

Patient Sticker



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

[illegible]

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036314

Admit Date : 04-Jul-2026

Admit Time : 04:13 AM UHID : GUC-00093404



Patient Details :

Patient Name : Baby B NISHCHINTH

Guardian : Mr B SUNIL

Gender : Male

Occupation :

Address (H) : SRINIVASA PURAM Tirupati Chittoor Andhra Pradesh INDIA 517501

Age : 7 Y 8 M 26 D

DOB : 12-10-2018

Religion :

Martial Status :

Phone No : 9533333306/ 9390693906

E-mail : ravillavarijyoshna@gmail.com

Admission Details :

Bed Type : PICU

Room No : PICU 205

Bed No : PICU 205

Admission Type : First Visit

Ward Name : 2F-PICU 1

Contact Details :

Name : Mr B SUNIL

Contact Address : SRINIVASA PURAM Tirupati Chittoor Andhra Pradesh INDIA 517501

Relationship : Father

Phone No : 9533333306

Mr B Sunil
Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R

Referral Doctor : DR NAGA SAI MANOJ

Co-Consultant :

Specialisation : PEDIATRIC INTENSIVE CARE

Phone No :

Payment Details :

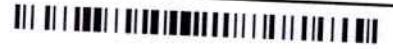
Payment Mode : DC/CC Card

Deposit Amount : 13964.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

ADMISSION SHEET

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Age : 7 Y 8 M 22 D

DOB : 12-10-2018

Religion :

Martial Status :

Phone No : 9533333306/ 9390693906

E-mail : ravillavarijyoshna@gmail.com

Admission Details :

Bed Type : DAY CARE

Bed No : ER 101

Ward Name : 0F-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr B SUNIL

Relationship : Father

Contact Address : SRINIVASA PURAM Tirupati Chittoor Andhra Pradesh INDIA 517501

Phone No : 9533333306


Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B NISHCHINTH

Age : 7 Y 8 M 22 D

IP No: IP18-00036314

Sex: Male

Consultant: Dr. KARTHIK NARAYANAN R

Ward/Bed No: 0F-EMERGENCY/ER 101

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

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

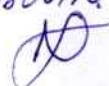
Signature of Patient/Relative: > R. Jyoti

Name: > R. Jyoshna

Relationship: > Mother

Date: 04-07-2026

Witness Name: Bswin

Witness Signature: 

Patient Address:

SRINIVASA PURAM Tirupati Chittoor
Andhra Pradesh INDIA 517501

Time: 4:13

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 be applicable.
- 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 be 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 and 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 : > B. Nishchinth	UHID Number : 93404
Self/Attendant Name : > R. Jyoshna	Relation : >
Self/ Attendant Signature : > R. Jyoshna	Name & Signature of Financial Counselor
Phone Number : > 9390693906	



CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

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

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

hepatic failure

The doctors have clearly explained to me that my patient Mr./ Ms.
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 :
..... 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 : R. Tyoshna

Name : R. Tyoshna

Relationship with Patient : Mother

Date & Time : 4/7/26 @ 5:30 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : PAVAN

Date & Time : 4/7/26 @ 5:40 AM

Witness :

Signature : B. Sunil

Name : B. SUNIL FATHER

Date & Time : 4/7/26 @ 5:40 AM

GUC-00093404

IP18-00036314

Baby B NISHCHINTH

12-10-2018

7 Y 8 M 22 D

(M)

Dr. KARTHIK NARAYANAN R



MLC

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Children's
Hospital

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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, hemofiltration 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 and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
 - ☐ Capillary refill time > 4 seconds.
 - ☐ 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: *[Signature]*Name of the Doctor: *P. Anu*Date & Time: *4/7/28*

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

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: *A128607*Name of the Doctor: *p. a. p. w.*Date & Time: *6/7/21*

GUC-00093404 IP18-00036314
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
Dr. KARTHIK NARAYANAN R

MLC - 21

Ref. No.: F/HW/CONS.F/INPR/01

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CONSULTATION FORM

Doctor Name: Dr. Divyesh Baraji J.D.
Date: Hour:

Hospital: Raj - Guindy

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

Type of Referral ☒ Emergency (within one hr.)
☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date: Time: By:

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

Baby Nishchintu

Report of Findings and Recommendations:

Signature:

M.D.

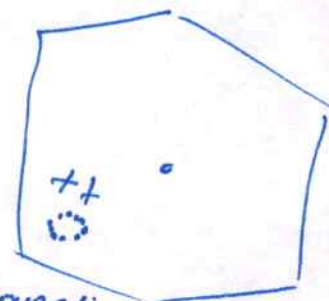
→ Alleged lto handle bar injury @ 6pm yesterday
evaluated in tripartite, started on iontophoresis and
referred.

- vomit x 1 episode (soon after injury)
- abdominal pain ⊕

• IE irritable
hemodynamically stable

PIA - tenderness @ lumbar region
no guarding

Patterned abrasion ⊕



tripartite
Hb → 10.5 RCM
9 (1)

(PTV) →

Consultant:

Name: Dr. Divyesh Baraji J.D. Signature: [Signature] Date & Time: 04/07/2026 4:30 am

NOTE: If more space is required use another consultation sheet as continuation

www.rainbowhospitals.in

Plan: MLC

• Nom with close watch

• Hb, PCV $\rightarrow$ 12th hour

Hourly girth monitoring

• urine output monitoring

• Parents have been counselled

regarding the nature of the

injury and the possibility of him

requiring surgery if his condition

worsens.

• shall discuss with Dr. Nandhini. G

• Inform sos.

Dr



R.M.
9.10.20

Hb 9.10.20
PCV 28.5

Dr. Nandhini
9.10.20

NOTE: If patient is not improving, refer to surgeon.

Dr. Nandhini
9.10.20

MLC-211

CROSS CONSULTATION FORM

Doctor Name: Dr. Nandhini Date: 4/6/26 Time: 12pm

Diagnosis: BLUNT INJURY TO ABDOMEN

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 :

S/S

Dr. Nandhini

child

c

Head Bar Injury

→ 1hr - 9.2 (Barhin)

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And

gim

by 1 hr.

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man

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abrupt

- Rnd Int-

- vital

sketch.

- rht Lft

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- D Hyphokelad
 Teeth th

Consultant :

Name: Dr. Nandhini Signature: _____ Date & Time: 4/6/26 @ 12pm

Chet - Ephemera of Labor
 @ 05 June
 (for 5m) Heats
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06H - 170
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 will make f
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 2 Mo Round
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 @ admin
 jg lost ch.

6th

— possibility

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 — 1000 / each
 — iv para up.
 — UK Shun
 maday

— pay Ad & ph
 Trans event

q Sp c Blood /
 Refection Refection
 father



C CONSULTATION FORM

Doctor Name: Date: Time:

Diagnosis:

Hospital:

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:

Findings and Recommendations :

Signature:

9/11/20
1 min

S/S of transition
child need

5th day AM Day

child doing well

no vomiting feeds well / on vomit

no stool since - Brown / green

no abdominal tenderness
no distension

Consultant :

Name: Signature: Date & Time:

— @ dieh

— T. Dashed
bd

— T. Pan
van hd

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savy od

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x sde

Wk And
17th / Nov

Tonnes





MLC - 211

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CROSS CONSULTATION FORM

Doctor Name: Dr. J. RAVEENDRAN Date: 4/7/20 Time: 3.45pm

Diagnosis:

Hospital: RGH

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 :

OBSERVATION :-

Epigastric and umbilical quadrant region
anti Mesenteric Hematoma (Size 2.3x2.8cm)

SMA & SMV vessels shows flow. No evidence
of thrombosis

Moderate Hemoperitoneum (Hemoperitoneum
is seen along flanks & Pelvic region)

All abdominal organs, Liver, GB, Pancreas,
Spleen, UB, Kidneys all appear
normal

JP
04/7/2020

Consultant: _____

Name: _____ Signature: _____ Date & Time: _____



GROSS CONSULTATION FORM

Ref: _____

Doctor Name: _____

Diagnosis: _____

Hospital: _____

Reason for Referral: ☐ Opinion ☐ Management ☐ Transfer of care

Reason for Referral: If for consultant case, please state patient's name - in 1997, in the case of a second diagnosis

Findings and Recommendations:

DISCUSSION:

Epigastric and umbilical discomfort with
anti-reflux treatment (Zinn 2x400mg)
and 2 simvastatin tablets (10mg)
of these drugs.
No change in symptoms, but
it is seen along flanks (10 days)
All other things equal, the
diagnosis of reflux is
normal

[Signature]
11/1/98

Consultant:

Signature _____

Date & _____

MLC-211

CROSS CONSULTATION FORM

Doctor Name: Dr. Nandhini Date: 8/7/26 Time: 9.30am

Diagnosis: BLUNT Injury to abdomen.

