GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 5 D (M)
Dr. NATARAJ PALANIAPPAN

BirthRight Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		24/12/22					
Activity Sheet update by Pharmacy		24/12/22 11.30AM					

Surya 602

ACTIVITY RECORD FOR BILLING

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

UHID No: GUC-00094324 IP18-00036623
Baby V TARUN (M)
24-12-2022 3 Y 7 M 2 D
Dr. NATARAJ PALANIAPPAN

Date of Admission: .....

Room / Bed No: .....

Dept: .....

Time: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/07/26	5:30 pm.	ER	PICU	
28/7/26	5.30 PM	PICU	6th Floor (602)	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Naresh	26/7/26	1733374	
2.	Dr. Naresh	28/7/26	1734178	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/07	CBC, CPD, PS, LFT	26023975	
~~25/7~~	~~HB Electrophoresis~~	~~26023974~~	
	Vit, B_{12}, Ferritin, Reticulocyte count.	26023978	
	RBS	26023980	
	RP_2	26023981	
26/07	VBG	26023983	
	PT, APT, INR	26023982	
26/7	PTH, Vit-D, spot protein CUE, phosphorous calcium, uric acid	26023988	
	HIV, HCV, HBsAg	6023995, 26023992 26023989	
27/7/26 2Am.	Urine Culture	26024002	
27/7/26 6AM	RBS	26024027	
27/7/26.	VBG	26024036	
28/7/26(6am)	HB, RP-II	24124	
	RBS	24129	
28/7/26	RBS	26024146	
28/7/26.	CRP	26024197	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7/26	Oxygen	26/7/26 @ 5:30	27/7/26 @ 7am	1733300	
26/7/26	Infusion Pump	26/7/26 @ 5:30	27/7/26 @ 4PM	1733300	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/07	IV line placement	(1)	1733279	17890
26/07	CXR	(1)	10083	17890
26/07	Neb c O2	(5)	1733286	17890
26/07	Catheterization	(1)	1733304	011802
26/07	Neb	(1)	1733304	011802
26/7	IV placement	(1)	1733354	
26/7	Vascath	(1)	1733357	
26/7	conscious sedation		1733360	018899
26/7	Hemodialysis (1hr)	inpatient	1733363	
26/7	Chest X-ray	(1)	10091	015451
27/7	HD (maintanance)	(1)	1733668	011802
27/7/26	2D Echo with consultation	(1)	10015	011042
27/7/26	ECG	(1)	10123	011011
27/7/26	USG Abdomen	(1)	10125	
28/7/26	HD (maintanance) (3hr)	(1)	1734177	011802

ANY OTHER INFORMATION:

* Packed Red cells - Issue - 26023996 (28/7/26)

28/7/26 Packed Red cells - Issue - 26024201

Date: 28/7/26 Time: 5.30 PM

Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Roshini			

6th floor

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... IP No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/7/20	HD Continuing.	1	1734459	[signature]

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 29/7/20 Time: 11.30AM Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]			

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

DISCHARGE TRACKING SHEET

UHID- **FLOOR-** **NAME OF CONSULTANT-**

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	10 Am	11 Am			
Preparation of Discharge Summary	29/7/16				
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 : IP18-00036623 **Admit Date** : 26-Jul-2026 **Admit Time** : 04:21 PM **UHID** : GUC-00094324

Patient Details :

Patient Name	: Baby V TARUN	**Age**	: 3 Y 7 M 2 D
Guardian	: Mr VIJAYA BABU	**DOB**	: 24-12-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO:77, SUDHARSHANA PRASHATH NAGAR, VENKATAMANGALAM Melakkottaiyur Kanchipuram Tamil Nadu INDIA 600127	**Phone No**	: 6380819092
		E-mail	: dvijayababu@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 102 **Ward Name** : 0F-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr VIJAYA BABU **Relationship** : Father

Contact Address : FLAT NO:77, SUDHARSHANA PRASHATH NAGAR, VENKATAMANGALAM Melakkottaiyur Kanchipuram Tamil Nadu INDIA 600127 **Phone No** : 6380819092

Signature

Doctor Details :

Doctor Name : Dr. NATARAJ PALANIAPPAN **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Dr. Nataraj Palaniappan **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby V TARUN**	**Age :**	**3 Y 7 M 2 D**
IP No:	**IP18-00036623**	**Sex:**	**Male**
Consultant:	**Dr. NATARAJ PALANIAPPAN**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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: Mr. Vijaya Babu
Relationship: Father
Date: 26/7/26 Time: 4:21 PM
Witness Name:
Witness Signature:

Patient Address:
FLAT NO:77, SUDHARSHANA
PRASHATH NAGAR,
VENKATAMANGALAM Melakkottaiyur
Kanchipuram Tamil Nadu INDIA
600127

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 : V. Tarun	UHID Number : GMC.0000 94324
Self/Attendant Name : Vijaya Babu	Relation : Father
Self/ Attendant Signature : Phone Number : 6380 81 9092	Name & Signature of Financial Counselor

Rainbow®
Children's
Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00094324 Baby V TARUN IP18-00036623 _____

UHID ID: _____ 24-12-2022 3 Y 7 M 4 D (M) Dr. NATARAJ PALANIAPPAN _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/c/o CKD stage 5

- c/o ~~sudden onset~~ breathlessness since morning.
- c/o cough & cold x 3days

History of present illness :

Child is a K/c/o CKD stage 5
B/L Hypodysplastic kidneys
was on CAPD (29/9/23 – 12/12/24)
off RRT since Dec 2024
last nephrology FU – July 2025
on Native since last 1 year.

Now c cough & cold x 3days
- breathlessness → sudden onset, progressive over 2- ~~3hrs~~
not A/w exertion
rapid & deep breathing, continuous
(+) on rest.
no chest pain ~~fever~~ / orthopnea
- No fever / swelling of legs
- No abd pain / loose stools / vomiting
- oral intake ↓
- U/o – good.
- H/o intake of native medicines in last 1 year

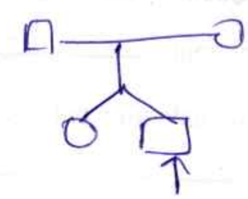
Patient Sticker

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

Birth & Neonatal History:

spontaneous conception | Late PT | LIAB)
BW - 1.7 Kg | NICU - 7 days i/v/o LBW

Family Chart



Birth & Socio Economic History:

About Father : NCM

About Mother :

Any additional Information : Father has diabetic foot

Developmental History : Motor: runs, rides tricycle goes upstairs c̄ 1 ft
Fine motor: scribbles, makes 3-4 cubes, undresses c̄ help, wont
Language: speaks words, difficult to make 3 sentences

Immunization History :

Social: plays in group, doesn't say his name, sex, gender

Anthropometry :

Head Circum (cms) 78 cm (Centile) Height (cms): 78 cm (Centile) < 3rd -5.61

Weight (kgs) 10.3 Kg (Centile < 3rd) -3.35

On Examination :

Temperature : 97.3 F Pulse Rate : 135/min B.P. SPO2 95% in RA

Resp.rate and type of breathing : 52/min

- pallor +
- child tachypnic
- not interacting
- PPWF (+)
- CRT < 2 sec

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): Not Known

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : Tachypnea (+), Rapid & deep, RR - 30/min

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

Any addes sounds : (-)

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

Cardiovascular System :

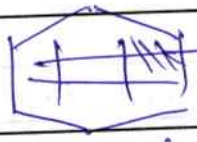
Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur : (-)

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

Per Abdomen :



→ PD catheter scar (+)

Inspection : abdomen distended

Palpation : soft & no tender hepatomegaly

Ausculation : BS (+)

Spine : External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : $E_2V_3M_6$

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power >3/5 in all 4 limbs

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR 2+ **Superficials:** +

Plantars ↓

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Δ - CKD stage 5 c B/L hypodysplastic Kidneys c FTT c ? Metabolic acidosis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- CBC c PS, CRP; RP-2
- LFT, ABG
- USG Abd T/P
- CXR, Vit B12, Ferritin
- To preserve 1 sample for plain/EDTA
- 2D echo
- Vit D / PTH / Ca / PO4
- viral markers
- urine M/E / urine PCR

Planned Management

1. PICU admission
2. Nephrologist opinion
3. $NaHCO_3$ correction
4. IV calcium RSM
5. Monitor vitals
6. Plan HD.
7. vascath insertion

Signature of the Doctor: .....

Name of the Doctor: Dr. Gayathri

Date & Time: 26/7/24

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

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CROSS CONSULTATION FORM

Doctor Name: Dr. Naresh Kumar Date: 26/7/26 Time: 8pm

Diagnosis: CKD - 5

Hospital: RCCT

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☒ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

26/7/26 8.00 PM

Signature:

Findings and Recommendations :

S/B Dr. S. Naresh Kumar (Ped. Nephro). wt: 10kg.
Thanks for the referral.

Δ: B/L Hypodysplastic kidneys.
CKD-5
was on CAPD (29/09/23 - 12/12/24).
Off any RRT since Dec. 2024. / Last neph. F/u: July. 2025 (on native therapy for last 1 year)

Now with severe metabolic Acidosis
PH: 7.05
HCO_3: 3, BE: -25

Consultant :

Name: DR. NAREEM Signature: Date & Time: 26/7/26.

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022

78 cm, 10.3 kg

BSA: 0.8.

Plan:

1) To start on HD (after serology reports)
   - 1 hour Co current
   - 100ml PRBC priming.
   - Saline - HD
   - Nil UF.
   - Dialyser → FX40 (BSA: 0.6 m²)

STOP Inj. Lasix.

Qb: 50ml
Qd: 100ml

Na: 135, K: 2.

2) Inj. 10% calcium gluconate 10ml + 10ml 5D over 1 hour (+ cardiac monitoring) - Q8h

To do:

- Blood grouping, Rh typing
- Serology (HIV, HCV, HBsAg)
- Magnesium, PTH, uric acid, vit D
- ECHO
- PT-INR / APTT
- Urine routine
- Urine spot PCR
- USG - KUB.
- Ferritin, Iron, TIBC

3) Inj. Sodabicarbonate 25ml + 125ml 5% D. over 1 hour.

