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Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 18/7/26

Name of the Patient: Baby. S. Hathika Shree.

UHID No: 00036497 Gender: F.

Ward: 4th floor. Room No: 209

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 18/7/26

Time: 1pm

Pharmacy Sign

Date: 18/07/26

Time: 13.52

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- 00036497. FLOOR- 4th Floor NAME OF CONSULTANT- DR. Nataraj

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy			13.5				

ACTIVITY RECORD FOR BILLING

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Name: GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

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
16/7/26	6.30 pm	ED.	Jog	

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
16/7/26	Rp-2. SGPT, SGOT	26022938	
	Typhoid IgM		
	RBS	26022935	
18/7/26	CRP	26023185	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	infusion pump	6:45PM	18/7/26 (at) 10AM.	1728527	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/7/26	IV line placement	(1)	178481	
17/7/26	USG Abdomen	(1)	009632	P.I/C60-7261

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 18/7/26 Time: 1pm. Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
02/780			

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DISCHARGE TRACKING SHEET

UHID- 00028548 FLOOR- 4th Floor NAME OF CONSULTANT- DR. Nataraj

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	18/7/16 1pm.				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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 : IP18-00036497 **Admit Date** : 16-Jul-2026 **Admit Time** : 05:52 PM **UHID** : GUC-00028548

Patient Details :

Patient Name	: Baby S HATHIKA SHREE	**Age**	: 5 Y 9 M 6 D
Guardian	: SIDDHARTH KUMARAN	**DOB**	: 10-10-2020
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO 15 THIRUVALLUR NAGAR MAIN ROAD Keelakattalai Kanchipuram Tamil Nadu INDIA	**Phone No**	: 7550265099
		E-mail	: na123@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	: SIDDHARTH KUMARAN	**Relationship**	: D/O
Contact Address	: NO 15 THIRUVALLUR NAGAR MAIN ROAD Keelakattalai Kanchipuram Tamil Nadu INDIA	**Phone No**	: 7550265099

Signature

Doctor Details :

Doctor Name	: Dr. NATARAJ PALANIAPPAN	**Specialisation**	: PEDIATRIC INTENSIVE CARE
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby S HATHIKA SHREE**	**Age :**	**5 Y 9 M 6 D**
IP No:	**IP18-00036497**	**Sex:**	**Female**
Consultant:	**Dr. NATARAJ PALANIAPPAN**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: J. SATHISH

Relationship: UNCLE

Date: 16.7.26 Time:

Witness Name: R Thamarai Selvan

Witness Signature:

Patient Address:

NO 15 THIRUVALLUR NAGAR MAIN ROAD Keelakattalai Kanchipuram Tamil Nadu INDIA

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Baby S. HATHIKA SHREE	UHID Number : 28548
Self/Attendant Name : SIDDHARTH KUMARAN	Relation : FATHER
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

Patient Name: HATHIKA UHID No: 28548 Bed Category: 709

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

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

BILLING:

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

MANAGEMENT TEAM:

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

THANK YOU AND GET WELL SOON

Signature of patient/ patient Attendance

Signature of the Introducer

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
16/7/26	6 pm	66 mg/dl	0.9% DNS	

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

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x 4days
c/o vomiting x 3days
c/o Abdominal pain (on & off) x 1day
c/o reduced urine output x 2days

History of present illness :

c/o fever x 4days (maxtemp) -
c/o vomiting - non projectile / non bilious vomiting

c/o Abdominal pain (on & off) x 1day
c/o reduced urine output x 2days

Reduced oral intake to 50-60%.
Reduced urine output.

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

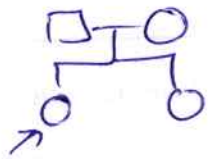
Past History : (Including details of any previous investigation or treatment)

Prev. admitted for Dengue fever at Jan 2025.

Birth & Neonatal History:

Full term / LSCS / 3 kgs / CIAB / No NICU stay

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

(N).

Developmental History :

Developmentally appropriate for age.

Immunization History :

Immunized upto age

Anthropometry :

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

Weight (kgs) 23-8 kgs (Centile _____)

On Examination :

Temperature : 97-9°F Pulse Rate : 108/min B.P. 110/76 SPO2 100% @RA

Resp.rate and type of breathing : (N)

Afebrile

Rash

Lymphadenopathy

Oedema :

(N)

CRT < 3sec

Warm limbs

Pp well felt

Allergies (if any): No Allergies

RBS - 66 mg/dl.