Hospital: PEH

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:

Findings and Recommendations :

Signature:

Dr. Nandhini

D2 Hx - Blunt force
Abdomen

vital signs

no shock as hypotension / no

in And GIM

up - 1.2 ul / kg / hr

noA - 220ml / 24 hr - no blood

Yc - local tenderness in suprapubic
region
- no other tenderness noted.

Consultant :

Name: Dr. Nandhini

Signature: Dr. Nandhini

Date & Time: 8/7/26 @ 9.30am

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HLC - 211

CROSS CONSULTATION FORM

Doctor Name : Date : 5/7/2026 Time : 12pm

Diagnosis : BLUNT

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 :

5/7/2026

SB Radiologist.

Findings

USG - Abdomen & pelvis.

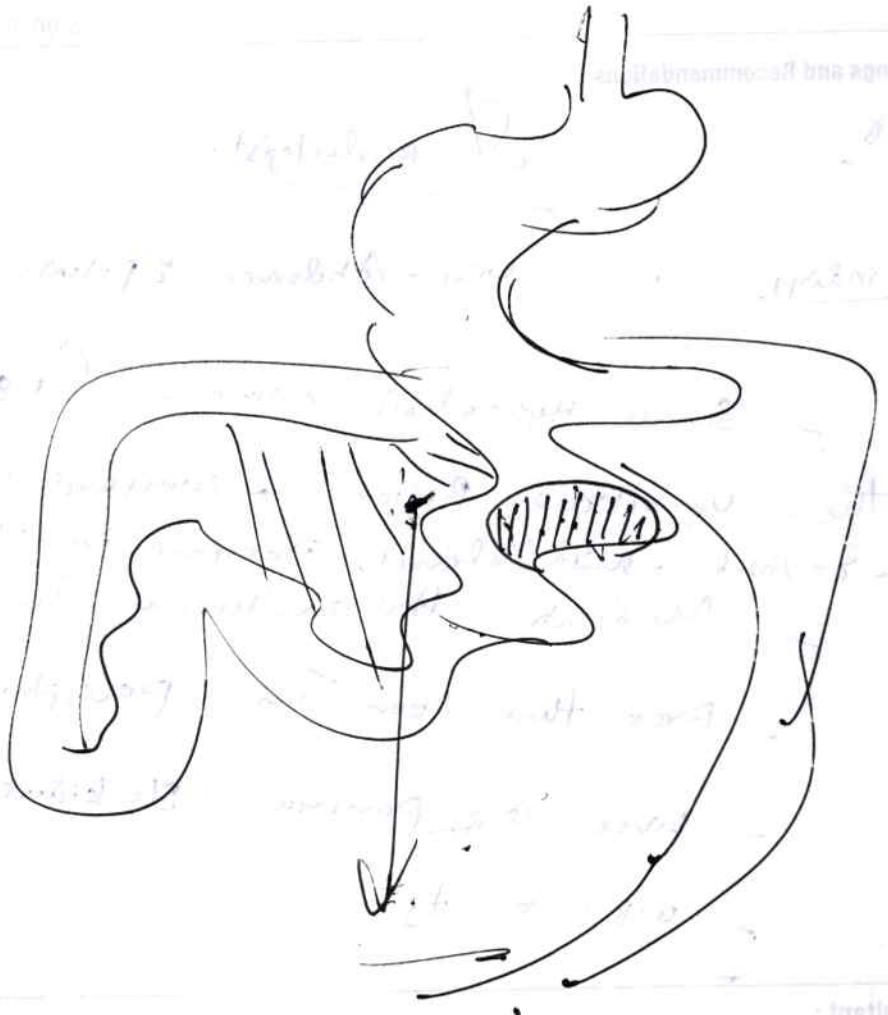
- Small Hypoechoic collection (1.8 x 1.9 cm) in the umbilical Region - compared with previous usg.
- 4-7-2026 - mid Interval Decrease in collection -
- Moderate Hemoperitoneum in pelvis (90-100cc)
- Free fluid seen in perisplenic Region
- Liver, GB, Pancreas, Bk kidneys. Appear unremarkable.
- U.B : Empty.

sultant :

Signature : Date & Time : 5/7/2026

CROSS CONSULTATION FORM

Referring Physician: _____
Diagnosis: _____
Referral: _____
Reason for Referral: _____
Referral for: ☐ Opinion ☐ Management



Date & Time: _____



CROSS CONSULTATION FORM

Doctor Name: Dr. prasanna Date: 6/7/20 Time: 12:40 PM

Diagnosis:

Hospital: RCI

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 :

06/07/20
12:40 PM

USG - Abd

→ Well defined mixed echogenic lesion
seen lateral to head of pancreas
displacing C loop & VOT = measuring
around 30 cc

→ Moderate Retroperitoneal node
VOT = 50 cc

→ Minimal splenic effusion
8 here 6/7/20

Consultant :

Name: Dr. prasanna Signature: Date & Time: 6/7/20 @ 12:40 PM

CROSS CONSULTATION FORM

Page 1 of 2

Dr. No. ROBERTSON, CLINICAL, 1989

Doctor Name: _____

Diagnosis: _____

Hospital: _____

Referred for: ☐ Opinion ☐ Co-Mgmt ☐ Transfer of

Reason for Referral: (For consultant's use only) _____

Findings and Recommendations: _____

128-114

02/07/02
12:40 PM

→ Well defined raised white tumour
seen below to level of pubis
displaced a bit & not as massive
around 30 cc

→ Moderate transverse wall
Vt = 20 cc

→ 1st degree (2nd degree) cervical
dilatation

Consultant: _____

Name: _____ Signature: _____

Date & Time: _____

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

MLE NO - 211

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00093404 IP18-00036314
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
Dr. KARTHIK NARAYANAN R




Family history & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

H/o accidental slip and fall over a cycle's handle bar at 6pm in his residence.

↓
30mins later, had an episode of vomiting

↓
Taken to Ankura Hospital, Thirupathi where.

Inv. done:

CECT abdomen: mesenteric hematoma to active bleeding due to mesenteric injury

PH - 7.31, PCO₂ - 47, PO₂ - 56, HCO₃ - 23.7, Hb - 10.5

BP: 5th - 50th centile, cold peripheries, BG: D Negative

↓

Rx given:

Inj. VITAMIN K 7mg

Inj. TRANEXAMIC ACID 240mg

O₂ via face mask @ 5L/min

10ml/kg NS bolus

NPO

IRF Dns @ 60ml/hr

Inj. Dobutamine @ 5mcg/kg/min (Stopped)

INJ. NORADRENALINE @ 0.1mcg/kg/min

GUC-00093404 IP18-00036314
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
Dr. KARTHIK NARAYANAN R

Past



previous investigation or treatment)

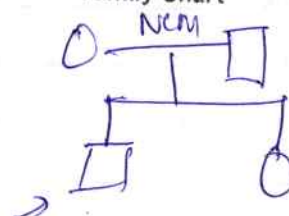
MLC -211

No previous admission

Birth & Neonatal History:

Term / LSCS / B.wt - 3.8 kg
No NICU stay

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

} NCM

Developmental History :

Appropriate for age

Immunization History :

upto date as per IAP

Anthropometry :

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

Weight (kgs) 22 kg (Centile _____)

On Examination :

Temperature : 98.6 F Pulse Rate : 88/min B.P. 99/50 (66) SPO2 95% ↓ RA
Resp. rate and type of breathing : 20/min, regular. 100% ↓ O2 sat/min

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

} No

Echymosis ⊕ in (R) hypochondrium.

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/LAE ⊕Any added sounds : ⊖

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2 ⊕Any murmur : ⊖

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

Per Abdomen :

Inspection : _____

Palpation : Distension ⊕ ; mild tenderness ⊕ ; Echinosis ⊕ -Auscultation : AG - 51 cm. ⊕ hypochondriacSpine : _____ External Genitalia : ⊕

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

CECT abdomen: Mesenteric hematoma ± active bleeding ;
mesenteric
injury.**Central Nervous System :**Level of Consciousness : AVPU/GCS score : NFND , GCS - 15/15

Cranial Nerves : _____

Motor System :Nutrition : ⊕

Tone : _____ Power : _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Patient Sticker

GUC-00093404

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Baby B NISHCHINTH

12-10-2018

7 Y 8 M 22 D

(M)

Dr. KARTHIK NARAYANAN R



Reflexes :

DTR

Plantars

Sensory System :

Superficials:

Bladder / Bowel :

Clinical Summary & Diagnostic:

Blunt injury to abdomen.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Xray abdomen

CBC

RP-2

LFT

Urine R/E -

PT, APTT, INR

Amylase Lipase

Blood grouping

Planned Management

INJ. XONE

INJ. METRO

Keep NPO

Start IVF maintenance (DNR)

To continue Noradren. (0.1mcg/kg/min)

Ped. Surgeon's opinion

Monitor AG Q6H. & V-O.