↓ (if b)

IVF: 5% D 500ml + 25ml NaHCO3. @ 40ml/hr.

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24-12-2022 3 Y 7 M 2 D (M)
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CROSS CONSULTATION FORM

Doctor Name: DR. Naresh Kumar Date: 26/7/26 Time: 8pm

Diagnosis: CKD Stage -5

Hospital: RCCT

Referred for: ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

4) T. Nodon's sachet (2g/sach) 1/2 sach TID.
5) Cap. Rocal (0.25mcg) OD.
6) T. Nicardia retard 5mg TID (6AM-2PM-10PM)
7) T. Prolomet XL (25mg) 0-1/2 tab-0 (12PM)
8) If K > 5.5 → K bind (15gm/sach) can be given
9) Syp. Tonoferon (80mg/5ml) 3.5ml OD
10) Inj. EPO (2000IU) once weekly (Mon)
11) If PO4 > 6.5, To add T. sevcar (400) 1/2-1/2-1/2.

- Strict I/O monitoring
- Strict BP monitoring.

Consultant :

Name: DR. NARESH Signature: Date & Time: 26/7/26

Doc. No. : RCH / FRM / CLINICAL / 049

28/07/2026.
3.30 pm

S/B Dr. S. Naresh Kumar (Ped. Nephro)

- Child reviewed.
- D3 of HD.
- 3hrs - concurrent HD today with PRBC priming.
- Received 100ml PRBC on 26/07/2026.

28/07/2026

141	2.9
101	

iCa: 0.62.
Urea: 106 (187)
Creat: 3.17 (6.63)
HCO_3: 21 (3)
Hb: 6.1 (6.3).

- To send HBsAg (genetics) From OPD.

Plan:

1. Shift to ward.
2. ↑ Inj. EPO 2000 IU twice weekly.
3. Tomorrow. 3hrs - countercurrent ↓ If tolerating well, can consider discharge.

Dr

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

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CROSS CONSULTATION FORM

Doctor Name: DR. Giridhar Gopal Date: 27/07/26 Time: 11.40am.

Diagnosis: CKD - 5

Hospital: RCH

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

IVC collapsing < 50% c̄ inspiration
Turbulence in SVC c̄ mean grdt 3mmHg.
Intact IAS | IVS.
Mild TR. TR grdt 30 mm Hg. No PAH.
Trivial MR. No AR.
Mild concentric LVH.
Good biventricular systolic fn. EF-78%
(L) Arch. No coarct No PDA. FS-45%
Imp :- Structurally Normal heart
Mild concentric LVH. No PAH
Good biventricular systolic fn.

Plan
ECG - Sinus arrythmia marked
Advise
12 lead ECG c̄ rythm strip

Consultant :

Name: Dr. GIRIDHAR. Signature: [signature] Date & Time: 27/7/26. 12:24

Doc. No. : RCH / FRM / CLINICAL / 049

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 3 D (M)
Dr. NATARAJ PALANIAPPAN

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CROSS CONSULTATION FORM

Doctor Name : DR. Poorana Date : 27/7/26 Time : @ 1pm

Diagnosis : CKD Stage 5

Hospital : Roof

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Thanu

Signature:

Findings and Recommendations :

27/07/26
12:20 PM

USG - Abd

U.B/adder - Empty

RK - 32×21 mm · (R) HDN - 7mm
LK - 38×19 mm

- B/L Small sized echogenic kidneys c complete loss of CMD
- no ascites

Consultant :

Name : DR Poorana Signature : Date & Time : 27/7/26 pm

Patient

USG - Fetal

U.S/Lady - Empty

Pt - 32+2 wks · (G) 1 Para · Two

Lie - 35 x 15 cms

- 3/3 Small / Appropriate Reduced L
Amniotic fluid Index
- No Adnexal

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PEDIATRIC IN-PATIENT MEDICAL RECORD

GUC-00094324
Baby V TARUN
24-12-2022
Dr. NATARAJ PALANIAPPAN
IP18-00036623
3 Y 7 M 2 D
(M)

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Docu. No. : RCH/FRM / GENERAL / 065

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _______________ Age/Sex _______________

Relationship _______________

Information given by: _______________

Chief Presenting Complaints & Duration (Chronologically)

- c/o cough c cold × 3 days
  fast breathing × 1 day.

History of present illness :

Apparently well child.
- c/o cough c cold × 3 days
  fast breathing × 1 day.
  No fever | vomiting | loose stools | abdominal pain
  Baby was eating well & passing urine well.
  No swelling of legs | palpitations
  sick looking, Tachypnea, less interaction.

brought to ER.

PAT: ↑ WOB, SpO_2 - 95%, SCR (+), B/L wheeze (+), PR - 145/min, PPWF (+), CRT < 2 sec.

✓ Neb. Duolin LD + Neb. Budecort Back to Back (twice) given.

↓ Distress persisted, RR - 52/min c SCR+, SSR+, ICR+, wheeze ↓ expiration > inspiration

Started on 2 L O_2 NP

↓ Inj. Hydrocort 100 mg i.v stat given

↓ symptoms persisted

Inj. $MgSO_4$ 100 mg i.v stat give

↓.

SpO_2 - 100% on 2 L O_2, wheeze settled but B/L AE (+) exp > Insp.

Distress (+) SCR + SSR +

Pediatric asthma score — 12.

Patient Sticker

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

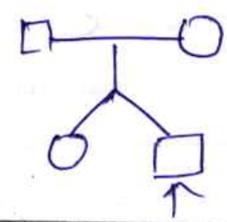
- No H/O atopy in the family / past admissions in the child.
- H/O daily intake of carrot → H/O yellowish discolouration of skin & palm
- ~~H/O~~

Pt shifted PICU for further monitoring & management

Birth & Neonatal History:
Spontaneous conception | Late PT | C/AB |

BW – 1.7 kg | NICU – 7 day i/v/o LBW ~~[illegible]~~

Family Chart



Birth & Socio Economic History:

About Father :] Non consanguinous
About Mother :] marriage.

Any additional information :

Developmental History :
- Motor : runs, rides tricycle, goes upstairs c one foot.
- Fine motor : scribbles, ~~[illegible]~~ makes 3-4 cubes
- ~~Social~~ :
- Language : speaks words contentiously still finds difficult to make 2 words, 3 word sentences
- Social : doesn't say name, sex, gender plays in group, combs by himself, undresses c suppt

Immunization History :
c to IAP/NIS.
Last vaccine @ 2yrs

Anthropometry :
Head Circum (cms) ~~[illegible]~~ (Centile ______) Height (cms): 78cm (Centile) ______) (<3rd centile) → -5.61
Weight (kgs) 10.3 Kg (Centile ______) <<3rd centile (-3.35).

On Examination :
Temperature : 97.3°F Pulse Rate : 135/min B.P. ______ SPO2 95% in RA.
Resp.rate and type of breathing : 52/min, pallor +, facies + hemolytic
child tachypneic
not interactive
has eye contact
Rash –
Lymphadenopathy –
PPWF (+)
Oedema : –
CRT < 2 secs.
Allergies (if any): Not Known
yellowish discolouration over the abd, to skin & palms

(P.T.O.)

Patient Sticker

Respiratory System : Tachypnea SCR +, ICR +

Inspection (any s/o distress) : _____

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

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG,etc.,) B/L CXR - Hyperinflated lung fields.

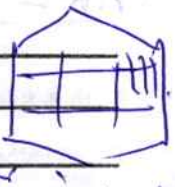
Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : $S_1 S_2$ (+)

Any murmur : (-)

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



Per Abdomen :

Inspection : surgical scar (+) over (L) hypochondrium, (L) lumbar region distended, yellowish in colour, dilated thin veins (+)

Palpation : soft, liver palpable 4-5 cm below (R) costal margin spleen palpable 2-2.5 cm below (L) costal margin.

Ausculation : BS (+)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : responds to voice & responds to pain

Cranial Nerves : eye opening (+).

Motor System :

Nutriton : _____

Tone: (N) Power > 3/5 in all 4 limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Patient Sticker

Reflexes :

DTR 2+ **Superficials:** +

Plantars ↓

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: A- ? Acute exacerbation of asthma
C CKD - Stage 5

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- CBC i PS.
- CRP.
- LFT
- USG Abdomen T/m.
- CXR.
- To preserve 1 sample for HBt electrophoresis
- Vit B12, Ferritin, Retic count.

Planned Management

1. IVF (50.1.) maintenance.
2. Neb. Levolin 0.63mg Q2H
3. Neb. Ipravent 250mg Q8H.
4. Neb. Budecort 0.5mg Q12H.
5. Inj. Hydrocort 50mg Q6H
6. Inj. MgSO4 500mg Q6H.

Signature of the Doctor: .....

Name of the Doctor: Dr. Gayathri

Date & Time: 26/7/26 @5-39pm.