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

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

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1/S2 ⊕ / No murmur

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft NT, no organomegaly

Ausculation :

Spine : Ⓝ External Genitelia : Ⓝ

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: Ⓝ Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

Patie

Reflexes :

DTR 2+ **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: ? UTI / ? Typhoid fever

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

TO trace for
Blood C/S
urine C/S) o/o Bains ,

RP2
SGOT/PT
Typhoid IgM ,

Planned Management

1) IV fluids - 0.9 DNS - 64 ml/hr
2) Inj PIPTAZ 2.3g IV Q8H
3) Inj EMSSET 2.5mg IV (SOS)
4) Inj PAN 20mg IV BD
5) T. CYCLOPAM 1/2 (SOS)
6) Syp. SUCRALFATE 0 5ml Q8H.
7) USG Abdomen Tomorrow
8) Syp. P500 3.5ml (>100°F)

Signature of the Doctor: [signature] 203397

Name of the Doctor: S. Lucky Vignesh

Date & Time: 16/10/20, 6:15 PM

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

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-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
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RESULT SHEET

Date	16/7/26					
Time						
Hb	12.9					
PCV	38					
RBC	4.45					
WBC	12440	✓				
N/L	64/27	✓				
Platelets	3.65					
CRP	148					
ESR						
PCT						
RBS	66					
Na	137					
K	4.2					
Cl	100					
Ca/Mg ical/Bicab	1.28/15					
Phosphate						
Urea	16	✓				
Creatinine	0.47	✓				
ALP						
SGPT	22	✓				
SGOT	26	✓				
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	16/7/16					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	3+					
CUE - PUS Cells	4 – 6					
CUE - RBC Cells	–					
CUE leucocyte	trace					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Typhoid IgM						

Culture and Sensitivities : OPD> [Blood cls
[Urine cls

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
Dr. NATARAJ PALANIAPPAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/9/20 10 PM	S/B. Dr. Lucky Uncle	
	Δ: ? UTI / ? Typhoid fever	
	Child rested	
	Afebrile	
	No other complaints	
	Urine output - Adequate	Oral intake - Improving
	Hydration - Adequate	
	CVS - Adequate	
	Pallor : Absent	
	RS: Clear	CVS: S1S2 (+) Normal
	PA: Soft, NT, no organomegaly	CNS: NFND.
		Advice
		1) To Face for Typhoid IgM
		2) Continue as charted.
		3) To do USG Abdomen Tomorrow
	Lucky sir 20/9/20	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/16 9.20 AM	S/B DR. DEEPAK	
	Dsis. Fever ↓ evaluation ↳ ? UTI ? Typhoid fever ? AGE	
	→ Previously well child → now has c/o: fever x (3d) → intermittent fever → not settled ε paracetamol → associated ε occasional chills	
	c/o: Loose stools x (2d) watery in nature for initial 2 days not associated ε food intake settled yesterday	
	c/o: vomiting x (3d) non bilious non projectile 2-3 times / days ε ↓ intake x (3d)	
	H/O: Previous Admission 1 week back for c/o: vomiting 3 days fever	

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

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE (F)
10-10-2020 5 Y 9 M 7 D
Dr. NATARAJ PALANIAPPAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Labs:	
	RFT - (N)	→ Child has no fever spikes since admission
	TC - 12,440	
	CRP - 148 ↑	→ Oral intake better now
	SGOT - 26	
	SGPT - 22	
	U/R:	Rx
	Leukocyte - trace	D1 → Inj. Piptaz 2.3g IV Q8H
	Pus cell - 4-6	Inj. Pan 20mg IV Q24H
	Ketones - 3+	Syp. Sucralfate 0.5 ml Q8H
		To monitor vitals / urine output
		To monitor fever spikes
		→ To trace typhoid IgM / Blood culture C/S
		→ To do USG Abdomen
		C.adm
17/1/26 11am	S/b Dr. Nataraj	
	? UTI / Typhoid	
	To continue same	[signature] 85883

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
17/7/24	[illegible] DEEPAK	
	[illegible] / Typhoid	
	— x — x	
17/7/24 4:30 PM	SIR DEEPAK Probable Dgs: ? Typhoid fever / ? VTI	
	Child reviewed Child has no fever spikes Child ord'd intake good	
	O/E: Child is afebrile	
	CVS: S1S2 (+) RS: VBS (+) P/A: SOft CNS: NFND	Typhoid - IgM +ve
	Vitals stable	VSG - Abdomen - (N)

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
Dr. NATARAJ PALANIAPPAN

(3)

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Rx
		—
		D1 — Inj Pipta 2 2.3g IV Q8H Over 1 hr
		Inj PAN 24mg IV OD 24H
		Syp. Sucralfate 5ml Q8H
	—	
	IV fluids 0.5:1 DNS 30ml/hr	To monitor for fever spikes
	—	To monitor oral intake/ U/O
		To monitor vitals / sensorium
		To trace Blood cls urine cls] F/U
		16/3/25

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/22 9:20 AM	S/B DR. DEEPAK	
	DSis: ? Probable Typhoid fever ? VTI	
	Child reviewed Child has no further fever spikes Child Oral intake good Child has no new concerns	
	O/E: Child is alert, active	
	CVS: S1S2 (+) RS: VBS (+) P/A: Soft/NT CNS: NFNL	Vitals Stable
	Blood cls - No fever episode for past 24hrs Typhoid IgM +ve USG - Normal study	Rx To monitor vitals / sensorium To trace final report of Blood cls Urine cls D2 → Inj Piptaz 2.3g IV Q8H Over 1hr Inj Pan 24mg IV Q24H Syp. Sucralfate 5ml Q8H

Dr. [illegal] 16342 S

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5Y9M7D (F)
Dr. NATARAJ PALANIAPPAN

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/1/26	S/B Dr. Nataraj	
11 Am	Tgm Typhoid +ve	
	Probable enteric	
	CRP to do	
	Discharge today c oral augmentin + Azee	
	Review on Tuesday c report	
		[signature]
		85387

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-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

Docu. N

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

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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: ..... Ward ..... Shifted to: ..... Joy .....