To continue INJ. VITAMIN K

To continue INJ. TRANEXAMIC

INJ. PANTO 40 (10mg/kg/dose)

INJ. EMESET SOS.

Signature of the Doctor:

[Signature] 154645

Name of the Doctor:

Dr. S. Mahalakshmi

Date & Time:

04/07/20, 3:45AM.

Signature of the Consultant:

Name of the Consultant:

Dr. Karthik

Date & Time:

04/7/20 @ 3:45am

(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:

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

Remarks

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:

MLC 211
 ①

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26		
8:30 AM	cl/b dr. pawan (yellow)	
	child reviewed	
	History: Had accidental fall over bicycle at 6 PM yesterday.	
	flb developed abdominal pain & vomiting	
	↓	
	taken to Andhra - CECT done	
	showed - hepatomegaly & Active con	
	↓	
	Had hypotension - started on dobut &	
	↓	
	Shipped to PCIA	
	Lab - Hb - 10 gm/l.	
	Lactate - 2.2	
	AK - 51a	
F	NPO	
	UF 0.5 60ml/hr c kcl	
	UO - 1-1.5 ml / 150 ml/hr	
R	on RA	
	SpO2 - 100%	
	RA - 14-18	
	BAT ① No added sounds	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
I	skunked on toes no jewel splices	mebomideron
C	HR - 84 - 86/m BP - 109/58 (MAP - 69) S/S: @ no norms non Adv - stopped	
H	Hb - 10 - 9.2 phr to repeat	at 10 AM
M	OT/PT - @ Anglyan/ Lipun - @	
A	mid distub @ Tech @ BS - Huggin AG - 50-5# a	
N	ACS 18/15	
Plan		
1. NPO + 72 hrs		
2. cont IUF 60ml/m		
3. Repeat Hb & PCV at 10 AM		
4. AG hshy		
5. WIP hypoxen tachycardia		



MLC-211
 (2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/12	S/S Dr. Nataraj / Dr. Karthik	
	- To monitor Hb, A&D-gita - Repeat USG A&D. - WPO to continue.	
		<i>[Signature]</i>
4/12/18	S/S Dr. Sanyal	
3pm	child reviewed Repeat Hb → <u>7.5</u> ↓ O/E HR - 75/min NI BP - 90/62 (54) at 5th centile CRP 1.3 mg/L, PP-H Warm peripheries ↑ (N) 98°F P/A soft RSD Ah - 5cm CPIW Dr. Nandhini Plan PRBC transfusion → stat Repeat Hb after 6hrs. NA continuous drain Ah monitoring <i>[Signature]</i>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	dsLB or. pawa (yellow)	
12:00pm	child friend	
A	Blunt trauma Abdomen & Mesenteric bleed in peritoneum.	
F	IVF inserted @ 50ml/hr 0.0-0.8ml/kg/hr now yesterday - 1.4ml/kg/hr	
R	on face mask 5Lpm SpO2 - 100% AB4 - lactate 0.83 Ph - 7.369	
I	no fever spikes on Tyx Pone & metrogyl	
C	HR - 70-78/min BP - 112/42 MAP - 61 Sis @ no morners	
H	Hb - 8.7 now repeat test	

MLC-211



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Date & Time	Progress Notes	Doctor's Order
M	na - 1.39 lce - 3.26 Lactat - 0.83	
A	teach @ AG - 5/10 BS - Huggish NGASP - P30 at yesterday till now today - cont	
N	ues - 17/11	
	<u>Plan</u> 1. cont IVF xplan NSAS p E PL	
	2. To see repeat 17b q divide on Guplap	
	3. more on hrbly v/o hrbly.	
	 198607	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/22	ds1B dr. pava (Jellon)	
9:15 AM		
	cholelithiasis	
A	Blunt trauma abdomen E laparotomy E mechanical injury	
F	NPO E continuous NG ASP I - 1805 ml TO - 1009 ml U/O - 1.2 ml (K&L) NG ASP - 274 ml	
R	on NC (FAC @ 4LPR) SpO2 - 100% RR - 12/min HAE on left lower leg USG - Rt renal effusion @	
I	no fever spikes on Tylenol 3x/4h	
C	HA - 79-80/-	BP - 113/44 MAP - 62



MLC - 211

④

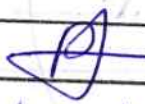


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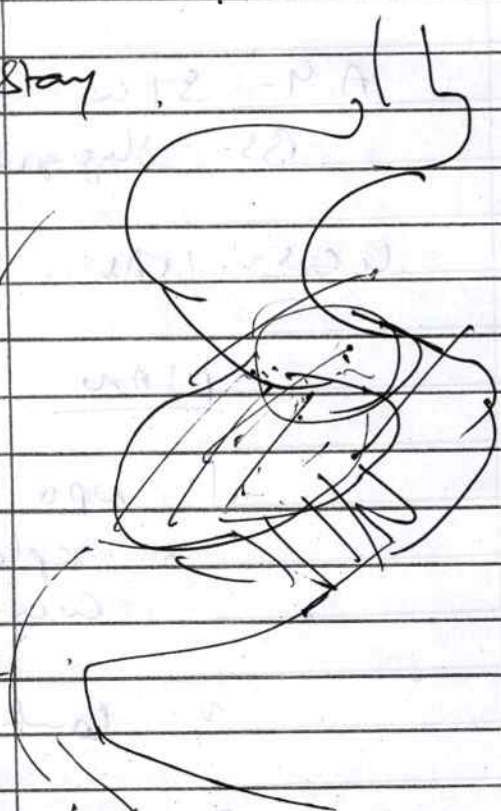


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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
H	Last 175-8.7	
M	RBS- 98/512	
A	A4- 512 BS- 8/8/8	
N	445 1715 <u>plan</u>	
	1. NPO & continuous v4 asp xplan vol/vol & PL cug & hite	
	2. cont Amore 10ml/hr	
	3. Malt8 A4- 4hrly Do chutry BP monitoring.	
	4. W4 abdu Aib Hropentone top	
		 198607

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8/26 10:00	sp. Th. mantham D3 ltrp stay membrane injury Wtd. Bldk. dist clear PlA ltr m disten sion BS (H). Tenderness ↓ mr pel srm - 3 days HA - 270 ml / 24 hr. up adequate Dulcedor Bldk Bupren An	
Pray Ad calm gig dista ig (sup) (sup)		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 8pm	S/B - Dr Yuncuoglu	
	Child reviewed	
	Blunt Trauma to abdomen & Hemoperitoneum & mesenteric injury	
	Imms: - Hb level - Not passing stools.	
F -	on NPO, TFR - 100%.	- DNS - 45 cc/hr. Lipids - 6ml/hr (1gm/kg/day) Protein - 6ml/hr (1gm/kg/day)
	I - 919ml	
	O - 563ml - (2.8ml/kg/hr in last 6 hours) urinary catheter - removed.	
R -	98% on RA. RR - 20/min	- AE equal No added sounds
I -	No fever spikes	IV Kone, metronidazole
C -	HR - 107/min, BP - 107/60 mmHg PP - w/ CRT < 2 sec	
H -	HR - 98 Pcv - 29	
M -	Euglycemic	
A -	Ah - 50cm, BS - ⊕, not passed stools	



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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	clsb dri pawa (yellow) or hole	
9:45 AM		
F	NPO & continuous NGASP NGASP - 120ml ULO - 2.3ml / kg / hr Amon - 1g / kg Lipid - 1g / kg NGASP - 120ml	
R	on PA SpO ₂ - 92-98+ RR - 17 BAE@ no added sounds	
I	no full spikes on zone 1 metrogyl	
C	HR - 72-74 / hr BP - 120/62 (MAP - 78)	
H	Hb - 9.7 PCV - 28	
M	Heart na - 128 / hr - 3rd	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
A	A4-51a BSA non tender stool not passed	
N	active plan 1. T Anon to 2gm/day lipid to 2gm/day 2. moving A4 6hly 3. Hb Lpcu on 4. Dulcova suppository	
10 AM	gs/bpr vating air ① vating → 5 min change 2 central line handling. ② gs/bpr vating tube - ② ③ Tpm today	198602

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	Dr. Elyakale / Dr. Paran / Dr. Goren	
10:20am	Blunt abdominal trauma to bicyclist helmet to hemoperitoneum Resolving	
	inlets - child started on TPN - NA aspirates reduced Passed stools once	
	F - on TPN & Amoxicillin Ciprofloxacin (1600mcg) Output - 1820 ml NA - 15ml	@ 60ml/hr
		$\begin{array}{r} \pm 1657 \\ 0 \quad 1835 \\ \hline 178 \end{array}$
	R - on RA stable BL 400 no added sounds	RR - 18/min SpO2 97%
	L - on xone mucha (dy) Afebrile	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/20 12 noon	5/6 Jc. monitoring	
	(DST) drop stay - mening injury	
	vital stable	
	no further bleed / no drop in Hb	
	Rt Lt. Abdom. / local Tender (+), and deep pulsation -	
	pal skin over apc edge (yellow skin)	
	Wt - 120 → 154 / 2yr.	
	no And distal	
	— xray pel	
	— all clear.	