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: 26/7/26 @ 5.39pm

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

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

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

   ☐ Needs Assistance In:

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

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

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

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 6PM	Receiving notes	
	S/B Dr. Keerthana	
	3y 7m / M presented c/o fast breathing × 2 days	
	CKD diagnosed at 9 months of age → B/L hypo dysplastic kidneys. Was on f/u in Mehta hospitals. CAPD done from 29/9/23 – 12/12/24. On regular follow up till July' 2025. Stopped oral medicines 1 month back. H/o vegetable juices given as f/u.	
	At presentation to ER,	sick looking
	pallor +	RR - 48/min, SpO_2 - 100% @ RA
	carotenemia +	O_2 via NP @ 3L/min,
	HSM + E	mild SCR +,
	abd distension +	acidotic breathing +
	scar over (L) hypochondrium	chest - clear
	T - 98.2°F,	HR - 152/min, CRT < 3 sec
	GCS - $E_2V_3M_6$	BP - 102/46
	B/L PERL	

A
B
C
D

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Inv: Hb - 6.3 c normocytic normochromic indices	
	s/o Anemia of chronic disease	
	Urea / Cr → 187 / 6.63	Wt - 10.3kg } < 1st centile
	Na / K → 137 / 5.3	Ht - 78 cm }
	HCO_3 / AG → 3.0 / - 25	
	CXR → B/L hyperinflation +	
	Imp: CKD stage 5 c B/L hypodysplastic kidneys c Severe Metabolic acidosis c Severe anemia c FTT	
	Plan:	
	- Admit in PICU	
	- Nephrologist opinion regarding HD	
	- IVF - full maintenance & NPO	
	- O_2 via NP@ 3L	
	- Head end elevation by 30°	
	- BP monitoring hourly	
	- $NaHCO_3$ correction	
	- IV calcium OSH & cardiac monitoring	
	- vit D / PTH / Ca / PO_4	
	- HIV, HbsAg & HCV serology	
	- Echo & USG KUB TM	
	- Urine routine	
	- Urine PCR	
	- Start Rodosis, Rocaltrol, iron & EPO TM	
	- Strict IO charting	
	- Parents counselled in detail	
	125882	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/9/22 9am	C/S/B Dr. SURYAKALA / Dr. PAVAN / Dr GOKUL / Dr. AJAY (PICU Fellow)	
	K/C/O CKD - Stage 5 B/L Hypodysplastic Kidney ? Metabolic Decompensation	
	Current Issues 1) Started HD 2) Elevated Urea, Creat, Potassium, Phosphate 3) Anemia 4) Short Stature 5) Speech Delay	
	Fluid: IVF - 5% DT @ 3ml Bicarbonate @ 30ml/hr I/O - 512/325 U/O - 2.1ml/kg/hr. 1hr of concurrent HD done Yesterday	
	Resp: RR - 26/1 SpO2 97% at Room air Chest - Clear, B/L NVBS	
	Infection - No fever. TLC - 13410 (N67, L26) Inj Ceftriaxone - Day 2. CRP < 5 (URE - 10-12 Pus Cells, Mucus +, Bacteria + → C/S awaited)	
	Cardiac - S1, S2 (+), Systolic Flow Murmur + BP - 90/57 (68) On Nicardia (R) 5mg, Prolomet XL 25mg ½ Morning Dose withheld.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vas Cath - (R)	IIV - Day 2.
	H - Hb-6.3.	
	PBS awaited	
	100ml PRBC transfused.	
	M- RBS - 92mg/dl.	
	26/7/26	27/7/26 (VBG)
	pH 7.05	7.332
	pCO_2 11.9	27
	pO_2 143.6.	41.6
	HCO_3^- 3.3	14
	Lact. 6.3	0.4
	K+ 5.2	2.6
	Na/K/Cl - 137/5.3/107.	
	Urea/Cr - 187/6.63	
	iCa - 0.82, PhCa - 10.7.	
	A- PA-Soft, PAPP Scas +.	
	No Organomegaly.	
	N- GCS 15/15.	
	No Focal neurological deficit	
	Speech Delay (+)	

1) OM
2) Tab. ROCAL.
3) NODOSIS 2g ½ sachet TID
4) 7ml Ca. gluconate.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan	
	1) To continue HD.	
	2) To stop Ca gluconate after 3 doses	
	3) To start Ferrofeson; Inj EPO from today	
	4) To monitor BP & to decide on Antihypertensive	
	5) Echo & USG KUB today	
	6) To f/u trace PTH report	
[illegible] 7/07/26 11 AM	c/s/b Dr nataraj sir	
(1)	~~[illegible] feeds~~ 1/2 feeds	
(2)	Tim- [illegible]	stop fluids -
		[illegible]

HD RP-2
[illegible]
Pidley

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/24	c/s/B Dr. AJAY (PICU Fellow)	
10.15pm		
	K/C/o CKD. Stage 5	
	B/L Hypodysplastic Kidney	
	̄c Metabolic Decompensation	
	on Hemodialysis	
	Issues	
	1) ↑ urea, creat	
	2) Anemia	
	3) Short Stature	
	F - Off IV fluids	
	60ml of 30% feeds via NG.	
	U/O - 2.8 7ml/kg/hr	
	Urine cloudy - Culture awaited	
	R. RR - 34/1	
	SpO2 - 98%	
	No distress	
	I. 1 fever spike in morning	
	On Ceftriaxone	
	Urine Culture awaited	
	Vas Cath - Day 2.	
	C - S1 S2 (+) Flow Murmur (+)	
	BP - 96/41(56)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	H - Hb-6.3 20ml PRBC given	
	M - Last VBG - pH 7.332, pCO_2 -27, pO_2 -41.6, HCO_3^- -14, K-2.6	
	A - P/A-Soft, No Organomegaly CAPD Soak (+)	
	N - GCS 15/15 NFND	
	Plan ① RP-2, Hb Tomorrow 6am ② continue Feeds ③ Monitor BP - Watch for hypertension ④ watch for any respiratory distress	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/20 8-30am	C/S/B Dr SURYAKALA / Dr PAVAN / Dr GOKUL / Dr. AJAY (PICU Fellow)	
	K/C/O CKD. Stage 5 B/L Hypodysplastic Kidney. ? Metabolic Decompensation on Hemodialysis	
	Current issues 1) Anemia 2) Hypokalemia 3) ↑ Urea, Creat 4) Short Stature	
	F- Off IV fluids, 60 ml @ 3H I/O - 680/490 U/O - 1.9 ml/kg/hr.	
	R- RR - 37/' SpO_2 - 97% Chest - B/L NVBS.	
	I- 1 fever spike yesterday. on Ceftriaxone Day 3 Vas Cath - Day 3 Urine Culture awaited	
	C- CVS- S1S2 (+), Systolic flow murmur (+)	

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 3 D (M)
Dr. NATARAJ PALANIAPPAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP- 93/42 (56)	
	Nicardia (R) 3mg withheld	
	Prolomet XL 25mg ½ OD	
	H - Hb - 6.1	on Tonofellon
	100 ml PRBC given 2 days back	EPO
	M - RBS: 88mg/dl	
	Na - 141, K - 2.9, Cl - 101	
	iCa - 0.6	
	Urea/Creat - 106/3.17	
	A - P/A - Soft, non Tender, No Organomegaly	
	Passed Motion	
	No CAPD Scar (+)	
	N. GCS 15/15	
	No focal neurological deficit	
	Speech delay (+)	
	Adv	
	1) Calcium Gluconate stat f/b IV Q8h	
	2) Continue feeds - ↑100 ml cucipro + soft diet	
	3) Plan to remove foley's	
	4) Trace urine culture	
	5) To plan HD - session	current 3hrs
		c̄ PRBC priming

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/07/26 12pm	c/s/b Dr Nataraj sir	
①	Remove foley	
②	Trace urine c/s	
③	Inj pipta (stop) Continue Xone now	
	④ Plan ward shift after dialysis	
[signature] 135855		

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

GUC-00094324 IP18-00036623
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24-12-2022 3 Y 7 M 4 D (M)
Dr. NATARAJ PALANIAPPAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/24		
7:00PM	S/B Dr. DEEPAN	
	D/s: CKD Stage 5	
	B/L Hypodysplastic kidney	
	c̄ Metabolic decompensation	
	On HD	
	Anemia	
	Hypokalemia	
	Short Stature	
	Child reviewed	
	Child has no new concerns	
	O/E:	
	Alert, afebrile	
		BP: 105/56 mmHg
	CVS: S1S2 (+)	SPO2: 100% RA
	RS: NVBS (+)	PR: 132/min
	P/A: Soft	
	CNS: NFND	
		Rx
	To plan HD-session	To Monitor vitals/Sensorium
	Concurrent 3hrs	To trace urine C/S
	c̄ PRBC priming	To inform BP before giving meds
		Inj Ca++ gluconate Q8H
		10ml + 10ml 5% D
		for 10min

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/20 8.40AM	S/B Dr. DEEPAK	
	Dx: CKD - Stage 5	
	B/L Hypodysplastic kidney	
	c met decompensation	
	on HD	
	Anemia	
	Hypokalemia	
	Short stature	
	Child reviewed	
	Child has no new concerns	
	no fever spikes	
	O/E: Alert, afebrile	
	CVS: S1S2 ⊕	28/7/20 → 6PM - 29/7 7:00AM
	RS: NVBS ⊕	✓
	P/A: Soft NT	I / 370
	CNS: NFND	O / 4 times urine voided
	Vascular cath - D4	
	To trace Urin C/S	℞
	T. Nicardia Retard 5mg 1-1-1	Inj. Xone 500mg IV Q12H
		Inj. PAN 10mg IV Q24H
	T. Prolomet XL 25mg ½-0-0	Inj. CALCIUM GLUCONATE 10% Q8H 10ml + 10ml SID

(Margin annotations: "please spend some time (a) donot write" ; "Nicardia is w/h")

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		TO DV:
	→ Plan	HD session c̄ PRBC priming for 3 hrs
	who shall trace	→ trace urine c/s
		TO Monitor vitals / I/O / Sensorium
		TO Monitor for forces spiny
		c [signature] 107973
29/7/26	S/b Dr Nataraj	
11 Am	(1) Syp. Augmentin DDS (458/5ml)	3.5 — 0 — 3.5ml × (5) days
	(2) Contin prolomet,	stop Nicardia as bp (N)
	Continue Tonsjerte,	sevcal, Calcium
	Review on	Saturday c̄ [struck through]
	for dialysis	+ Iy. Epo + Asprillus (?) again
Discharge today		[signature] 89789

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

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MCV - 85
MCH - 29
MCHC - 34
RDW - 12.3

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RESULT SHEET

Blood group → B +ve

Date	26/7	28/7				
Time		6am				
Hb	6.3 (↓)	6.1 (↓)				
PCV	18					
RBC	2.18					
WBC	13410					
N/L	67/26					
Platelets	7.34					
CRP	<5					
ESR						
PCT						
RBS						
Na	137	141				
K	5.3	2.9 ↓				
Cl	107	101 ↓				
Ca/Mg / iCal	0.82/8.7	0.62				
Phosphate / HCO_3	10.7/3.0	/21				
Urea	187 (↑)	106 ↓				
Creatinine	6.63 (↑)	3.17 ↓				
ALP	205					
SGPT	16					
SGOT	30					
T.Bill/Conj	0.4/0.0					
T.Protein	7.1					
S.Albumin	4.0					
S.Globulin	3.1					
A/G Ratio	1.2					
Uric Acid / GGT	10.2/12					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14.4/1.03					
APTT	24.6					
CSF Protein / Sugar						
Cells						
N/L						

Date	26/7					
Time						
CUE - Alb	2+					
CUE - Sugar	trace					
CUE - Ketones	trace					
CUE - PUS Cells	10-12					
CUE - RBC Cells	3-5					
CUE	leucocytes 1+					
	bacteria +					
	granular cast +					
	mucus +					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HbsAg	Neg					
HCV AB	NR					
HIV	NR					
Vitamin D	27	(30-76)				
PTH	766	(9.2-44.6)				
Urine PCR	5.11					

Culture and Sensitivities : Urine Cs (27/6) .....