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 : 16/7/26 2033 hrs 6:20 PM

Nurse Name & Signature: M. Karthi

Date & Time : 16/7/26 @ 6:10pm

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

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DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: N I C ☑ 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 PSOO				Date / Time
Dose: 3.5ml	Route: PO	Frequency: QGn (SOS)	Start Date: 16/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

DRUG: Inj EMESET				Date / Time
Dose: 2.5mg	Route: IV	Frequency: SOS	Start Date: 16/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

DRUG: T-CYCLOPAM (20mg)				Date / Time
Dose: ½ tab	Route: PO	Frequency: SOS	Start Date: 16/7	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

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

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

REGULAR PRESCRIPTIONS

Weight. 23.4 kg Ward. 7th floor

DRUG: Inj PIPTAZ

Dose	Route	Frequency	Start Date
2.3g	IV	Q8H	16/7

Name & Signature of the Doctor Starting the Drugs: Leelajit

Additional Instructions: 20337? Infusion over 1 hr

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7	18/7
6 am	/	SS / AD	SS / AD
2 pm	/	SM / VA	
10 pm	SM / VA	SS / AD	
	D1	D2	

DRUG: Inj PAN

Dose	Route	Frequency	Start Date
20mg	IV	Q12H	16/7

Name & Signature of the Doctor Starting the Drugs: Leelajit

Additional Instructions: 20337?

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	16/7	17/7
	6:15 pm	6 am	SS / AD
		6pm	

interval changed 17/7/20 at 5pm

DRUG: Syp SUCRALFATE-O

Dose	Route	Frequency	Start Date
5ml	PO	Q8H	16/7

Name & Signature of the Doctor Starting the Drugs: Leelajit

Additional Instructions: 20337?

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7	18/7
8 am	/	NS / P.K	P.K / V.A
2 pm	/	SM / VA	
10 pm	SS / AA	AD / SS	

DRUG: T. PAN

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

Name & Signature of the Doctor Starting the Drugs: C.A

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	18/7
6am	SS / AD

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Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
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Weight. 28.4 kgs Ward. 7th floor.

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

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

I.V. FLUIDS CHART

Weight. 22.4 Kg. Ward. ....

Date	Time	Composition of 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
16/7	8.40 pm	IVF 0.9DNS	IV	64ml/hr ↓	[signature] 20/7/20	[signature]	17/7 at 5pm		SM / VA
17/7/20	5:00PM	IVF 0.9 DNS	IV	30ml/hr	[signature] 16/7/20	SM / VA			

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

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
Dr. NATARAJ PALANIAPPAN

16/7/20 16/7/20 16/7/20

Rainbow Children's Hospital & BirthRight

MEDICATION CHART AUDIT CHECKLIST - IP	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME	I.V. PIPTAZ	I.V. PAN	Sup. Sucrafil-O	I.V. P			
FREQUENCY	8hrly	OD	TDS				
DOCTORS							
2 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES	✓	✓	✓				
11. NON-USAGE OF GENERIC NAMES	✓	✓	✓				
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

Rainbow Children's Hospital / BirthRight	MEDICATION CHART AUDIT CHECKLIST - IP						
	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME							
FREQUENCY							
DOCTORS							
1 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
10. NON- USAGE OF CAPITAL LETTERS FOR DRUG NAMES							
11. NON-USAGE OF GENERIC NAMES							
12. DRUG-DRUG INTERACTION							
13. DRUG- FOOD INTERACTION							
14. WRONG FORMULATION TRANSCRIBED							
15. WRONG DRUG TRANSCRIBED/INDENTED							
16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
17. WRONG DRUG							
18. WRONG FORMULATION							
19. WRONG STRENGTH DISPENSED							
20. EXPIRED/NEAR EXPIRY DRUG DISPENSED							
21. NO/ WRONG LABELLING							
22. DELAY IN DISPENSE(<30 MINTS)							
23. GENERIC OR CLASS SUBSTITUTED DONE WITHOUT CONSULTATION WITH THE CONSULTANT							
NURSES							
24. WRONG PATIENT							
25. IMPROPER DOSE							
26. DOSE OMISSION							
27. WRONG DRUG							
28. WRONG FORMULATION							
29. WRONG ROUTE							
30. WRONG DURATION							
31.WRONG TIME							
32. NO DOCUMENTATION							
33. DOCUMENTATION WITHOUT ADMINISTARTION							
DISCREPANCY	1. NON-COMPLAINCE YES/NO (If yes mention : Doctor/Pharmacist/Nurses),2. MEDICATION ERROR FORM/INCIDENT FORM RAISED (YES/NO), 3. CAPA DONE (YES/NO), 4. (ERROR PRONE ABBREVATION USED IN THE MEDICATION CHART (TICK IF USED).						
INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
Dr. NATARAJ PALANIAPPAN

