ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	4pm	Vital signs checked and Recorded Vitals are stable	[illegible]
		CP PP CFT / 4pm ++ ++ <2sec	
	5pm.	platelet, PCV, Sr. IgE, for Dengue Sample Sended to Lab	[illegible]
		Maintain Intake and output chart	[illegible]
		Night duty ON 27/7/2026.	
	7.30PM.	patient condition and details handing Over taken from Evening duty staff Nurse pt on Conscious Oriented GCS 15/15. TV line pattern.	
	8PM	child vital signs are Monitored & Recorded. done H.D stable:	
		CP PP CFT. / API ++ ++ <3sec	[signature] 218TJ
	10PM	due to the medical will open as per the Drug chart.	
	11PM.	patient Attender counselling for lab investigation value Counselling done by Dr. [illegible] [illegible] Sir	
	12AM	Recheck the vital H.D Stable Recorded & done	
	2AM	Baby sleeping Done.	[signature] 218TJ

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: BAH-00649028 IP18-00036627 Master J.VETRIVEL 27-03-2023 3 Y 3 M 29 D (M) Dr. V V VIVEKANAND

MRD NO:..........

Age :.................... Weight :..............Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 26/7 Time: 9.10PM

Location : (L) metacarpal

Size : 24G

Cannula inserted by : S/N - Iman

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
26/7	9.30PM	☐Yes ☐No	☐Yes ☐No	Pattern	[illegible]
	10.30PM	☐Yes ☐No	☐Yes ☐No	observe	P.G
27/7/26	12.00AM	☐Yes ☐No	☐Yes ☐No	Obsse	P.G
	2.30AM	☐Yes ☐No	☐Yes ☐No	obsr	P.G
	4.00AM	☐Yes ☐No	☐Yes ☐No	obse	PG
	6.00AM	☐Yes ☐No	☐Yes ☐No	Obse	P.G
27/7/26	8 Am	☐Yes ☐No	☐Yes ☐No	obse	K.H
	10 Am	☐Yes ☐No	☐Yes ☐No	obse	K.H
27/7/26	12pm	☐Yes ☐No	☐Yes ☐No	obse	K.H
	2pm	☐Yes ☐No	☐Yes ☐No	obsm	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	obsm	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	obsm	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	12AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	6AM	☐Yes ☐No	☐Yes ☐No	path	[illegible]
	8AM	☐Yes ☐No	☐Yes ☐No	path	[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		

Cannula removed : ☐Yes ☐No, if yes date and time : 28/7/26
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/7 N	DATE 27/7 M	DATE 27/7 E	DATE 27/7 N	DATE 28/7 M
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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	1	1	1	1	1
	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		13	13	13	13	13

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		✓	✓	✓	✓	✓
Other Intervention(s) Specify		X	X	NA	NA	X
		X	X	NA	NA	X
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		26/7	27/7	27/7	27/7	28/7
Time:		8PM	8AM	2pm	12	8AM

Patient Sticker

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total						

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							
Other Intervention(s) Specify							
Nurse's Name:							
Signature:							
Date:							
Time:							

BAH-00649028 IP18-00036627
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27-03-2023 3 Y 3 M 29 D (M)
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PAIN ASSESSMENT FORM

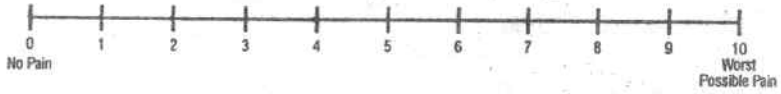
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/7/26	10.30pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible] 60726
27/7/26	5Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible] 607261
27/7/26	11Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
27/7/26	5pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
28/7/22	1AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
28/7/26	7Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(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 tax 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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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age.....

BAH-00649028 IP18-00036627
Master J.VETRIVEL
27-03-2023 3 Y 3 M 29 D (M)
Dr. V V VIVEKANAND

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

					N	M	E	N
				Date :	26/7	27/7	27/7	27/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3
"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.	3	3	3	3
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	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	26	26	27	26
				Evaluator's Name				

(10.30Pm)

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

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

☐M ☐F IP No. : .....