.....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

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DRUG CHART

Date of Admission: 26/07 Drug Allergies: NKA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. P250				Date / Time	28/7														
Dose	Route	Frequency	Start Date		11	BD													
3ml	P-O	SOS	27/7		am	N-S													
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions: if T>100°F																			

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

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

Sign. ..... VERIFIED BY : Name .....

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REGULAR PRESCRIPTIONS

Weight. 10.3 kg . Ward. Pico.

				Date/Time			
DRUG : Neb-LEVOLIN				26/07			
Dose	Route	Frequency	Start Date	5pm	SD		
0.63mg	Neb	Q2H	26/7		RB		
Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri S				7 pm	M.V / MR		STOP 26/7/26 @ 8pm 125882
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : Neb. IPRAVENT				26/07	26/7		
Dose	Route	Frequency	Start Date	1.45 pm	SD / RB	6 AM	
250mcg	Neb	Q8H	26/7				
Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri						2 PM	STOP 26/7/26 @ 10 pm 125882
Additional Instructions:						10 PM	
Daily Doctor's Endorsement by a Sign							
DRUG : Neb. Budecort				27/7			
Dose	Route	Frequency	Start Date	3 AM			
0.5mg	Neb	Q12H	26/7				STOP 27/7/26 @ 8am 125882
Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri 16/7				3 PM.			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG : INJ. CEFTRIAXONE				26/7	27/7	28/7	29/7
Dose	Route	Frequency	Start Date	10 AM	TS / NS	BB / NB	
500mg	IV	Q12H	26/7				
Name & Signature of the Doctor Starting the Drugs: 125882				10 PM	SM / RV	MG / NP	CS / SS
Additional Instructions:				D1	D2	D3	
Daily Doctor's Endorsement by a Sign							

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Sheet No: (1)

REGULAR PRESCRIPTIONS

Weight 10.3 Kg Ward PICU

DRUG : INJ. PAN

Dose	Route	Frequency	Start Dt.
10mg	IV	Q24H	26/7

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/7	27/7	28/7	29/7
6 AM	12pm PV	SM PV	HG NP	[illegible]
Daily Doctor's Endorsement	SL	SL	SL	

DRUG : INJ. CALCIUM GLUCONATE 10%

Dose	Route	Frequency	Start Dt.
10ml + 10ml 5% Dx	IV	Q8H	26/7

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions: 10ml Inj. calcium + 10ml 5% Dx over 1 hour x 3 doses

Daily Doctor's Endorsement by a Sign

Date/Time	27/7
4 AM	SM PV
12 PM	T.S B.B
8 PM	

Stop @ 12pm 27/7 [signature] 125882

DRUG : NODOSIS SACHET 2g

Dose	Route	Frequency	Start Dt.
½ Sachet	PO	TDS	27/7

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/7	28/7	29/7
2 AM	SM PV	HG NP	SS mm
10 AM	TS NS	BB NS	
6 PM	P.B MR	SP SL	
Daily Doctor's Endorsement	SL	SL	

DRUG : CAP. ROCAL

Dose	Route	Frequency	Start Dt.
0.25mcg	PO	OD	27/7

Name & Signature of the Doctor Starting the Drugs: [signature] 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/7	28/7	29/7
11 Am	TS BB	BB NS	
Daily Doctor's Endorsement	SL	SL	

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

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REGULAR PRESCRIPTIONS

Sheet No: 2 Weight: 10.3kg Ward: PICU

DRUG: T. NICARDIA RETARD				Date/Time	27/7	28/7	29/7
Dose	Route	Frequency	Start Dt.	6 AM		W H	W H
5mg	PO	TDS	26/7	2 PM	W H	PB MR	
Name & Signature of the Doctor Starting the Drugs: 125882				10 PM	W H	W H	
Additional Instructions: 6am - 2pm - 10pm Skip if BP < 50th centile							
Daily Doctor's Endorsement by a Sign						[signature]	

DRUG: T. PROLOMET XL 25mg				Date/Time	27/7	28/7	29/7
Dose	Route	Frequency	Start Dt.	12 PM	FS BB	BB NS	
1/2 tab	PO	OD	26/7				
Name & Signature of the Doctor Starting the Drugs: 125882							
Additional Instructions: 12pm → 12.5mg							
Daily Doctor's Endorsement by a Sign						[signature]	

DRUG: SYP. TONOFERON - P				Date/Time	27/7	28/7	29/7
Dose	Route	Frequency	Start Dt.	10 AM	TS NS	PB NS	
3.5ml	PO	OD	27/7				
Name & Signature of the Doctor Starting the Drugs: 125882							
Additional Instructions: 80mg/5ml							
Daily Doctor's Endorsement by a Sign						[signature]	

DRUG: INJ. EPO				Date/Time	27/7	28/7	
Dose	Route	Frequency	Start Dt.	01 PM	P.B MR	changed	28/7/23 @ 10am Janet 125882
2000 IU	SC	weekly	26/7				
Name & Signature of the Doctor Starting the Drugs: 125882							
Additional Instructions: weekly on monday					DV	[illegible]	
Daily Doctor's Endorsement by a Sign					[signature]		

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

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Sheet No: 24

REGULAR PRESCRIPTIONS

Weight 10.3kg Ward PICU

DRUG : T. SEVCAR 400mg

Dose	Route	Frequency	Start Dt.
½ tab	PO	TDS	26/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/7	28/7	29/7
3	SM	MGH	CS
AM	PV	NP	MH
11	T-S	B·B	
AM	P.B	N-S	
7	P.B	SP	
PM	TR	PB	
	SL	SL	

DRUG : Inj CALCIUM GLUCONATE

Dose	Route	Frequency	Start Dt.
10ml + 10ml S·D	IV	Q8H	28/7

Name & Signature of the Doctor Starting the Drugs: 198607

Additional Instructions: 10ml in 10ml S·D IV OVER 10 Min (for 3 days)

Daily Doctor's Endorsement by a Sign

Date / Time	27/7	28/7	29/7
12			CS
am			SS
8			BS
am			SR
4	SL		
pm	BV		

DRUG : Syp CALCIMAX PLUS

Dose	Route	Frequency	Start Dt.
5ml	PO	Q8H	28/7

Name & Signature of the Doctor Starting the Drugs: 198607

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/7	28/7	29/7
3			LS
am			MH
11	BD		
am	NS		
7	SL		
pm	SP		

DRUG : INJ. ERYTHROPOIETIN

Dose	Route	Frequency	Start Dt.
2000IU	S/C	Weekly Twice	26/7

Name & Signature of the Doctor Starting the Drugs: INSTRUCTED

Additional Instructions: Monday, Thursday

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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

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

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

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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Weight. 10.3kg Ward. PICU.

	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.	

Signature .....

VERIFIED BY : N

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
		Inj. Hyd				
26/7	3.00pm	Neb. Duolin Neb. Budecort	LD (2)	Neb		SD RB
26/7	3.15pm	Neb. Duolin Neb+ Budecort	(1)	Neb		SD RB
26/7	3.45pm	Neb Duolin + Neb. Budecort	(1)	Neb.		SD RB
~~26/7~~						
26/7	4.10pm	Inj. Hydrocort	100mg	I.V		SD RB
26/7	4.30pm	Inj Mg SO4	500mg + 30ml NS over 30 mins	IV		SD RB
~~26/7~~		~~Inj. NaHCO3 2.5ml + 2.5ml S.D~~	~~Over 1hr~~	~~IV~~		

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10.2kg

I.V. FLUIDS CHART

Weight. ..... Ward. ..... PICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/07	5:00pm	IVF 0.9% DNS (50% maintenance	I.V	20 ml per hour		SD RB	26/7 9pm		
26/07	7pm	Lasix infusion 1ml=1mg	IV	1ml/hr			26/7 8pm		
26/7	9pm	5% D 500 ml + 2.5ml NaHCO3 (full maintenance)	IV	~~30ml/hr~~ 20 ml/hr			27/7 11AM		
27/7	27/7 11AM	5% D 500ml + 2.5ml NaHCO3	IV				27/7 @ 4PM		

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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 10.3kg kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/7	7:30 pm	Inj. Calcium 10ml + 10ml 5% D	Slow over 30min	IV			
26/7	7.50pm	T. NICARDIA	5mg stat	PO			
26/7	8pm	INJ. SODIUM BICARBONATE	25ml + 25ml 5% Dx over 1 hour	IV			
26/7	8.30pm	INJ. KETAMINE	10mg	IV			
26/7	8.40pm	INJ. PROPOFOL	10mg	IV			
26/7	8.50pm	INJ. KETAMINE	10mg	IV			
26/7	8.55pm	INJ. PROPOFOL	10mg	IV			
27/7	9.15pm	SYP. P-250	3ml	PO			
27/7	12pm	INJ. GUECET	2mg	IV			
27/7	8.30am	Inj. CALCIUM GLUCONATE	10ml + 10ml 5% Dextrose	IV			
27/7	9am	SYP. POTKLOR	5ml	PO			
26/7	6pm	PRBC 100ml priming in AD circuit		IV			
28/7	1pm	PRBC 100ml priming in AD circuit		IV			

Docu. No. : RCH /FRM / CLINICAL / 136

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/12/22 Time: 6pm 8pm 10pm 12am 4am 6am 7am

Doctor / Nurse / Family Concern?