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

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

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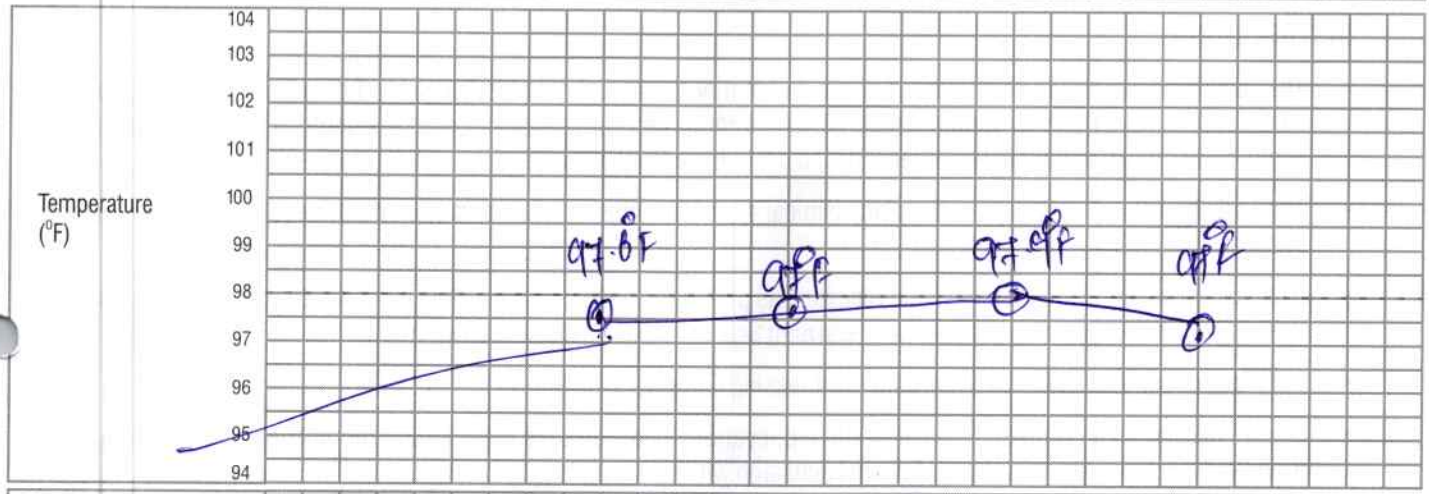
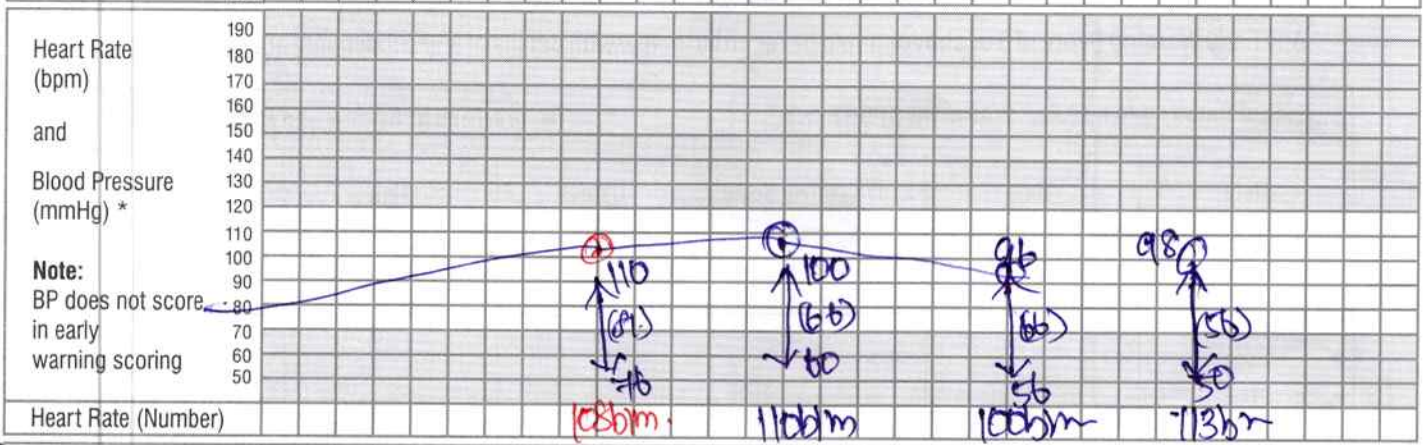
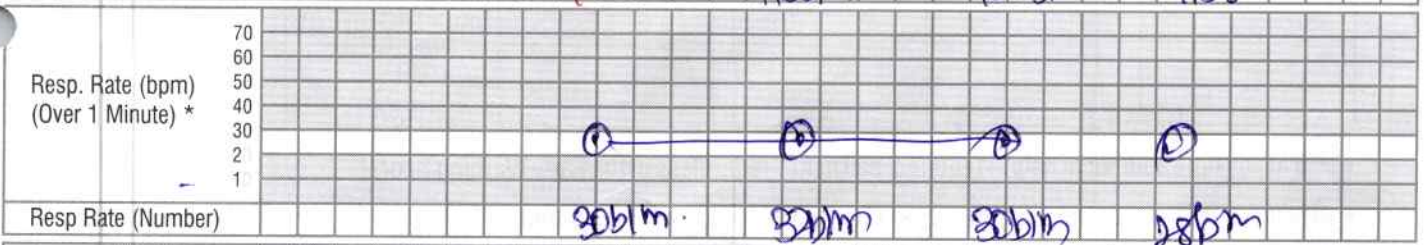
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/7/20.. Time:	6.45pm.	8pm	12am	4am.
Doctor / Nurse / Family Concern?				