AN R



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PROGRESS NOTES AND DOCTOR'S ORDER

PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time

Progress Notes

Doctor's Order

Int / Abx

and Gals SV Tool Oath

and Domsted

IV Abx

Can taper now
if and tolerated

CH / FRM / CLINICAL / 088

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/26/26 8pm	8/26 Dr. Sanyal Dr. Nandhini - Day - note of - no/0 per/0 - Start milk if tolerating liquids - 50-100ml Q2hly → check RBS Q8h, ABG with Q8h Transfer shift to ward - Remove central line	
8/27/26 11pm	On liquid diet tolerating well No vom / abd pain Asleep PPH P/a - soft, Non tender passed stool today → mouth Ag, vln - 1/2 abd pain / none	Ag - 90 → 50 RBS (P)

GUC-00093404

IP-18-00035314

Baby B NISHCHINTH

12-10-2018

7 Y 8 M 27 D

(M)

Dr. KARTHIK NARAYANAN R



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/17/20	S/B DR. DEGPAN	
9:30 AM	ASIS: Blunt trauma to abdomen & hemoperitoneum resolving mesenteric injury - resolving → Child reviewed → Child has no new concerns O/E: child is alert, afebrile (8/17/20) 50cm ↓ CVS: S1S2@ RI: VBS@ PIA: Soft Nontender BS@ passed stools AG - 49.5cm (9/17/20) ↓ U/O - 300ml ↓ in last 11 hrs 1.1 ml/kg/h — Rg → TO continue monitoring vitals/sen → TO start semisolid food after Dr. Karthik sir rounds TO monitor U/O / hb	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/17/16 2:00 PM	SIB DX-DEGRAN	
	Acia: Blunt trauma to abdomen c hemoperitoneum mesenteric injury } resolving	
	child reviewed	
	child started on solid diet	
	All new concs	
	All drugs changed to oral	
	OIC:	
	Alert, afebrile	
	CVS: S1S2	
	M: VBS	Stool
	PIA: Sqt	passed in morning
	NT	Wound passed
	RS	well
	CNS: AFB	
	TO DO:	Continue ap reschatt
	USH Abdomen	→ 70 minutes vitals monitoring
	Hb / PCV	→ 70 minutes abdominal
	↓	
	Flb if normal	
	Plan PIC	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/21/26 12:00 AM	S/B. Dr. LUCKY VIGIEM	
	Δ: Blunt trauma to abdomen & hemoperitoneum / massive injury → vomiting	
	child revived	
	started on solid diet - took food and / Apple	
	↓	
	clo vomiting - 2 episode after 7:00 PM	
	clo Abdominal pain / No other complaints	
	PA: soft / no organomegaly / rigid / guarding	
	Rs: clear / no rales / no rhonchi	
		Advice
		1) Tri PAN 2mg IV stat at 12:00 AM.
		2) Tri EMET 2mg IV stat was given at 7:45 PM
		↓
		no further episodes of vomiting
		3) If further episodes of vomiting to inform (SOS).
	Lucky 2037M 10/21/26	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/17/20 9:30 AM	S/B DR. DEEPAN	
	Δsis: Blunt trauma to abdomen & hemoperitoneum mesenteric injury } resolving	
	Child reviewed child has no further vomiting	
	Child had 1 1/2 idles coconut water } tolerated well	
	OLF: child is conscious, alert, afebrile	
	CVS: S, S, @	
	H: VRS @	
	PCA: SOP NT BS @	
	CNC: N/A @	
	TO DO	
	VSc Abdomen	→ continue as per chart
	Hb - 12.9 J	T. TAXIM - 2 100mg 1-0-1
	PCV - 38	→ To monitor vitals & symptoms
		C. Shy

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 Baby B NISHCHINTH
 12-10-2018 7 Y 8 M 22 D (M)
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RESULT SHEET

Date	8/7/26	4/7/26	4/7	5/7	5/7	6/7	7/7
Time	4am	1pm	5pm	12am	6am	6PM	6AM
Hb	9.2	7.5	9.5	9.3	8.8	9.8	9.7
PCV	26	22	28	28	25	29	28
RBC	3.41						
WBC	14790						
N/L							
Platelets							
CRP							
ESR							
PCT							
RBS							
Na	139						
K	4.5				138		130
Cl	105				3.9		4.1
Ca/Mg	1.25				106		93
Phosphate							
Urea	31						
Creatinine	0.54						
ALP							
SGPT							
SGOT							
T.Bill/Conj	0.2						
T.Protein	5.8						
S.Albumin	3.4						
S.Globulin	2.4						
A/G Ratio							
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR	17/1.27						
APTT	29						
CSF Protein / Sugar							
Cells							
N/L							

GUC-00093404
 Baby B NISHCHINTH
 12-10-2018 7 Y 8 M 26 D
 Dr. KARTHIK NARAYANAN R (M)

IP18-00036314



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RESULT SHEET

Date	8/2	10/7				
Time						
Hb	10.6	12.9				
PCV	31	38				
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Patient Sticker



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

GUC-00093404 IP18-00036314
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: N.R.

☐ 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: ICU

Shifted to: PTW

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

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature: Dr. S. Mahalakshmi

Date & Time: 04/07/26, 8 AM

Nurse Name & Signature: Praveen

Date & Time: 4/7/26 4 AM

MLC

Medication Record

Drug Averages

Medication Record: Will be used to track the patient's medication usage and to calculate the drug averages.

Drug Averages

S.No.	Medication Name	Drug Averages
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Medication Record

Drug Averages

Drug Averages

Drug Averages

Drug Averages

Drug Averages

GUC-00093404 IP18-00036314
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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	INJ. XONE	1-2g	IV	Q12h	8am	☐ C ☐ DC
2	INJ. METROGAL	240mg	IV	Q8h	2pm	☒ C ☐ DC
3	T-DOMSTAL	5mg	PO	Q8h	10pm	☒ C ☐ DC
4	INJ. Pantop	25mg	IV	Q12h	6am	☒ 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 : 8/7/26 @ 6pm

Nurse Name & Signature : Vishu

Date & Time : 8/7/26 @ 6pm



MLC-211

DRUG CHART

MLC-211

Date of Admission: 4/1/26 Drug Allergies: None ☐ 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: <u>INS. EMESET</u>				Date/Time: <u>4/1</u>
Dose: <u>3.5mg</u>	Route: <u>IV</u>	Frequency: <u>SOS</u>	Start Date: <u>04/1/26</u>	<u>8:30 PM</u>
Doctor's Signature: <u>[Signature]</u>		Valid Period:	Pharm.:	
Additional Instructions: <u>if vomiting ⊕</u>				

DRUG: <u>IV PARACETMOL</u>				Date/Time: <u>4/1</u>
Dose: <u>250mg</u>	Route: <u>IV</u>	Frequency: <u>SOS</u>	Start Date: <u>4/1</u>	<u>5 AM</u>
Doctor's Signature: <u>[Signature]</u>		Valid Period:	Pharm.:	
Additional Instructions:				

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

VERIFIED BY : Name _____



REGULAR PRESCRIPTIONS

Weight. 24 kg Ward. PIW

DRUG : <u>INJ. CEFTRIAXONE</u>				Date	Time															
Dose	Route	Frequency	Start Date	4/7	5/7	6/7	7/7	8/7	9/7											
1.2g	IV	Q12H	4/7/26	4:35 AM	8 AM	KS	B.V	P.B	AD	PP										
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>INJ. METRONIDAZOLE</u>				Date	Time															
Dose	Route	Frequency	Start Date	4/7																
960mg	IV	Q8H	4/7/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>INJ. PAN</u>				Date	Time															
Dose	Route	Frequency	Start Date	4/7	5/7	6/7	7/7	8/7	9/7											
24mg	IV	Q8H	4/7/26	4:35 AM	6 AM	BB	BB	B.B	B.B	SS										
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>INJ. TRANEXAMIC ACID</u>				Date	Time															
Dose	Route	Frequency	Start Date	4/7	5/7	6/7	7/7	8/7												
240mg	IV	Q8H	4/7/26	4:35 AM	6 AM	BB	BB	B.B	B.B	SS										
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



MLC -211

REGULAR PRESCRIPTIONS

Weight 24 kg Ward P112

Sheet No.