Temperature (°F): 98.1 | 97.4°F | 98°F | 97.5°F

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

Note: BP does not score in early warning scoring

	6pm	8pm	10pm	12am	4am	6am	7am
Heart Rate (Number)	130b/m	132b/m		127b/m	125b/m		
Blood Pressure (mmHg) *	105/71	108/(58)/66	105/(58)/66	107/(60)/49	105/(73)/52	106/50	82/(65)/60
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	32b/m	32b/m		32b/m	30b/m		
Resp Distress: Mod/ Severe / None / Mild	✓	✓		✓	✓		
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%		95% ✓	99% ✓		
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	[illegible]	[illegible]		[illegible]	[illegible]		

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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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.

28/12

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	←				ONO Admission						
	06:00 pm	H20	20ml				✓			✓	0	
	07:00 pm										0	SM
Total Intake :			20ml			Total Output :				1 time		
	08:00 pm											
	09:00 pm	Ranji	150ml				✓			✓	0	
	10:00 pm										0	
	11:00 pm	H20	30ml								0	
	12:00 am										0	
	01:00 am	H20	30ml								0	
Total Intake :		300ml				Total Output :	1 time					
	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am	Nido milk	100ml				✓			✓	0	
	06:00 am										0	
	07:00 am	H20	50ml							✓	0	
Total Intake :		150ml				Total Output :	2 time					

Total 24 hrs. Intake	370ml

Total 24 hrs. Output	4 times

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ~~A ? Acute Exacerbation of Asthma~~ CKD Stage - 5

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: Nil

Surgery / Procedure:

BACKGROUND

Post OP Day:

	26/7 E	26/7 N	27/7 M	27/7 E	27/7 N	28/7 M
Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	noted	Noted.
Diet:	NPO	NPO	NPO	oral + NG feed	NG feed	CKD diet NG feed.
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	O2 - 3L/m	O2 - 3L RA	BD 3L/m	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
ASSESSMENT Vital Signs: Temp:	97.8°F	98.8°F	98.2F	98.3F	98.5°F	99.3°F
Res:	48 b/m	32bpm	28 b/m	26 b/m	23 b/m	20 b/m
SpO2:	100%.	98%	99%	99%	96%.	97%.
Pulse:	135 b/m	132bpm	126 b/m	126 b/m	[illegible]	[illegible]
BP:	102/46 (84)	86/54 (60)	104/68 (80)	92/35 (57)	108 / 98/40 62	103/61 / 114/70 (78)
LOC:	15/15	15/15	15/15	15/15	15/15	15/15
Fall Risk Score:	13	13	14	14	14	14
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	23	23 (Low)	18	18	19	Intact (20)
Recommendations Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Physiotherapy:	No	Nil	NIL	Nil	Nil	NIL
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NPO		clear liquid	CKD diet	CKD Diet	—
Critical Lab Test / Values:		PCV- 19.4 Hb - 6.6	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	USG KUB ECHO 27/7/26 morning	USG - ECHO Xray - Report due	—	—	—
Handed Over By Name :	Vishnu	SAYAK	Sony	Barsha P	Gulshan	SAYAK
Signature / ID :	[signature]	@/01545	[signature]	[signature]	[signature]	@/01545
Date:	26/7/26	27/7/26	27/7/26	27/7	28/7	28/7/26
Time:	8pm.	at 8AM	@2pm	@8pm	@8am	@2pm
Taken Over By Name :	SAYAK	Sony	Barsha. P	Keerthi	SAYAK	Jogeshwari
Signature / ID :	@/01545	[signature]	Aditya	[signature]	@/01545	[signature]
Date:	26/7/26	27/7/26	27/7	27/7	28/7/26	28/7/26
Time:	8pm	8am	@2PM	8PM	at 8Am	2Pm

GUC-00094324 IP18-00036623
Baby V TARUN (M)
24-12-2022 3 Y 7 M 3 D
Dr. NATARAJ PALANIAPPAN

(1)

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

Date: 27/Feb/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 child condition vitals monitor I/O chart monitor Administered medication as per drug chart.		Assessed child condition vital monitoring I/O chart monitoring medication given	Child vitals stable	Re-assessment done	Sharmila 010330 27/Feb/26 00 2pm
Afternoon	2pm	Assess general condition monitor vitals. monitor distress/SpO₂. Administer medications.		Assessment done. Vitals recorded. distress monitored. medicine given.	Child is stable.	Re-assessment done.	[illegible] 013904.
Night	8pm	Assess the general condition Monitor the vitals Maintain I/O chart Administere the medication		Assessed the child Monitored the vitals Maintained I/O chart Administered the medication	child was stable	Re-assessment was done	[illegible] 021587

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

NURSING CARE RECORD

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

Date: 26/07/24

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5:30 pm	→ Assess the general condition. → Maintain I/o chart. → Monitor Vitals. → Administer Nebulization	6:30 pm	→ Assessed the general condition → Maintained I/o chart → Monitored Vitals. → Administered Nebulization	Airway maintained	Re-assessment done	021582.
Night	8pm	Assess Baby genl condition Monitor vital sign Administer nebs Maintain I/o Chart	2AM	Assessed Baby genl condition Monitored vital sign. Administered meds Maintained I/o Chart.	Provided medication and care Baby is fine.	Re-assessment done.	Sayan 615455

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24-12-2022 3 Y 7 M 2 D (M)
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(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes 26/7/26.	
26/7/26	5:50pm	child received from ER. child details handing over taken from ER staff Sr. ISBAR method of handover followed. child is mild drowsy. PV=(2+), GCS - 15/15, pupils reacting to light. →	M. Vishe 02158
		child is on O2 support O2 - 3 litres, IVF DNS 0.9% 20ml/hr, IV line patent (+) vitals monitored and recorded	
	6pm.	Vitamin B12, Ferritin, Reticulocyte count raised sent to lab. Vitals monitored and recorded. →	M. Vishe 02158
	7:00pm	Vitals monitored and recorded. child catheterized under 8 Fr. VBG and PT, APTT, INR sent to lab Nebulization done. →	M. Vishe 02158
		Inj. Lasix 1ml=1mg 1ml/hr is on flow	
	7:30pm	Inj. Calcium Gluconate 10ml + 10ml 5% D correction given.	

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
		Child details handing over given to S/N Sayak night duty staff	M. Vahini 01/5/26
26/4/26	8pm.	Night Duty on 26/4/26 Baby's handing over details taken from evening duty staff nurse Using By ISBAR Techiques. Baby is on O2 - 3L by Nasal prongs. Baby's PVR CRS 15/15, Baby's Calcium Correction 10ml + 10ml S.I.D given. After that dialysis plan is there one I neck IV Line Secure.	Sayak 01/5/26
	8.30 pm	Baby's Sedation given. Left Neck HD Line (Vascath purpose). Inj. Propofol 30mg + Ketamine 25mg. given after that (R) IJV Vascath done. 8FR (2 lumen). Baby To Nicadia given 5mg at 8.30pm. Baby's Vascath done. Inj. NaHCO3 25ml + 25ml 25.I.D given. Over.	Sayak 01/5/26 Sayak 01/5/26

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GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	9.30pm	1hr. After finished that	
		NG tube 10 size inserted.	
		Urinary Catheter present	
		at present 100ml Blood	
		PRBC arranged for HD	
		priming purpose. Babys	Sayan
		all medication given.	015451
		patient is on NPO.	
		10:30pm HD started	
		over 1hr. 11.40 pm finished.	
		Blood Sample send HIV,	
		HBsag, Hcv, Uric acid, PTH,	
		PO4, Ca2, Urine Routine	
		Urine PCR, Vitmin D,	Sayan
		Mg2 with hold. Baby's	015451
	11pm.	O2 3liter on flow.	
		IVF 5.1.D 500ml + 25ml NaHCO3	
		→ 40ml/hr on flow.	
		(ref notes) IV Antibiotic given.	
		Urio. monitoring.	
		Babys dialysis over	
		all medication given	Sayan
		Baby is on NPO whole	
		night. morning feed	
		Starting plan for	
25/7/26		there Tommrow ECHO	
	12Am	and USG KUB is there.	

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/8/26		ANNAI TERESA BLOOD BANK & APHERESIS CENTRE (Run by Little Roses Trust) LICENCE No.: 506/28C # No.946, 1st Floor, Bazaar Road, Ram Nagar (South) Madipakkam, Chennai - 91. Ph.: 044-22580803 Mobile : 98...43108 / 9840333108 / 9566468884 E.mail : annaiteresabloodbank@gmail.com Web: www.annaiteresabloodbank.com CONCENTRATED HUMAN RED BLOOD CELLS I.P. Prepared From Blood Collected with anticoagulant citrate phosphate Dextrose solution. Whole blood 350 ml / 450 ml (in 49ml / 63 ml)	Sayant 015451
		BAG NO.: 3020 / COLLECTION DATE: 21.07.26 / EXPIRY DATE: 01.09.26 / VOLUME: 276 ml	
		INSTRUCTIONS : 1. Do not use if there is any visible evidence of deterioration. 2. Storage temperature 2°to 6° ... Administer with warning. ... se and do not vent ... Medication. ... Sterile Transfusion set with filter ... thout Prescription. ... on the label and recipients blood group. ... n and properly identify intended recipient. ... s detected ... AGM 42 Days. ... ABO and Rh Specific X-match compatible	
	2AM	BLOOD GROUP: B / Rh. (D): Pos	
		...TIVE / NON REACTIVE FOR : HBsAg. Anti HCV ...MP, VDRL, Irr, Ab - By CLIA METHOD ...D FROM A VOLUNTARY BLOOD DONOR	
		Blood is using 100ml for Blood priming for dialysis. Baby is Urine Culture Sample send to lab. Two peripheral	Sayant 015451
	4AM	line one Vascath one NG tube, one catheter is present. Urine O/P (P) follow. IVF 30ml/hr on flow. 3 dose of calcium After that for Vascath purpose catheter tray used. That Stocks.	Sayant 015451
		6 Type ISO 11140 / STEAM / Green = Sterilized / Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 / SV: 121°C - 15 min. 134°C - 3,5 min. / Sterintech	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	6Am.	Morning Care given last	
		fours hours BP is not gaint.	
		4-5Am. After that 6 Am.	
		O2 Groped. After that	Sayar
		morning RBS 92 mg/dl.	015451
		Baby is active IV line	
	7Am.	and Vascath is on patho.	
		Baby is on Room air of Cath.	
		N2 tube Vascath IV line is	
		present. After Vasacth X-ray	Sayar
		done X-ray ② need to	015451
		Collect. Morning dose T.	
		Nicardia Retard not given.	
		because BP is 84/53 (64).	
		Baby's hending over details	
	7.40 Am.	given to morning duty	Sayar
		staff nurse. →	015451
		MORNING DUTY 07/7/26	
07/7/26	8Am	Child condition taken over by	
		morning duty staff Nurse →	Sharmila 010285
		Child condition Handed over followed	
		By ISBAR method. Child conscious	
		Oriented. Child pulse volume	
		GCS 15/15 pupil 2mm equally	
		reactive. Child vitals	
		stable. Rt metacarpal line present,	
		Rt IJV vascath 8Fr 2lumen present →	Sharmila 010285