Heart Rate (Number)	108bpm.	110bpm	100bpm	113bpm



Resp Rate (Number)	30bpm.	30bpm	30bpm	28bpm
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	RA. 100%	RA 99%	RA 98%	RA 97%
Conscious Level: Normal / Altered	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	DY	DY	DY	DY

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7/26 Time: 8 am | 12 pm | 4 pm | 8 pm | 12 am | 4 am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.4°F | 98.2°F | 97.5°F | 98.2°F | 98.6°F | 98.1°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

110 | 100 | 94 | 98 | 94 | 100

(74) | (76) | (74) | (82)

60 | 60 | 62 | 60 | 68 | 60

Heart Rate (Number): 110bpm | 100bpm | 110bpm | 108bpm | 111bpm | 98bpm

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

70 60 50 40 30 2 1

Resp Rate (Number): 30bpm | 28bpm | 26bpm | 22bpm | 26bpm | 28bpm

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

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.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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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.

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
16/7/26	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			64ml							0	
	09:00 pm	100	50ml	64ml						200ml	0	
	10:00 pm			64ml								
	11:00 pm	100	50ml	64ml						150ml	0	
	12:00 am			64ml								
	01:00 am			64ml								
Total Intake :	100ml + 384 = 484ml					Total Output :	2 time.					
	02:00 am			64ml							0	
	03:00 am			64ml								
	04:00 am	100	50ml	64ml						200ml	0	
	05:00 am			64ml								
	06:00 am			64ml								
	07:00 am			64ml								
Total Intake :	150ml + 384 = 434					Total Output :	200ml					

Total 24 hrs. Intake	150ml + 768 = 918ml
Total 24 hrs. Output	550ml

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
Dr. NATARAJ PALANIAPPAN

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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.

11/12/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H20	100	64ml							0	P.V
	09:00 am			64ml						100	0	P.V
	10:00 am			DC							0	P.V
	11:00 am	H20	50	DC							0	P.V
	12:00 pm			DC							0	P.V
	01:00 pm	H20	50	DC						150	0	P.V
Total Intake :		200 + 128 ml = 328ml				Total Output :		250				
	02:00 pm			64							0	SL
	03:00 pm	H20	25	64							0	SL
	04:00 pm			64						100	0	SL
	05:00 pm	H20	25	30							0	SL
	06:00 pm	H20	50	30						150	0	SL
	07:00 pm	H20	100	30							0	SL
Total Intake :		200 + 282 = 482ml				Total Output :		250ml				
	08:00 pm	H20	100ml	30ml							0	AA
	09:00 pm			30ml						✓	0	AA
	10:00 pm	Milk	200ml	30ml							0	AA
	11:00 am			30ml						✓	0	AA
	12:00 am	H20	50ml.	DC							0	AA
	01:00 am			30ml						✓	0	AA
Total Intake :		350ml + 150				Total Output :		Milk				
	02:00 am			30ml							0	AA
	03:00 am			30ml							0	AA
	04:00 am	H20	50	30ml						✓	0	
	05:00 am			DC							0	
	06:00 am			DC							0	
	07:00 am			DC.						✓	0	
Total Intake :		50ml. + 90ml				Total Output :		2ml				

Total 24 hrs. Intake	1,450ml.	Total 24 hrs. Output	9ml

GUC-00028548 IP18-00036497
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Dr. NATARAJ PALANIAPPAN

NURSING CARE RECORD

Rainbow® Children's Hospital
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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

Date: 16/7/2026

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				ON Admission at	6.45 PM.		
Afternoon	6.45 PM.	Ensure the Maintain of fluid Balance.	1PM.	Patient suffering from fever. dehydrations need to volumes.	0.9 DNS. IVI'll be started and Encourageth Orals	Re Assessment Done.	
Night	8pm.	maintain good nutritional status.	8.30 pm.	maintained good nutritional status.	Engauage IIO Client	Reassessment done	

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NURSING CARE RECORD

Date: 17.7.26.

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	8am	Assess the general condition Administer medication as per order Vital sign to be Check & Record	12pm	Assessed the general condition due medication given as per order Vital sign are Checked & Rec	No fluid as flow	due medication given	S/o [illegible]
Afternoon	2pm	Assess the General Condition Administer medication as per order. Vital sign Checked and recorded.	6pm	Assessed the general condition Due Medication given as per order.	Vitals are stable.	Done.	[signature] 6pm
Night	8pm	Assess the Patient condition. Administer medication as per order. Monitor the vitals.	10pm	Assessed the general condition. Administered Medication as per order Monitored the vitals	vitals are Stable.	Reassessment done.	[signature] 8hrs