BRADEN 'Q' SCALE

(for Paediatric use)

(2)

				Date :	M 28/7			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3			
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3			
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Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	26			
				Evaluator's Name	SR			

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
26/7/26	10.30pm	yes	Explain about room orientation & Nutrition	Mother	No	oral	None	yes	good	Plee 26/7/26
27/7/26	8pm	Yes	Explain about the Nutrition Intake	Mother	No	Oral	None	Yes	good	thr
28/7/26	8AM	Yes	Explain about the Nutrition Intake	mother	NO	oral	None	Yes	Good	[illegible]

Part - III: CODES

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

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

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 10.30PM Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 17.2kg Kg

NIL 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: 17.2kg Length: – Head Circumference (< 2 years): –

Temp.: 96.8°F HR: 118bpm RR: 28bpm BP: 100/50/60

Pain Score: 0 Specify Site: NIL (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 .....) (Document in the Braden Q Assessment Sheet)

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

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

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ 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 .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother

Nurse's Name: ..... D. Karamozlu ..... Date: ..... 26/7/26 ..... Time: ..... 10:30 PM ..... Signature .....

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
26/7	9.15 pm.	84	—	[illegible]

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Docu. No. : RCH /FRM / CLI

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

PATIENT TRANSFER FORM

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Dr. V V VIVEKANAND

Date & Time of Admission	Date & Time of Transfer Order
26/7 @ 8.34PM	26/7 @ 10.30PM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Vivek	Dr. Chandiralega	treatment

From Unit	To Unit	Information to Attendant
ER	J03	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(11)	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dengue fever - Afebrile phase

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
178894 (Iman	Dr. chandiralega

Patient & Clinical Records Received by : P. Kavimozhi

Date & Time of Patient Received : 26/7/26 @ 10.30pm

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

Unavailable Bed Nurse not Available Available Bed not ready

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/7/26 Time of arrival : 8.30pm

Chief Complaints: C/o- fever × 3days RBS: .....

Height : — Weight : 17.2kg BMI : — Head Circumference (<2 years) —

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

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With —

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

Time of Initial assessment completed by ER Nurse : 15 min

(P.T.O.)

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

Time	Nursing Notes
8.40 pm	Pt come to ER c complaints of fever × 3 days
	All vitals checked & recorded.
	ER Dr. assessed the child & Admitted
	v Dr. Vivek.
	I V line done & Bld sample collected.
	- Pt shifted to ward for further
	mgt

Samples collected by: / Time: / 9.15PM

Samples sent by : Iman / Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 117 BP: 96/73 CFT: <3Sec	Shift - out from ER to: 703
RR: 26 SPO_2 : 100	Time of Shift - out:
GCS: 15/15 Temperature : 97°F	Handover given to: (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

24G Ⓛ Metacarpal

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

Date & Time : 26/7 @ 8.40pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr chandralage Date : .....

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

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

Allergic History: .....

Chief Complaints: .....

Dengue fever

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

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

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

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

Significant Past History: —

Medication History: —

Relevant Investigations: —

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 28/min SpO2 on FiO2 100% RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BL INEQ

Palpation Findings (If necessary).....

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

Circulation

HR: 114/mn

CFT [Central ..... / Peripheral .....]

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 96/73 .... 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: .....

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

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 98 F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

.....

.....

Labs Planned: .....

.....

As per chart

.....

.....

.....

.....

Treatment Planned: .....

.....

As 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: .....

Signature: .....

Date & Time: 26/5/16 .....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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EMERGENCY ROOM TRIAGE FORM

Wt: 17.2kgs

Patient's Name : Baby. Vetrivel J. Age : 3½ yrs. Gender: ☑ Male ☐ Female

Date : 26/7/23 Time of Arrival : 6:30pm

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: 98°F PR: 117 BP: 96/73 (79) RR: 28 SpO_2: 100 RBS - 84mg/dl.

Chief Complaints: c/o-fever x 3 days

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

VB-Rao
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 : .....

Date & Time : 26/7 @ 8.35pm

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

IV line

Hb, PCV, Plt

RS

electrolytes

OT, PT

PT, APTT, INR

DNS 35 ml

Pan 20 OD

Emeset + 2mg BD

paracl 250 5ml 6H

IO, Vitals 4H