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7		Nurture 10Fr (I), Folys 8Fr (I) (R)+ cephalic line present. →	
		IV line present pattern, IVF 5% D	Sharmila 010285.
		500ml + NaHCO3 20ml 30ml 1Hr on Flow	
		Child NPO. Child vitals stable	
		Child seen By DR. Arokia Advice	
		For. NPO clear. & continue Same	
	9AM	medication, DR. Surya Kala.	
		Informed By HD. Advice FOR	
		DR Porhala, Child tem-100.C	
	9.15pm	Informed DR. Ajay Advice For P-250 3ml	
		given as per doctor order,	Sharmila 010285.
	9.5?Am	Child HD started. order BY.	
		DR. pavan. over. 2 Hour. No	
		fluids removed, Co-Re order	Sharmila 010285
	10Am	Child Inj. - XONO given as	
		per drug chart order. oral	
		milk - 30ml given No complaints	
		vomiting. Child vitals stable	Sharmila 010285
	11Am	Child seen BY DR. Nataraj	
		Advice For Nor removed and	
		oral Feed ↑, Tomorrow HD, Rpr	
	12pm.	Lap plan. Child seen BY	
		DR. GIRIDHR. ECHO done. Advice for	
	12.55pm	ECG - ECG done, Child seen	
		By DR, Prasanna. USG done.	
	12.??	HD completed →	Sharmila

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 3 D (M)
Dr. NATARAJ PALANIAPPAN

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NURSES NOTES

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

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Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Child vitals stable. USG (R),	
	1pm	ECHO (R). Xray - (F). Report Due.	
		Child condition stable.	
		Child condition stable Due	Sharmila
		medication. Child 2 episode	6103
		vomiting Informed to Dr [illegible]	
		Advice for Emeset 2mg given.	
	1.30	Child condition Handed	
	pm	over to EVENING Duty	
		Staff Nurse. →	Sharmila
			010285
		Evening duty - 27/7/26	
	2Pm	Handover taken from Consent Staff	
		along with proper documentation.	
		Child is in room air, PV-2+ &	
		GCS-15/15 & pupil 2mm equally	
		reactive. Child vital signs stable	
		and IV line (F) and patent in (R) Metacarpal	
		and Rt IJV vascath 8Fr 2 lumen present.	
		Foleys cath 8Fr (F) and Cephalic line present.	
		INF 5% D 500ml + NaHCO3 25ml	
		@ 20ml/hr. Oral intake to be	
		encouraged. →	P. Baskar
			(016681)

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	4PM	IVF to be tapered and stopped plan. Inj Pro gold 1-6 ml - NG feed given. Position changed, and I/O chart maintained →	P. Baskar (01633)
	6PM	Medication administered as per doctor's order. vital signs Monitored, and I/O chart maintained. Oral feed tried and NG Feed given as per doctor's order →	P. Baskar (01633)
	7.30PM	Handover given to Consent Staff along with proper documentation →	P. Baskar (01633)
			P. Baskar (01633)
		Night Duty 27/7/26	
27/7/26	7.30pm	Child detail taken from evening duty SIN, Child is on Room Air, vital are stable, and Conscious, GCS-15/15	[signature] 01633
	8pm	PV-24, CFT-<3sec, SpO2-100%, IV line @, NG Tube, Urinary Catheter, NG Feed 3rd hrly, Rt Varicotomy, RBS-OD, Pupils are equally reacting	[signature] 01633
	9pm.	Due Medication are given as per drug chart, No other complaints	[signature] 01633
	10pm	Inj. Zofer 500mg is given Food 60ml is given as per doctor	[signature] 01633

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 3 D (M)
Dr. NATARAJ PALANIAPPAN

(5)

NURSES NOTES

Rainbow® Children's Hospital
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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
27/1/26	11pm	Due medication are given as per drug chart, No other Complaints	
28/1/26	12pm	Vitals are stable, checked and recorded, No other Complaints	
	1am	NG Feed, Incipro 60ml is given as per order, No other Complaints	
	2am	Due medication are given as per drug chart, IV Line Patent, No fever spikes, Vitals are stable	
	3am	Due medication are given as Per drug chart, Tab. Zofer is given as per drug chart	
	4am	NG Feed is 60ml is given as per order, No other Complaints	
	6am	RBS - 85 mg/dl, Inj. Pan is given HB, RD - II has sent to lab, Morning Care done, Stool passed, Vitals are stable, checked and recorded, No other Complaints	
	7.30am	Handing over given to Morning duty S/N	
28/1/26	8AM	Morning Duty on 28/1/26 Baby's Handing over details taken from night duty Staff nurse Using By SBAR techniques. Baby is on	Sayali

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/11/26		Room air, Baby's GCS 15/15,	
		AV2+, Baby's IVF stoped	
		Baby's NG feed every 3 hry	
		60ml incapro gold + kitchafeed.	[signature] 015451
		Baby morning RBS 118mg/dl.	
		Babys IV line and central	
		line is on pattern. Baby	
		is active and alert.	
		morning one dose. Iy. calcium glu	
		10ml + 10ml STAT given →	
	10am	Due medication given as per	[signature] 015451
		drug chart vital are stable	
		today plan HD on flow →	[signature] 015042
	12pm	seen by Dr. Nataraj sir advised to	
		remove Foley's Trace urine c/s	
		to do HD session current 3 hrs	
		c PRBC priming on flow, Due	
		medication given as per	
		drug chart →	[signature] 015042
	1pm	to start HD vital are	
		stable. the chart maintain	
		HD & PRBC priming ongoing	
		over 3hrs →	[signature] 015042
	2pm	child handing over given to	
		Evening duty staff nurse →	[signature] 015042

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 4 D (M)
Dr. NATARAJ PALANIAPPAN

(6)

NURSES NOTES

Rainbow® Children's Hospital
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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
28/7/26		Evening Duty ON - 28/7/26.	
	2pm	child details handing over taken	
		from morning duty S/N Bharathi	[signature]
		child is on RA, PR-84, CRS 10/10,	
		Pupil B/L equal reacting 2mm, CFT <3sec	
		IV line (Rt) 24G, Rt IJV vascath. 21umop	
		8Fr (Rt), catheter 8Fr (Rt), Nasotube 10Fr (Rt)	
		child vital sign are recorded,	
		HD on going for 4 hours. →	[signature]
	3pm	DR. Naresh sir - seen the child	
		advice, after HD child shift	
		to ward, Blood sample. CPR.	
		after discharge of basic plan - venictest	
		Removed CBD one IV line removed	[signature]
	4pm	Due medicine on given as per drug	
		chart order, HD. stop @ 4pm.	
		child vital signs are recorded	
		I/O chart monitored ←	[signature]
	5:30pm	child details handing over	
		given to ward S/N.	
		child shift to 6th floor (608).	
		Echo, USG, x-ray film - report due	[signature]
		Receiving notes.	
28/7/26	5:30pm	Patient Received from PICU	
		to 6th Floor. Patient details	
		hand over taken from PICU staff	

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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
22/7/20		Patient was conscious and oriented →	
	6pm.	Due medication given as per drug chart → maintained Intake and output chart →	
	7pm	Due medication given as per drug chart →	
	7.30pm	Hand over given from Night duty staff → Night-Duty	
	7.30pm	The child details handing over taken from evening duty staff. child is conscious and oriented child is on room air IV line present IV line pattern.	021893
	8pm	vital sigs are checked and recorded. vital sigs are Stable.	021893

CP	PP	CRT
++	++	<sec

	10pm	Due medications are given as per Doctor's order. No any other fresh complainty	021893

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/7 E	DATE 26/7 N	DATE 27/7 M	DATE 27/7 E	DATE 27/7 N
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	2
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1		1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2			2		
	Oriented to own ability	1	1	1		1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
		Total	13	11	14	13	13

Intervention:

-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	X	X	X	X	X
Wheels Locked	✓	✓	✓	✓	/
Room free of clutter	✓	✓	✓	✓	/
Adequate lighting	✓	✓	✓	✓	/
Wheel chair support	X	X	X	✓	X
Other Intervention(s) Specify	X	X	X	X	X
Nurse's Name:	Vishnu	SAYAK	[illegible]	Rajesh	Stephi
Signature:	[illegible] 2151	[illegible] 01579	[illegible]	[illegible] 0113[illegible]	[illegible]
Date:	26/7	26/7	27/7	27/7	27/7
Time:	5:30 pm	11 pm	8 am	2 pm	8 pm

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 3 D (M)
Dr. NATARAJ PALANIAPPAN

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

Patient Name : .....