DRUG : INJ. VITAMIN K				Date Time 4/11 5/11 6/11
Dose 1mg	Route IV	Frequency QD	Start Dt. 4/11	4 B.B B.B AM V.S V.S
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				STOP
Additional Instructions: slow IV				(1) (2) (3) / 146 mg
Daily Doctor's Endorsement by a Sign				
DRUG : Inj METRONIDAZOLE				Date Time 4/11 5/11 6/11 7/11 8/11 9/11
Dose 240mg	Route IV	Frequency Q8H	Start Dt. 4/11	6 AS 2 B.B B.B B.B B.B SS AM MP AM V.S V.S S.M S.M SP 2 6pm B.V 10 12 B.V P.B PP DA PM S.D AM TC N.P NP NP 28 10 6 B.V P.B B.V 8/11 PM / PM SD S.V M.V MM
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions: long kg phary				
Daily Doctor's Endorsement by a Sign				
DRUG : INJ. EMESET				Date Time 4/11 5/11 6/11
Dose 3mg	Route IV	Frequency Q8H	Start Dt. 4/11	3 B.B B.B AM / V.S V.S
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				11 12 B.V AM / TC N.P STOP
Additional Instructions:				7 B.V B.V PM S.D S.D
Daily Doctor's Endorsement by a Sign				
DRUG : INJ. PARACETAMOL				Date Time 4/11 5/11 6/11 7/11
Dose 200mg	Route IV	Frequency Q8H	Start Dt. 4/11	3 B.B WH AM / V.S B.B
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				1 12 B.V PB PM N.P N.P SP
Additional Instructions:				9 B.B B.B WH PM V.S WH B.B
Daily Doctor's Endorsement by a Sign				

Signature

VERIFIED BY : Name

Sheet No:

REGULAR PRESCRIPTIONS

Weight 24 kg Ward PICU

DRUG : <u>T. DOMSTAL</u>				Date Time	<u>9/7</u> <u>9/7</u>
Dose	Route	Frequency	Start Dt.		
<u>5mg</u>	<u>P.O.</u>	<u>Q8h</u>	<u>9/7</u>	<u>AM</u>	<u>SS</u> <u>SP</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<u>1 1/2 TAB (B/F)</u>					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>T. DOMSTAL</u>				Date Time	<u>9/7</u> <u>10/7</u>
Dose	Route	Frequency	Start Dt.		
<u>5mg</u>	<u>P.O.</u>	<u>Q12H</u>	<u>9/7</u>	<u>AM</u>	<u>SS</u> <u>SP</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<u>1/2 tab only</u>					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>T. JUNIORLANZO</u>				Date Time	<u>9/7</u> <u>10/7</u>
Dose	Route	Frequency	Start Dt.		
<u>30mg</u>	<u>P.O.</u>	<u>1-0-0</u>	<u>9/7</u>	<u>AM</u>	<u>SS</u> <u>SP</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>T. VIT-C</u>				Date Time	<u>9/7</u> <u>10/7</u>
Dose	Route	Frequency	Start Dt.		
<u>500mg</u>	<u>P.O.</u>	<u>1-0-0</u>	<u>9/7</u>	<u>AM</u>	<u>SS</u> <u>SP</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. TAXIM O				Date Time	9/7/18
Dose	Route	Frequency	Start Dt.		
100mg	P.O	Q12H	9/7	8AM	PS AA
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					
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

REGULAR PRESCRIPTIONS

Weight Ward

[illegible]

Patient Sticker

MLC

- 211

Weight. 24 kg Ward. PICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/7	7pm	W. Latex	10mg	IV	[Signature]	[Signature]
5/7	12m	IVE RL	500 am	IV	[Signature]	[Signature]
6/7	1pm	inj. Glycopyrronium	100mcg			[Signature]
6/7	1pm	inj. Ketamine	3mg	IV	[Signature]	[Signature]
6/7	1pm	inj. Midazolam	2mg			[Signature]
6/7	1pm	inj. Propofol	20mg			[Signature]
6/7	12pm	Dulcogel Supp	10mg	P/R	[Signature]	[Signature]
7/7	12pm	W. Latex	10mg	PR	[Signature]	[Signature]



I.V. FLUIDS CHART

Weight 24 kg Ward PICU

Date	Time	Composition of fluid (If infusion, mention ml/hr = mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7/26	4.45 AM	ZVF (DMS)	IV	64	Shukla	Shukla	4/7 @ 3pm	Shukla	Shukla
4/7	5:30 AM	(2 mcg/kg/min) INS. NORADRENALINE (7ml + 43ml NS)	IV	1ml/hr	Shukla	Shukla		Shukla	
		EPN							
4/7/26	9 AM	FFP 180ml over 2hr	IV	25ml/hr 1 hour	Shukla	Shukla	4/7 @ 11:20 AM	Shukla	Shukla
4/7	3pm	PRBC 200ml over 4hr	IV	50ml/hr 1 hour	Shukla	Shukla	4/7 @ 5:45 PM	Shukla	Shukla
5/7	4am	NADNS + 5ml/kg	IV	50ml/hr 45ml/hr	Shukla	Shukla	7/7 @ 6pm	Shukla	Shukla
5/7	9 AM	IVF RL (90ml over 6hr)	IV	15ml/hr	Shukla	Shukla	5/7 @ 5 PM	Shukla	Shukla
5/7	2pm	IV Amivoven (1g/4day)	IV	10	Shukla	Shukla	7/7 @ 6 PM	Shukla	Shukla
5/7	6 PM	SM of lipid 20% (For 20hrs in day)	IV	6ml/hr	Shukla	Shukla	7/7 @ 6pm	Shukla	Shukla
7/7	6pm	Tpn + 1 amp optimum 1 amp cefepim	IV	60 ml/hr	Shukla	Shukla		Shukla	Shukla

3UC-00093404
 Baby B NISHCHINTH
 2-10-2018 7 Y 8 M 24 D (M)
 Dr. KARTHIK NARAYANAN R



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

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

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

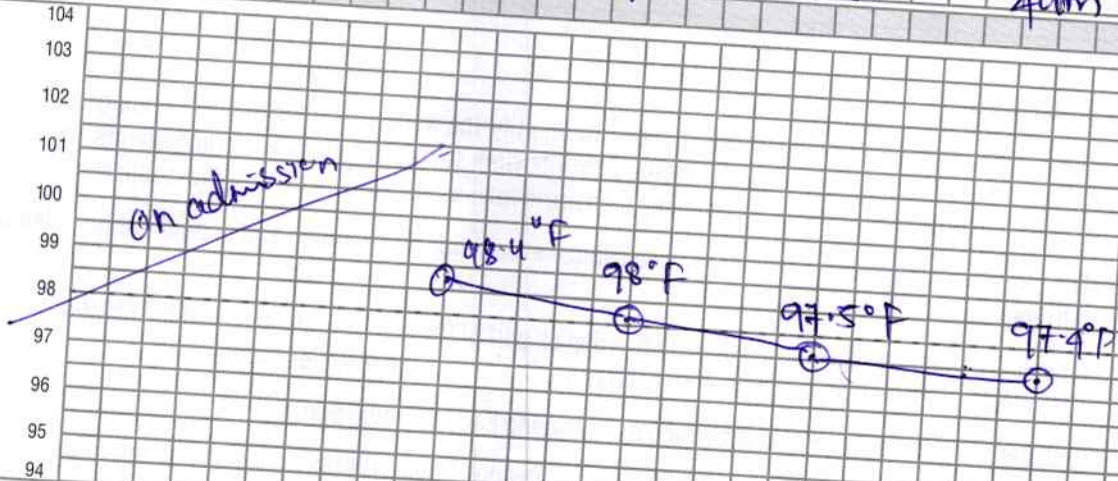
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 08/6/26 Time:

Doctor / Nurse / Family Concern?