Docu. No: RCH /FRM / CLINICAL / 148

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Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: ? UTI ? typhoid.			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: Nil			
	Surgery / Procedure:			Post OP Day: —			
BACKGROUND	Date / Shift	16/7/26 7:30pm	16/7/26 N	17/7/26 M	17/7 E	17/7 N	18/7 M
	Medical Condition (Any special condition to be noted):	Noted	–	–	–	–	–
	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:	97.6F	98.4F	97.2F	98.0F	97.6°F	97.4F
	Res:	28b/m	30b/m	32	30b/m	30b/m	30b/m
	SpO_2:	100%	98%	100	100%	98%	100%
	Pulse:	110b/m	108b/m	102b/m	102b/m	100b/m	115b/m
	BP:	111/64	.	14/4	96/62	92/64	90/65
	LOC:	Alert	←	Alert	Alert	Alert	Alert
	Fall Risk Score:	10	10	10	10	10	10
	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:	N diet	N diet	N 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):	depend	depend	Dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Priyanga	Sonija	Sneha	[illegible]	Yamini	[illegible]
Signature / ID :		[signature]	00105[illegible]	[signature]	[signature]	[illegible]	[signature]
Date:		16/7/26	17/7/26	17/7/26	17/7	18/7/26	18/7/26
Time:		7.30PM	8PM	2pm	8pm	7.30PM	7.30PM
Taken Over By Name :		Sonija	[illegible]	Sneha	Yamini	K.Abirami	
Signature / ID :		00155[illegible]	[signature]	[signature]	[signature]	60297X	
Date:		16/7/26	17/7/26	17/7/26	17/7/26	18/7/26	
Time:		8pm	8am	2PM	8pm.	8 am	

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5Y9M7D (F)
Dr. NATARAJ PALANIAPPAN

Patient Sti...

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...SES NOTES

☐ ~~No Known Drug Allergies~~

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening Notes 16/7/2026	
16/7/26	6.45PM	patient Recied from	
		ER to 7th FLOOR at 6.45PM	
		Child is Conscious Oriented	
		GCS 15/15 E4 V5 M6.	
		CNS:- S1 and S2 heart sounds	
		are hearing good, diet:- (N) diet	
		Res:- Bilateral breathing pattern (+)	
		GIT:- Abdomen soft Bowel	
	7.PM	GU:- Self voiding	021875
		IVF:- 0.9 DNS 64 ml/hr	
		continue, inj: piptaz 2.3gm	
		Antibiotics started	
		inj:- Emeset 2.5mg (SOS)	
		inj: pan 20mg IV BD	
		T. cycopam 1/2 C SOS and	
		syp: sucralfil 0.5ml 8th	
		syp:- P250 3.5ml fever	
		100°F inform and Opinion	
		And tommorow plan	
		U.Scn Abdomen he write	
		the Note	021875
	7.30PM	Child vitals checked and	
		Recorded. H.D stable and	
		Child details hand over	
		given to Night duty	
		Staff Nurse	021875

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night Duty Notes	
16/7/26	7.30pm	Handover Received from evening duty staff. child is active and oriented. IV line present - IVF - 0.9% DNS - 6ml/hr on flow.	Sonye DN
	8pm	Checked vital sign and Recorded. PP ++, CP ++, CRT <2sec	Sonye 01an
	10pm	IVF - 0.9% DNS - 6ml/hr on flow. there is no other complaint. Syp. Mucolic - 0.5ml given	Sony 01
17/7/26	12am	Checked vital sign and Recorded. PP ++, CP ++, CRT <2sec	
	2am	Baby passed urine. there is no other complaints.	Sonye 01408
	4AM	Checked vital sign and Recorded. PP ++, CP ++, CRT <2sec	
	6AM	Due medication was given as per doctor's order. I/O chart was maintaining.	NS/[illegible]
	7.30Am	The child details handing over given to morning duty staff.	NS/[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5Y9M7D (F)
Dr. NATARAJ PALANIAPPAN

(2)

NURSES NOTES

Rainbow Children's Hospital
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☑ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26		Morning duty on 17/7/26	
	7[30] Am	patient report taken due to (M) duty staff	[signature]
	8am	patient was conscious & oriented	
		was taking orally & micturating	
		well maintained the chart	
		general condition is fair	[signature]
	10[30] Am	Seen by Dr Nataraj Consultant	
		orders USG Abdomen	[signature]
		done	
	12pm	vital signs are checked &	
		Recorded [illegible]	
		VIP - 01s	[signature]
	1[30] pm	pt report handing over to	
		(E) duty staff	[signature]
		Evening Notes	
17/7/26	1:30pm	child details hand over taken	
		from Morning Duty staff. child	
		vitals are stable. Inj piptaz	
		2.39 IU continue, Blood c/s,	
		urine c/s (R) due, IVF 64ml/hr	
		on flow. No c/o fever spike →	[signature] 6073
	2pm	child vitals signs checked and	
		recorded. Due medication given	
		as per order. IVF 64ml/hr on flow →	[signature] 6073
	4pm	child vitals are stable	
		no c/o fever spike. →	[signature] 6073