Age..... G.....

					N	M	E	N
				Date :	21/7	28/7	28/7	22/7
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 though slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
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.	3	3	3.	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3.	3
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3.	3
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.	2	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	19	20	20	20
				Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

.: F/HW/BRD-Q/NSG/04

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Ge

					Date :	26/7 F	26/7 M	27/7 M	27/7 F
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 though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		3	3	3	3
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	1	1
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	3	3
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		3	4	3	3
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	3	3
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.		2	3	1	2
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.		3	3	4	4
					TOTAL SCORE	23	25	18	19
					Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

GUC-00094324
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN
IP18-00036623

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

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Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
26/7/26	5:40pm	117 mg/dl	IVF DNS 0.9%	
27/7/26	6AM	92 mg/dl.	IVF 5:1:D 500ml + 25ml NaHCO3	
28/7/26	6am	85 mg/dl	NG feed	
28/7/26	8AM	118 mg/dl	11	

CONSENT FOR BLOOD TRANSFUSION

Rainbow Children's Hospital — It takes a lot to treat the little.
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Name: TARUN Age: 34 Gender: Male ☑ Female ☐

UHID.No : 94324 Date: 26/7/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Cryoprecipitate
- ☐ Albumin
- ☑ Packed Red Blood Cells
- ☐ Single Donor Platelet
- ☐ Red Blood Cell
- ☐ Random Donor Platelets
- ☐ Whole Blood
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is B

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: J. Vijayalakshmi

Date & Time 26/7/26

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. ASAY

Date & Time 26/7/26

Witness

Signature: .....

Name: .....

Date & Time .....

Rainbow Children's Hospital
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BirthRight By Rainbow

Ref. No. : F / HW / CON / HIV / 08

CONSENT FORM FOR HIV

GUC-00094324
Baby V TARUN
24-12-2022
Dr. NATARAJ PALANIAPPAN
IP18-00036623
3 Y 7 M 2 D
(M)

Patient Name : TARUN

Gender : M ☑ F ☐ - IP No : 18-00036623 Age : 3y 7m / M

Ward / Bed No. : ..... IP/OP No. : ..... Date : 26/7/26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :

Signature : Viji

Name : Vijayalakshmi

Relationship with Patient: Mother

Date & Time : 26/7/26 at 10pm.

Parent (when patient is minor) :

Signature : .....

Name : .....

Relation : .....

Date & Time : .....

OR (Next to kin in case of unconscious patient) :

Signature : ..... Name : .....

Relation : ..... Date & Time : .....

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :

Signature : .....

Name : Keerthana. D

Date & Time : 26/7/26 10pm

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

CONSENT FOR SPECIAL SEDATION

Patient Name: TARUN Gender: ☑ Male ☐ Female

UHID No: 36623/94324 Department: PICU Date: 26/7/26

I ..... S/D/W/O .....

Here by give consent for procedure for my patient : TARUN

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : IV SEDATION
- Possible complications from the procedure of sedation:
  HYPOTENSION

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : .....

Name : Vijaya Babu

Relationship with Patient: Father

Date & Time : 26/7/26 8pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr ATAY

Date & Time : 26/7/26, 8.25pm

Ref. No. : F / HW / BTM / NSG / 03

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

Name of the patient BABY. V. TARUN UHID : 94324 I.P. No. : 36623

Age : 3 YEAR Gender : MALE Department : PICU Ward : ~~PICU~~

Blood group of the patient : B Ve Blood group on the Blood bag : B Ve.

Blood bank issue no : 3020 Date of collection : 21/7/26 Date of expiry : 01/9/26

Date & Time of starting transfusion : 26/7/26 at 10.30 pm. Planned duration of transfusion : 26/7/26 10.45pm.

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

	Time	HR	Temperature	Blood pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
Pre	10.30 pm	148 bpm	97.6F	120/93 (104) mg/Hg	99%	—	—	—	—
	10.40 pm	142 bpm	98°F	103/66 (79) mg/Hg	98%	—	—	—	—
post	10.45 pm.	115 bpm	97.8F	92/56 (78)	98%	—	—	—	—

Comments : NO Reaction. (Safe Transfusion)

Nurse Name : SAYAK MONDAL Nurse Signature : Sayak 01545

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

CONSENT FOR SPECIAL PROCEDURES

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Patient Name : TARUN

UHID No : 36623/94324 Department : PICU Gender: ☑ Male ☐ Female Date : 26/7/26

I ..... S/D/W/O .....

Here by give consent for procedure of : VASCATH INSERTION FOR PURPOSE OF HEMODIALYSIS & HEMODIALYSIS

For my patient, Named : TARUN

The doctors have clearly explained to me that the procedure has following possible complications:

BLEEDING.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. PAVAN/Dr. SURYAKALA

Patient Attendant :

Signature : .....

Name : B. Vijay Babu

Relationship with Patient: Father

Date & Time : 26/7/26 at 8pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. AJAY

Date & Time : 26/7/26, 8.25pm

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other HD (Vascath) 8FR (2 lumen) (R) IJV   Date of Initial Line Insertion: 26/7/26 at 8:30 pm.   Duration of Central Line: (D1)

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	26/7/26 8pm-8Am (P1)	27/7/26 8am-2pm (P2)	27/7/26 2pm-8pm	27/7/26 8pm-8am	28/7/26 8AM-2pm	28/7/26 2pm-8pm	28/7/26 8pm
Can we remove Central Line today (Discuss in the clinical round)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Dressing intact and labelled properly	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
Central line changed on	26/7/26 at 9pm	-	-	-	-	-	-
Name of the Nurse	SAYAK MONDAL	Kandasamy	Rajesh.	Gokul. M	SAYAK	BOSKAR. P	[illegible]
Signature of the Nurse	[illegible] 01545	[illegible] 0	[illegible] 01304	[illegible] 02583	[illegible] 01545	[illegible]	[illegible] 021093

Docu. No. : RCH /FRM / CLINICAL / 081

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

8FR

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Your Right to a Safe Delivery

URINARY CATHETER BUNDLE CHECK LIST

8 Fr

Date of Insertion: 26/7/26 @ 7:10 pm Date of Removal: ....

Parameters / Date / Shift Time	7:10 pm – 7:30 pm	26/7/26 8pm-8pm	27/7/26 8am-2pm	27/7/26 2pm-8pm	27/7/26 8pm-8am	28/7/26 8am-2pm	28/7/26 2pm-8pm
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Name of the Nurse	Vishnu	SAYAK	Saraswathi	Rajesh.m	[illegible]	SAYAK	[illegible]
Signature of the Nurse	Vishnu 021580	RN 015451	[illegible]	[illegible] 010304	[illegible] 021553	RN 015451	[illegible]

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CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I VIJAYABABU . D S/o Mr./ Ms S . DURAISAMY
hereby declare that our patient Mr. / Ms Tarun who is related to me as son is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's Hospital on 26/7/26 with UHID No. : .....

The doctors have explained to me in a language understood by me that my child has following health related issues : Respiratory distress

.....

.....

The doctors have clearly explained to me that my patient Mr./ Ms. Tarun during his / her stay in the PICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, central line insertion, PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU with multiple medical and surgical procedures performed upon him / her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms : Tarun ..... in the PICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....

Name : D. Vijaya Babu

Relationship with Patient: Father

Date & Time : 26-07-2026 @6pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Keerthana . D

Date & Time : 26/7/26 6pm

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ADMISSION CRITERIA – PICU

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
- ☐ Patients with impending respiratory failure;
  - ☐ Upper airway obstruction;
  - ☐ Lower airway obstruction;
  - ☐ Alveolar disease; and
  - ☐ Unstable airway;
- ☐ All Paediatric patients after successful resuscitation;
- ☐ **Comatose Patients;**
  - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
  - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☐ **All types of shock/hemodynamic instability:**
  - ☐ Septic shock;
  - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☑ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph<7.2, altered sensorium, hyperglycemia)
- ☑ Acute renal failure; Patients requiring acute hemodialysis, hemofilteration and peritoneal dialysis;
- ☐ **Post-Operative Patients;**
  - ☐ Requiring ventilation;
  - ☐ Unstable patients; and
  - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP<90 systolic and < 50 diastolic an or requiring ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall time > 4seconds.
- ☐ Children Blood pressure (Syst.) < [70 + (2× age "Years"].

Respiratory failure or high risk of failure or airway obstruction:

- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- ☐ O2 Saturation <90 % or need for O2 >4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- ☐ Distress and risk of exhaustion
- ☑ **Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: ..... Name of the Doctor: Keerthana.D Date & Time: 26/7/22 6pm

Docu. No. : RCH /FRM / CLINICAL / 204

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DISCHARGE CRITERIA – PICU

Discharge to:

☑ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☑ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☑ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: .....

Name of the Doctor : Keerthana. P

Date & Time: 26/7/26 6pm

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/7/26 Time: 1pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve.