6pm 9pm 12Am 4am

Temperature
 (°F)



Heart Rate
 (bpm)

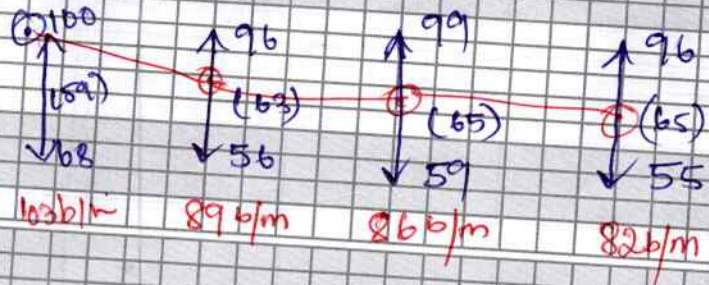
and

Blood Pressure
 (mmHg) *

Note:

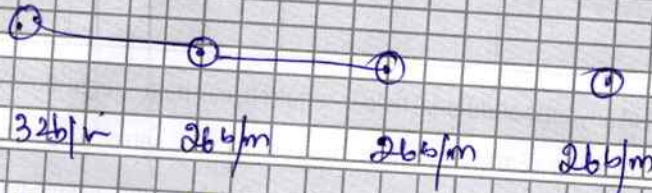
BP does not score
 in early
 warning scoring

Heart Rate (Number)



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

Resp Rate (Number)

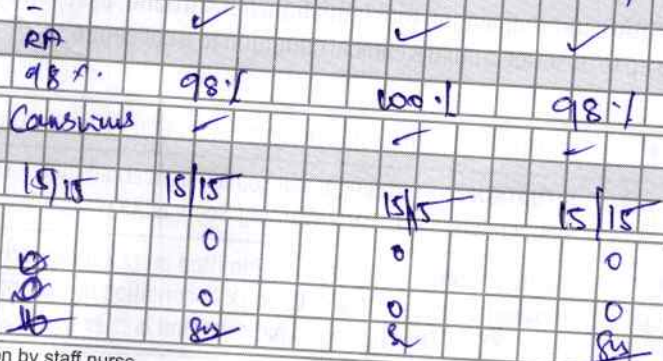


Resp Distress Mod/ Severe
 None / Mild

Receiving O₂ (l/min)
 O₂ Saturations (%)

Conscious Level Normal
 Altered

GCS *



TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
 recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- 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.

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)



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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

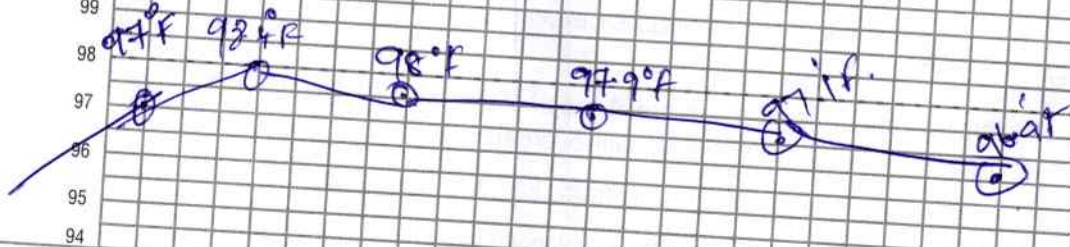
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/7/26 Time: 9am 12pm 4pm 8pm 12am 4am

Doctor / Nurse / Family Concern?

Temperature (°F)

104
103
102
101
100
99
98
97
96
95
94



Heart Rate (bpm)

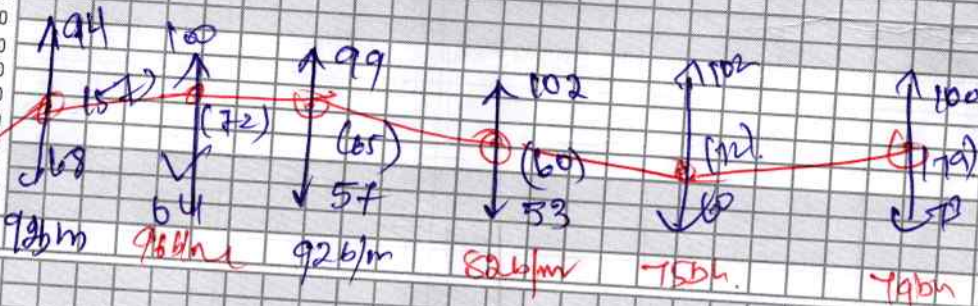
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

and

Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring

Heart Rate (Number)



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

70
60
50
40
30
20
10

Resp Rate (Number)



Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min)
 O₂ Saturations (%)

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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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)



FLUID CHART

Sheet No. : ①

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

Date		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm	Tca	100ml		50ml							
Total Intake : 100ml					Total Output :							
	08:00 pm	Juic	100ml						50ml	0	8/10/2018	
	09:00 pm	H2O	20ml									
	10:00 pm								50ml			
	11:00 pm								50ml	0	8/10/2018	
	12:00 am											
	01:00 am									0	8/10/2018	
Total Intake : 120ml					Total Output : 150ml							
	02:00 am											
	03:00 am	Juic	100ml		49.5ml				100ml	0	8/10/2018	
	04:00 am											
	05:00 am	Juic	100ml							0	8/10/2018	
	06:00 am	H2O	20ml						50ml			
	07:00 am	Juic	100ml							0	8/10/2018	
Total Intake : 320 ml					Total Output : 150ml							
Total 24 hrs. Intake		540ml										
Total 24 hrs. Output		300ml										



FLUID CHART

Sheet No. : ②

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

Date		Intake			Output						IV Site	Sign. Nurse
	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score		
			Mouth	I.V								
9/7/26					AGI							
	08:00 am				N.G					0	pu	
	09:00 am	Juice 100ml							100ml	0	pu	
	10:00 am									0	pu	
	11:00 am	Juice 100ml							20ml	0	pu	
	12:00 pm	H2O 50ml							1	0	pu	
	01:00 pm	H2O 50ml							150ml	0	pu	
Total Intake : 300ml					Total Output : 270 ml							
	02:00 pm								170ml	0	pu/omg	
	03:00 pm	H2O 50ml								0	pu/omg	
	04:00 pm	H2O 50ml								0	pu/omg	
	05:00 pm	H2O 50ml								0	pu/omg	
	06:00 pm	H2O 100ml							200ml	0	pu/omg	
	07:00 pm	H2O 100ml								0	pu/omg	
Total Intake : 350ml					Total Output : 370ml							
	08:00 pm											
	09:00 pm	H2O 100ml							250ml	0	pu/1	
	10:00 pm											
	11:00 pm	H2O 75ml								0	pu/1	
	12:00 am											
	01:00 am									0	pu/1	
Total Intake : 175ml					Total Output : 280ml							
	02:00 am									0	pu/1	
	03:00 am									0	pu/1	
	04:00 am											
	05:00 am									0	pu/1	
	06:00 am	H2O 60ml							150ml		pu/1	
	07:00 am	TC 100ml								0	pu/1	
Total Intake : 160ml					Total Output : 150ml							
Total 24 hrs. Intake		985 ml										
Total 24 hrs. Output		11040ml										

DATE: 10/10/2023

TIME: 10:00 AM

NAME: [Blank]

DATE: 10/10/2023

TIME: 10:00 AM

NAME: [Blank]

DATE: 10/10/2023

TIME: 10:00 AM

NAME: [Blank]

DATE: 10/10/2023

TIME: 10:00 AM

NAME: [Blank]

DATE: 10/10/2023

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TIME: 10:00 AM

NAME: [Blank]

DATE: 10/10/2023

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DATE: 10/10/2023

TIME: 10:00 AM

NAME: [Blank]

DATE: 10/10/2023

TIME: 10:00 AM

NAME: [Blank]

FLUID CHART

DATE: 10/10/2023

NAME: [Blank]

NAME: [Blank]



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>BLUNT INJURY TO ABDOMEN</u>							
BACKGROUND		Surgery / Procedure: <u>-</u>							
		Any Infection: ☐ Yes ☒ No ☐ Not Known							
		If Yes Specify: <u>NIL</u>							
		Post OP Day: <u>NIL</u>							
ASSESSMENT		Date	Shift	7/7/26	8/7/26	8/7/26	8/7/26	9/7/26	9/7/26
				N	M	E	N	M	A
Medical Condition (Any special condition to be noted):				Noted	Noted	Noted	Noted	Noted	Noted
Diet:				NPO	NPO	NPO	Liquid diet	Liquid diet	Liquid diet
Allergy:				NPO	NPO	NPO	Liquid diet	Liquid diet	Liquid diet
Ventilation (RA, NP, NIV, VENTI):				☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Tubes/Drains/Catheter:				RA	RA	RA	RA	RA	RA
Vital Signs:				☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Temp:				98.2°F	98.4°F	97.9°F	98.0°F	97.9°F	97.9°F
Res:				20b/m	18b/m	15.2/r	26b/m	26b/m	26b/m
SpO ₂ :				96%	97%	97%	98%	97%	99%
Pulse:				67b/m	88b/m	74b/r	89b/m	92b/m	82b/r
BP:				114/56 (70)	126/60 (70)	108/43 (70)	96/56 (63)	94/68 (63)	102/52
LOC:				15/15	15/15	15/15	15/15	15/15	15/15
Fall Risk Score:				12	12	12	12	12	12
Pain Score:				1/10	1/10	1/10	1/10	1/10	1/10
Skin Integrity				Intact	Intact	Intact	Intact	Intact	Intact
Safety Needs:				☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Physiotherapy:				NIL	NIL	NIL	NIL	NIL	NIL
Others Specify:				☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Special Diet:				TPN	TPN	TPN	Liquid diet	Liquid diet	Liquid diet
Critical Lab Test / Values:				NIL	1	1	NIL	NIL	NIL
Other Special Orders / Medications:				☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
PU Prophylaxis:				☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
DVT Prophylaxis:				☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
ADL (Dependent / Non Dependent):				Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:				-	-	-	-	-	-
Handed Over By Name:				Bhaskar	Vishu	Vishu	Soraj	Deepa	Sul
Signature / ID:				Bhaskar	Vishu	Vishu	Soraj	Deepa	Sul
Date:				8/7/26	8/7/26	8/7/26	9/7/26	9/7/26	10/7/26
Time:				@ 8 AM	@ 2 PM	@ 8 PM	8 AM	2 PM	8 AM
Taken Over By Name:				Anshika	Vishu	Soraj	Deepa	Sul	Deepa
Signature / ID:				Anshika	Vishu	Soraj	Deepa	Sul	Deepa
Date:				8/7/26	8/7/26	8/7/26	9/7/26	9/7/26	10/7/26
Time:				@ 8 AM	@ 2 PM	@ 8 PM	8 AM	2 PM	8 AM