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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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
17/7/26	5pm	Dr. Deepak sir A/B IVF 30ml/hr onflow, same and continue order, typhoid IgM (+)ve Inform to Dr. Deepak sir →	
	6pm	child vitals are stable. Maintained flowchart, no c/o fever spike [6pm: CP ++, PP ++, CRT <2sec] →	Sd/- 607383
	7:30pm	child details Hand over given to Night duty staff →	Sd/- 607383
		Night duty Notes.	
17/7/26	7:30pm.	child details handing over taken from Evening duty staff. →	Sd/-
		Bed side Assessment done. child Conscious & Oriented. IV line (+) pattern. Urine self voiced. IVF-0.9% DNS-500ml 30ml/hr on flow. Provided comfortable position. →	Sd/- 02125
	8pm.	vitals sign checked & Recorded. vitals are stable. I/o chucal monitored. No any other complaints.	
	9pm.	Child due medication & drug given as per drug chart order. Urine & motion passed. →	Sd/-
		[9pm.: CP ++, PP ++, CRT <2sec].	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient's Name: GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
MRD NO: 10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN
Age :
☐ M ☐ F
Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 16/7/26 Time: 6:10pm
Location : Ⓛ Metacarpal
Size : 22G
Cannula inserted by : S/N: Praveen

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
16/7/26	6:10pm	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	8 PM	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	10PM	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
17/7/26	12am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	2am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	8Am	☐Yes ☑No	☐Yes ☑No	Obser	SW
	10Am	☐Yes ☑No	☐Yes ☑No	Obser	SW
	12pm	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	observ	Sl
	4pm	☐Yes ☑No	☐Yes ☑No	observ	Sg
	6pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	8PM	☐Yes ☑No	☐Yes ☑No	patton	AA
	10pm	☐Yes ☑No	☐Yes ☑No	patton	AA
18/7/26	12AM	☐Yes ☑No	☐Yes ☑No	patton	AA
	2AM	☐Yes ☑No	☐Yes ☑No	patton	AA
	4Am	☐Yes ☑No	☐Yes ☑No	patton	AA
	6AM	☐Yes ☑No	☐Yes ☑No	patton	AA
	10 Am	☐Yes ☑No	☐Yes ☑No	patton	KA
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/7/20	DATE 16/7/20 n/n	DATE 17/7	DATE 17/7	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	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	
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	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2		1	1	
	Outpatient Area	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	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	2					
	One of the Meds listed above	1			1		
	Other Medications / None	Total	1	10	9	4	9

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

Intervention:					
Bed in low position		✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓
Adequate lighting		x	MA	x	x
Wheel chair support		x	MA	x	x
Other Intervention(s) Specify					
Nurse's Name:					
Signature:					
Date:		16/7/20	16/7/20 n/n	17/7	17/7
Time:		6:45 PM	8 PM	8 AM	8 PM

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

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THE HUMPTY DUMPTY SCALE 18/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			17				
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1				
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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	1/9				
	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		X				
Other Intervention(s) Specify		X				
Nurse's Name:		[illegible]				
Signature:						
Date:						
Time:						

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Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
Dr. NATARAJ PALANIAPPAN

BRADEN 'Q' SCALE

(for Paediatric use) (1)

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

E

					Date :	16/7	16/7	17/7	18/7
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.		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	3	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	28	28	28	28
					Evaluator's Name	H	Dy.	R	Dr

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

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Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
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BRADEN 'Q' SCALE

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				Date : 17/7			
				Time : 8PM			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4		
"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.	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		
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	28		
				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

Patient Sticker

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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: / Time:	Date: / Time:	Date: / Time:	Date: / Time:	Date: / Time:	Date: / Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1						
2	Bedridden recently >3 days or major surgery within four weeks	1						
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1						
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1						
5	Entire leg swollen (Assess for both legs)	1						
6	Localized tenderness along the deep venous system (Assess for both legs)	1						
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1						
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1						
9	Previously documented DVT (Assess for both legs)	1						
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						
	Total Score							
	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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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	7pm	2/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provided comfortable position	
16/7/26	9am	-	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
17/7	2am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
17/7	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
17/7	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
18/7	2AM	0/10	-	☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

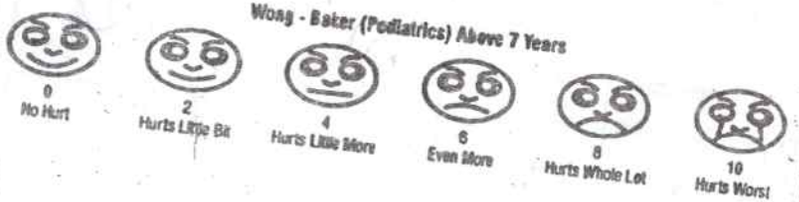
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
c) Prior to pain relieving intervention d) Within 30 – 60 minutes after 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 drawn 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 (Arches, [illegible])
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, $aO,	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, 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO, less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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Patient Sticker

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ 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		
				☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

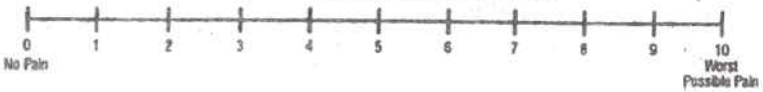
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain. patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE
10-10-2020 5 Y 9 M 7 D (F)
Dr. NATARAJ PALANIAPPAN

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: fever and vomiting x 4 day.
Arrival Time: 6:45 PM Mode of Arrival: ..... Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: —

Body Weight: 23.4 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	Admitted for Dengue Fever Jan 2025

Family History: —

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

If yes please list, —

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

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

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

Observations: Weight: 23.4 Length: — Head Circumference (< 2 years): —

Temp.: 97.9 F HR: 108 b/M RR: 22 b/M BP: 107/76

Pain Score: 1/10 Specify Site: — (Follow Pain Assessment Sheet & Document)

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

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain — Location — Frequency — Duration —

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

Inform consultant for positive criteria

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: ..16/7/2026.. (Date/Time): ..6 PM.....