Blood Bank Issue No: 3073 Date of Collection: 25/7/26 Date of Expiry: 5/9/26

Date & Time of Starting Transfusion: 28/7/26 @ 1pm Planned duration of Transfusion:

Check for Correct Unit: ✓ Correct Patient ✓

Blood products cross checked by: Nurse 1: Bhaathi 010042 Nurse 2:

Before starting transfusion vitals: Temp: 99.4F HR 103 RR: 26 BP: 114/70(75) SpO_2 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
28/7/26	15 Min	89bm	99°F	109/66(81)	99%	–	–	–	–
28/7	15 Min	92bm	99.4F	109/66(75	98%	–	–	–	–
28/7	30 Min	92bm	98.4F	101/66(78	98%	–	–	–	–
28/7	30 Min								
28/7	30 Min	after	Transfusion.						
28/7	1 Hr 1.30pm	90bm	99°F	99/49	99%	–	–	–	–
	1 Hr								

Comments: NIL

Name of the Incharge-Nurse: B

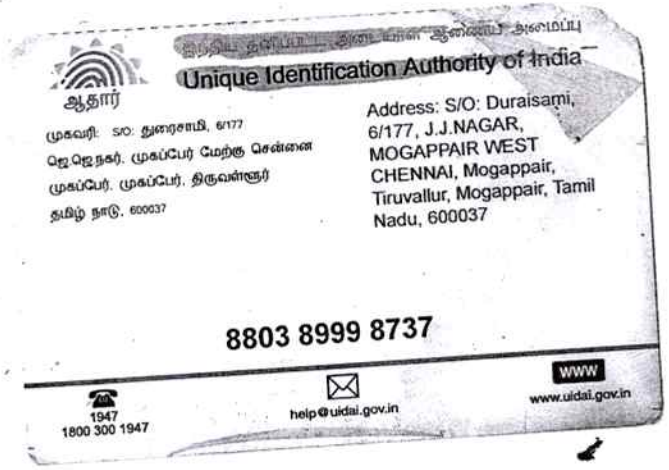
Signature of the Incharge-Nurse:

Date & Time: 28/7/26 @

Name of the Nurse: Bhaathi

Signature of the Nurse: Bhaathi 010042

Date & Time: 28/7/26 @


இந்திய தனித்துவ அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India
ஆதார்
முகவரி: S/O: துரைசாமி, 6/177
ஜெ ஜெ நகர், முகப்பேர் மேற்கு சென்னை
முகப்பேர், முகப்பேர், திருவள்ளூர்
தமிழ் நாடு, 600037
Address: S/O: Duraisami,
6/177, J.J.NAGAR,
MOGAPPAIR WEST
CHENNAI, Mogappair,
Tiruvallur, Mogappair, Tamil
Nadu, 600037
8803 8999 8737
1947
1800 300 1947
help@uidai.gov.in
WWW
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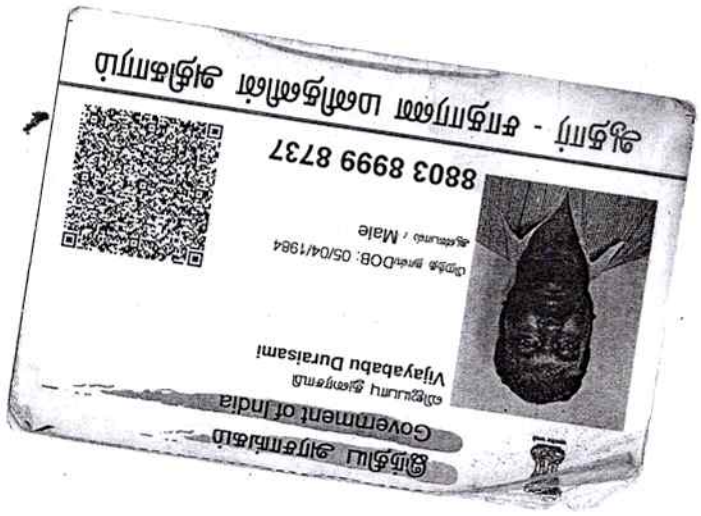
இந்திய அரசாங்கம்
Government of India
விஜயபாபு துரைசாமி
Vijayababu Duraisami
பிறந்த நாள்/DOB: 05/04/1984
ஆண்/ Male
8803 8999 8737
ஆதார் - சாதாரண மனிதனின் அதிகாரம்

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

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

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

Start Time of Assessment: ..... Weight: 10.3 Kg.

Allergic History: Nil

Chief Complaints: sick looking, less interaction, Tachypnea.

Pediatric Assessment Triangle

A Appearance - TICLS

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

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

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

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

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☐ Open
- ☑ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 56/min SpO_2 on FiO_2 95%.
Rhythm: .....
Retractions: ☑ Suprasternal ☑ ICR ☑ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B/L AE (+) B/L wheeze
Palpation Findings (If necessary) .....

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

Circulation

HR: 133/min CFT Central 2 <2sec Peripheral .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central +++ Peripheral +++

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: ..... AVPU: .....

Pupils: Responsive ☑ Non-Responsive ☐

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

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 97.3 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: .....

.....

.....

.....

.....

.....

.....

Treatment Planned: .....

.....

.....

.....

.....

.....

.....

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

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

Assessment done by

Name of the Doctor: Dr. Gayathri

Signature: .....

Date & Time: 26/7/21

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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EMERGENCY ROOM TRIAGE FORM

cuff 10.3 kg

Patient's Name : BABY. TARUN Age : 3 yrs 6m Gender: ☐ Male ☐ Female

Date : 26/07/26 Time of Arrival : 2:45 pm

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.3°F PR: 138/m BP: RR: 56/m SpO_2: 98% on RA

Chief Complaints: H/O cold cough x 2 days, Fast breathing (+).

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 : 2 min

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Shibu Debnath.

Signature of Triage Nurse : 12 PM

Date & Time : 26/07/26 @ 2:47 pm

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

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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: PICU. Shifted to: 6th floor 608

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	INJ. XONE	500mg	IV	Q12h	10am	☒C ☐DC
2	INJ. PAN	10mg	IV	OD	8am	☒C ☐DC
3	NOPOSIS SACHET	1/2 Sachet	P.O	Q8h	10am	☒C ☐DC
4	C. ROCALTROL	0.25mg	P/O	OD	11am	☒C ☐DC
5	T. NICARDIA	5mg	P.O	Q8h	2pm	☒C ☐DC
6	T. PROLOMET XL	12.5mg	P/O	OD	12pm	☒C ☐DC
7	Syp. TONOFERON	3.5ml	P.O	OD	10am	☒C ☐DC
8	T. SERCAR	400mg	1/2 TAB P.O	Q8h	11am	☐C ☐DC
9	INJ. CALCIUM gluconate	10+10mg	IV	Q8h	4pm	☒C ☐DC
10	Syp. CALCIMAX + INJ EPO	5ml 2000IU	P.O S/C	Q8h weekly once 26/2	11am	☒C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Sujatha 1468
Date & Time : 28/2/26 5:30 PM
Nurse Name & Signature: SN. Jogeshwari
Date & Time : 28/2/26 5:30 PM

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... Shifted to: .....

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 : .....

Nurse Name & Signature: .....

Date & Time : .....

PATIENT TRANSFER FORM

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Treating Consultant Name: DR. Nataraj	Date & Time of Admission: 26/7/26. @ 3pm	Date & Time of Transfer Order: 28/7/26 @ 5.20pm
From Unit: PICU.	Transfer Ordered by: DR. Nareshkumar.	Reason for Transfer:
Number of Sheets in Clinical File: 185	To Unit: 6th Floor 602	Information to Attendant: Yes ☐ No ☐
	Number of Imaging Films: x-ray - (1) VBG - (1) ECG - (1)	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.	Echo Report Due	
2.	USG Report Due	
3.	—	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Jogeshwari	

Patient & Clinical Records Received by :

Date & Time of Patient Received : 28/7/26 @ 5.45pm

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

Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/07/25 Time of arrival : 2:40 pm

Chief Complaints: H/o cold cough x 3 days, Fast breathing

Height : — Weight : 10.3 kg BMI : — Head Circumference (<2 years) .....

RBS: 90 mg/dl

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

If yes , identify NIL

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Parents.

Siblings in household ☒ Yes ☐ No (if yes How Many?) 01

Time of Initial assessment completed by ER Nurse : 2:55 pm.

(P.T.O.)

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

Time	Nursing Notes
5pm	patient came to the ER with the c/o
	cold / cough x 3 days. Recorded Dr. Gayathri
	ma'am. Monitored the vital signs.
	IV line placement done. Blood sample
	collected and pt shifted to the
	PICU

Samples collected by: S/N Shibu

Time: 4pm

Samples sent by :

Time:

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 120/m BP: .... CFT: < 3 sec

RR: 40/m SPO₂ : 98% in RA

GCS: 15/15 Temperature : 97.3°F

Pain Score: 0/10

Repeat RBS (if applicable): 90mg/dl.

Details of Shift - out

Shift - out from ER to: PICU

Time of Shift - out: 5:30pm

Handover given to: (Nurse's Name) S/N Vibhu

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done. (L) metacarpals 24G

Name of the Nurse : Shibu Debnath.

Signature of the Nurse : [signature] 1789

Date & Time : 26/07/26 : 5pm

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094324 IP18-00036623
Baby V TARUN
24-12-2022 3 Y 7 M 2 D (M)
Dr. NATARAJ PALANIAPPAN

	Date & Time of Admission: 26/07/22 @ 4:24 pm.	Date & Time of Transfer Order: 26/07/22 @ 5:00 pm
Treating Consultant Name: Dr. Nataraj	Transfer Ordered by: Dr. Gayathri	Reason for Transfer: Treatment
From Unit: PICU	To Unit: PICU.	Information to Attendant: Yes ☐ No ☑
Number of Sheets in Clinical File: (12	Number of Imaging Films: (01) (CXR)	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.	Nil	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shibu Sh 17890	DR. GAYATHRI

Patient & Clinical Records Received by : Vishnu 01584.

Date & Time of Patient Received : 26/7/22 @ 5:30 pm

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

Unavailable Bed Nurse not Available Available Bed not ready

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 26/7/26 @ 5:30 pm

Source of Admission: ☐ OPD ☑ Ward ☐ Other: ER.

Reason for Admission: Further treatment.

Admission Diagnosis: Acute exacerbation wheeze. ? CKD.

Accompanied By: ☐ Parent ☐ Guardian ☑ Other Name: ER Staff.

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☑ Other Specify Tamil.

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify —

Source of Information : ☐ Family ☑ Patient ☐ Others, Specify

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
CKD.	—	—

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 MEDICATIONS

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 10.3 kg Length: Head Circumference (< 2 years):

Temp.: 97.4°F HR: 134 /m RR: 46 /m BP: 101/69 (80)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 1.3 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

Patient Sticker

Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☐ Calm ☑ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Family .....

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..... 1 .....

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify .....

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

Nurse Name: Y. Vishnu Sri Nurse Signature : Vishnu 021504

Date & Time: 26/7/24 @ 5:00 PM

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

Nurse Name: ..... Nurse Signature : .....

Date & Time: .....