NURSING CARE RECORD

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	- Assess the condition of baby. - Monitor vital signs - Maintain Ilo chart - Administer medication		- Assessed the condition of baby. - Monitored vital signs - Maintained Ilo chart - Administered Medication	Baby vital signs stable.	Re-assessment done	Aditya
Afternoon	2 pm to 8 pm	* Assess the general condition * Monitor vital signs * Maintain Ilo chart * Administer medication as per order.	2 pm to 8 pm	* Assessed the general condition * Monitored vital signs * Maintained Ilo chart * Administered medication as per order.	The child vitals are stable	Reassessment done	Shreyas
Night	8pm	* Assess the general condition * vital sign monitor * Ilo chart maintain * Administer medication given as per drug chart	8pm	* Assessed the general condition * vital sign monitored * Ilo chart maintained * Administered medication given as per drug chart	Child vital are stable	Reassessment done	Shreyas



NURSING CARE RECORD

Date: 8/07/20

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	9am	* Assess the child condition * Monitor vital signs * Maintain T/Chart * Administer medication		* Assessed the child condition * Monitored vital signs * Maintained T/Chart * Administered medication	child is stable	Reassessment done	Aley 01389
Afternoon	2pm	* Assess the child condition * Monitor vital signs * Maintain T/Chart * Administer medication	8pm	* Assessed the child condition * Monitored vital signs * Maintained T/Chart * Administered medication	child is stable	Reassessment done	Ushy 01389
Night	8pm	Ensure adequate hydration and electrolyte balance.	10pm	monitor intake & output chart → Assess for dehydration → Check electrolyte values	child intake was better.	child gaining better & well	Seul 01389

GUC-00093404

IP 18-00036314

Baby B NISHCHINTH

12-10-2018

7 Y 8 M 27 D

(M)

Dr. NANDHINI G



DISCHARGE TRACKING SHEET

FLOOR-

NAME OF CONSULTANT-

6th floor

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcemnt	10/12/2018 11:30 AM		<i>[Signature]</i>		
	INTIME	OUT TIME			
Arrangement of File by Nursing	<i>[Signature]</i>				
Preparation of Discharge Summary	10/12/2018 11:30 AM				
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					



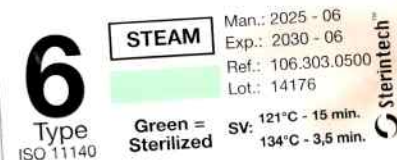
CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC

☒ Other *Central line: (R) IJV
 7Fr 3 Lumen*

Date of Initial Line Insertion: *6/7/26 @ 1pm* Duration of Central Line:

- 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	6/7/26 2pm-8pm	6/7/26 2pm-8pm	7/7/26 8am-2pm	7/7/26 2pm-8pm	7/7/26 8pm-8pm	8/7/26 8am-2pm	8/7/26 2pm-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			—	NIL	—	NIL	NIL	NIL	NIL
Name of the Nurse			P. Baskar	Bhauithi	Baskar, P	Vino	Bhauithi	Aulky	Vishnu
Signature of the Nurse			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>



RBS CHART - 211

Date	Time	RBS (mg/dl)	IVF %	Signature
7/7/26	4 AM	78 mg/dl	-	19443
7/7/26	10 PM	114 mg/dl	IVF DNS 0.97	Vishu 21583
7/7/26	6 PM	99 mg/dl	IVF DNS	100106
7/7/26	12 AM	102 mg/dl	"	Blue 015042
7/7/26	6 AM	101 mg/dl	DNS	Blue 015042
7/7/26	12 PM	90 mg/dl	"	Blue 015042
7/7/26	6 PM	86 mg/dl	IVF DNS	Blue 015042
7/7/26	12 AM	82 mg/dl	IVF DNS	Blue 015042
7/7/26	6 AM	98 mg/dl	DNS	Blue 015042
7/7/26	12 PM	80 mg/dl	"	Blue 015042
7/7/26	6 PM	103 mg/dl	"	Blue 015042
7/7/26	12 AM	87 mg/dl	IVF DNS	Blue 015042
7/7/26	6 AM	82 mg/dl	IVF DNS	Blue 015042
7/7/26	12 PM	89 mg/dl	"	Blue 015042
7/7/26	6 PM	105 mg/dl	IVF	Blue 015042
7/7/26	12 AM	82 mg/dl	TPN	Blue 015042
7/7/26	6 AM	104 mg/dl	TPN	Blue 015042
7/7/26	12 PM	118 mg/dl	TPN	Blue 015042
7/7/26	3 PM	96 mg/dl	-	Blue 015042
7/7/26	11 AM	89 mg/dl	-	Blue 015042
7/7/26	7 PM	89 mg/dl	-	Blue 015042
7/7/26	3 AM	97 mg/dl	-	Blue 015042



NURSES NOTES

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

- ☒ No Known Drug Allergies
☒ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← NIGHT DUTY → 7/17/26	
	8pm	child handing over taken from night duty staff nurse child is on RA, pulse volume normal BP, B/c pupile reacting to light 2mm, CRT 2sec, IV line patten, central line patten, NGT, TPN on flow, child vital sign monitor & Recorded I/O chart maintained Due medication given as per drug chart	
	11pm	Due medication given as per drug chart vital are stable.	Blue/015042
8/1	2am	child vital are stable during night sleeping well. provide comfortable position. Due medication given as per drug chart	Blue/015042
	4am	child side all nursing care given Bath given, oral care given central line dressing changed, central line care given Blood sample send to lab.	Blue/015042
	6am	Due medication given as per drug chart RBS - 104mg/dl	Blue/015042
	8am	child handing over given to morning duty staff nurse	Blue/015042

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

Nik

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/1/16		→ Morning duty - 8/1/2016	
	8am	Child details taken over from night duty staff nurse, child is on RA ventilation, PV at 15/15, B/L pupil equally reacting to light, Nil (+) Child NPO, clamped 4th hourly monitoring, (+) IJV line (+) TPN @ 60ml/h, IV medicines continue, abdomen soft, tender, (+) Dorsal line (+), RBS 4th hourly Als 4th hourly	deep 20/38
	8:10am	IV Antibiotic given as per doctor's orders	deep 20/38
	9am	Vital signs checked and recorded	deep 20/38
	10am	IV Medicines given as per doctor's orders	deep 20/38
	10:30am	Dr. Nataraj sir seen the child advised to continue same orders.	deep 20/38
	12:30pm	Dr. Nandhini ma'am seen the child advised continue IV antibiotic, Tab. Paracetamol added to side tray abdomen and USG screening, TPN stop plan and stat oil	deep 20/38

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

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 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
8/7/20	12:40pm	XRay abdomen done, Film awaited.	
	1pm	Dr Nandhini's mom's phone call order, advised Na to remove, TPN to stop at 4pm to Increase oral liquid diet, if tolerating well ward shift plan in the evening NPO cleared had sips of water no complaints of vomiting.	<i>[Signature]</i> 02385
	2pm	Child details handed over to next duty shift nurse	<i>[Signature]</i> 02385
8/7/20		Evening duty 8/7/20.	
	8pm	Child details handing over taken from morning duty Staff Nurse Anushka. child in Room air, PV = (2+), GCS - 15/15, B/L pupils equally reacting to light, NGT in and, Rt IJV line (+) IVP TPN @ 00ml/hr, IV medicines continue, abdomen soft, tender (2+) Dorsal line (+), PPS OD, AB 9.5hr - 8.16 hourly	<i>[Signature]</i> 021502