Social History: Lives With .....

Siblings in household ☒ Yes ☐ No (if yes How Many?) ..2.....

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 ..A.....

Nurse's Name: ..Dayanga..... Date: ..16/7/26.. Time: ..7:15PM Signature

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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
16/7/24	7 PM	yes	Pain Management	Mother, Father	yes	Tamil	no Barrier	yes	good	
17/7/24	8 AM	yes	Psychological Support	Mother	yes	Tamil	No Barrier	yes	Good	

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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PATIENT TRANSFER FORM

GUC-00028548 IP18-00036497
Baby S HATHIKA SHREE (F)
10-10-2020 5 Y 9 M 6 D
Dr. NATARAJ PALANIAPPAN

Treating Consultant Name: Dr. Nataraj	Date & Time of Admission: 16/7/26 @ 5:52pm
	Transfer Ordered by: Dr. Vignesh
	Date & Time of Transfer Order: 16/7/26 @ 6:30pm
	Reason for Transfer: further management
From Unit: ED	To Unit: 209
	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (10)	Number of Imaging Films: Nil
	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Fever under evaluation (? UTI / ? Typhoid fever)

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Patient & Clinical Records Received by : [signature] 16/7/26 at 6:30pm	
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

GUC-00028548 IP18-00036497
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10-10-2020 5 Y 9 M 6 D (F)
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wt - 23.4 kgs.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. HATHIKA SHREE Age : 5Y 9M Gender: ☐ Male ☐ Female

Date : 16/7/26 Time of Arrival : 5:45PM

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.9°F PR: 108 b/m BP: 110/76 (87) RR: 28 b/m. SpO2: 100%.

Chief Complaints: c/o Fever x 4 days. Vomitings.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

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

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

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

*. CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2mins

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).

Signature of Triage Nurse : .....

Name of Triage Nurse : M. Akm

Date & Time : 16/7/26 05:47pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/20 Time of arrival : 5:45pm.

Chief Complaints: c/o. Fever x 4 days. Vomitings. RBS: .....

Height : ..... Weight : 23.4 kgs BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 6:00 pm

(P.T.O.)

Time	Nursing Notes
6:09PM	Pts came to ER c/o fever x 4 days
	Vomitings,
	Checked vital sigs & neuro s/b Dr Vignesh
	Advice inform to Dr. Nataraj pts op Basis.
	Blood sample given CRP - 148 is elevated.
	Advised for admission. IV line placement done.
	Pts was stable and shift to Ward.
	op file given to parents.

Samples collected by: S/N Subhashp Time: 6:30PM

Samples sent by: S/N praveen Time: 6:32PM

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: 108b/m BP: 10/76 CFT: <3 sec	Shift - out from ER to: FOG
RR: 26b/m SPO₂: 100%	Time of Shift - out: 6:30pm
GCS: 15/15 Temperature: 97.9°F	Handover given to: (Nurse's Name) S/N
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done. (L) Metacarpal 22G Venflan 16/07/26 @ 6:10pm

Name of the Nurse: N Asfin

Signature of the Nurse: [signature]

Date & Time: 16/7/26 @ 6:10pm

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10-10-2020 5 Y 9 M 6 D (F)
Dr. NATARAJ PALANIAPPAN

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Date : 16/7/16

Admitting Doctor : Dr. Nataraj

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

Start Time of Assessment: ..... Weight: 23.8kgs

Allergic History: No Allergies

Chief Complaints:
Cho fever x 4 days
Cho vomiting x 3days
reduced urine output x 2days

Pediatric Assessment Triangle

A Appearance - TICLS Mut

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 SpO_2 on FiO_2 100×RA
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BLAE+ / No added sounds
Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation HR: 108/min CFT Central .... Peripheral ....

BP: 140/76 mmHg

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

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Disability GCS: 15/15 AVPU: Alert

Pupils: Responsive ☑ Non-Responsive ☐

Size Right .... Left ....

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure Temp.: 97.9°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: As charted

Treatment Planned: As charted

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): ....

Assessment done by

Name of the Doctor: Lucy Vinsen

Signature: [signature] 52337

Date & Time: 16.1.24

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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) SIDE CHECK LIST FOR NURSES

Date:	16/7/22	16/7/22	17/7	18/7					
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	YES	YES	Yes						
Eye Care	YES	YES	Yes						
Mouth Care	YES	YES	Yes						
Sterillum Bottle, Stethoscope	YES	YES	Yes						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	YES	YES	Yes						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	16/7/22 8 AM	16/7/22 8 PM	17/7 1:30pm						
Hand Over Taken By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	16/7 8pm	17/7 8am	17/7 8pm						

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