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- ☐
- Drug Allergies

ies
Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	4:30 pm	child has taken 120 ml milk well. No vomiting informed to Dr. Sureshbabu. man asked to shift ward	M. V. S. S. 02150
	5 pm	Vitals monitored and recorded	M. V. S. S. 02150
	6 pm	Vitals monitored and recorded	M. V. S. S. 02150
	6:20 pm	central line removed at 5:45 pm child shifted to 6th floor	M. V. S. S. 02150
		b/b and random glu to S/N. Nayathur	
		<u>Receiving Notes</u>	
	6:20 pm	child was received from PICU to 6th Floor. 40 Fall down from cycle. IT record in MLC-211. CECT Abdomen done - outside. Twt - 23.1 kg. Maintain strict I/O. child on liquid diet - 2nd hourly maximum - 100 ml. Abdominal Girth to check 8th hourly. RBs also check - 8th hourly. IV line - (+); TVF - Stop. central line removed today	M. V. S. S. 02150
	7:00 pm	vitals are checked & recorded. vitals are stable.	M. V. S. S. 02150
		G. P. P. CRT 11/11/11	M. V. S. S. 02150

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

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 Your Right to a Safe Delivery

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	7:15pm	Trj. Pan & Trj. Metronidazole was given as per doctor's order.	
	7:30pm	Child details are handing over given to night duty staff.	<u>mithi</u> batter
			<u>mithi</u> batter
		Night duty Notes.	
8/7/26	7:30pm	child details hand over taken from evening duty staff. child conscious & active	
	8pm.	child vitals checked a record temp is normal.	<u>Seel</u> oum
		cp/pp/crt/ tt/tt/tte	
		Due medication given as per drug chart.	
	10am.	child w urine (+) w urine Observed a heay.	<u>Seel</u> oum
		no other complaints. child taking feeds liquid dick 50-100ml every 2 hours ones.	
	12am	child vitals checked a record. temp is normal.	
		cp/pp/crt/ tt/tt/tte	
		No chart maintained	
	2am	child sleepy wex. no other complaints. child w urine checked w urine pattern.	<u>Seel</u> oum

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/06		no other complaints.	
	3am	ig-Metrogel. 240mg given child CBH checked 96mg/l is there. Abdomen growth also checked. 49.5 cm is there.	<u>Saul</u> <u>our</u>
	4am	child vitals checked a neonat temp is normal. CP PP CRT/ H H Lm	<u>Saul</u> <u>our</u>
	6am	Due medication given as per drug chart. →	<u>Saul</u> <u>our</u>
	7:30am	Hand over given to the morning duty staff. → <u>Morning duty notes</u>	<u>Saul</u> <u>our</u>
9/7/06	7:30am	→ child detail hand over taken from night duty S/N child conscious & oriented IV line ⊕, RBS 8th may and ABT 8th may	<u>du</u> <u>our</u>
	8am	→ child vital signs checked and record. vitals are stable	<u>du</u> <u>our</u>
	10am	→ child due medication given as per Order Chart IV line checked & record	<u>du</u> <u>our</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/21	11Am	→ child RBS 11Am - 89 mg/dl and A/G - 49 cm. liquid diet tolerated.	<u>all</u>
	12pm	→ child vital signs checked and record. vitals are stable pp cp CRT r tt tt sacc	<u>all</u>
	1pm	→ child intake & output chart maintained & record. Dr. Nandhini seen the child advised to start normal diet watch for Motion colic and bleeding tendency to do Hb, pcr @ 6am USG abdomen tomorrow	<u>all</u>
	1.30pm	→ chart maintained and record. can start all IV medication to wear from today	<u>all</u>
	1.30pm	Hand over given to evening duty staff	<u>all</u>
	1.30pm	evening duty 9/7/21 → patient handover taken by morning duty staff	<u>all</u>
	2pm	→ Patient Clinically stable → provide health education → provide comfortable bed position	<u>all</u>
	4pm	→ checked vital signs	<u>all</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
9/7/26	6pm.	→ Patient complains of abdominal pain administered for warm water and mobilizing —	Lenny 010124						
	7pm	→ checked PRS and Ab both normal only and women pain also relieved — Monitored I/O Chart							
	7:30 PM	→ Patient handover given to night duty JN	Lenny 010124						
		Night duty notes.							
9/7/26	7:30pm	child details hand over & taken from evening duty staff. child conscious & active. →	Saul 010124						
	8pm.	child vitals checked & normal <table border="1"><tr><td>cp</td><td>pp</td><td>ERT</td></tr><tr><td>111</td><td>111</td><td>111</td></tr></table>	cp	pp	ERT	111	111	111	
cp	pp	ERT							
111	111	111							
		child vomited informed Dr. Lucy Sin advised to give i.v. emeset 3.5 mg →							
	8.10pm	i.v. emeset 3.5 mg given.	Saul 010124						
	10pm.	child had i.v. then again vomited informed Dr. Lucy Sin Dr. Lucy Sin advised to							

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient's Name:

MRD NO:

GUC-00093404

IP18-00036314

Baby B NISHCHINTH

12-10-2018

7 Y 8 M 22 D

(M)

Dr. KARTHIK NARAYANAN R

Age :

Consultant :

CANNULA 2

Date : 6/7/26

Time:

Location: RI JV

Size: 7 Fr 3 Lumen

Cannula inserted by: Dr. Swamyakalan

[illegible]

Sign	Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
	6/7	2pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		4pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		6pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		8pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		10pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
	7/7	12am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		2am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		4am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		6am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		8am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		10am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		12pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		2pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		4pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		6pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		8pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		10pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
	8/7	12am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		2am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		4am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		6am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		8am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		10am	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		12pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		2pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		4pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe
		6pm	☐ Yes ☒ No	☐ Yes ☒ No	Patent	Ashe

Cannula removed: ☐ Yes ☒ No, if yes date and time: 8/7/16 @ 6h
 RX any initiated: ☐ Yes ☒ No ☐ N/A If Yes specify:
 Phlebitis score: 0/5

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date: 6/7/26
Location: (L) Dorsalis Pedis
Size: 22G
Cannula inserted by: SLOW Saranya

Size: 22G
Cannula inserted by: SLN Soranya

Cannula inserted by: <u>SLN Schomberg</u>					
Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
<u>6/7</u>	<u>10am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>2pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>4pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>6pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>8pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>10pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
<u>7/7</u>	<u>12am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>2am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>4am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>6am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>8am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>10am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>12pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>2pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>4pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>6pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
<u>8/7</u>	<u>8pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>10pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>12am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>2am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>4am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>6am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>8am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>10am</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>12pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>
	<u>2pm</u>	☐ Yes ☒ No	☐ Yes ☒ No	<u>Patient</u>	<u>Yes</u>

Cannula removed: ☐ Yes ☒ No, if yes date and time: _____
 RX any initiated: ☐ Yes ☒ No ☐ N/A If Yes specify: _____
 Phlebitis score: 1 ☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 To be assessed within 30 min

Phlebitis score: 1/3 * To be assessed within 30 minutes of insertion.

NOTE:

- * To be assessed within 30 minutes
- * Every 2 hours if on fluid infusion.
- * Every 4 hours if only on IV medication.

CANNULA 4

Date: 8/27/25
Location: 27 Branchid -
Size: 224
Cannula inserted by: SPS Logeheron

Size: 209
Cannula inserted by: S/N Loguehron

[illegible]

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

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

BRADEN 'Q' SCALE (for Paediatric use)

GUC-00093404 IP18-00036314
Baby B NISHCHINTH 7 Y 8 M 26 D (M) BRD-Q/NSG/04
12-10-2018
Dr. KARTHIK NARAYANAN R
Patient Name: _____ Age: _____ Gender: ☐ ☐

Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	Date:
'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.	8/8 9/17 9/17 9/17
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation; OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 4 4 4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4 4 4 4
FRICITION-SHEAR Friction Occurs: when skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.	4 4 4 4
Nutritional Usual food intake pattern	1. Very Poor: NPO/for 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 of 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3 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					27 27 27 27
Evaluator's Name					Sri and Sri

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

1. 100
 2. 100
 3. 100
 4. 100

1. 100
 2. 100
 3. 100
 4. 100

1. 100
 2. 100
 3. 100
 4. 100



PATIENT TRANSFER FORM

GUC-00093404 IP18-00036314
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 26 D (M)
Dr. KARTHIK NARAYANAN R



Dr. Karthik

Date & Time of Admission

4/7/26 @ 5:30am

Date & Time of Transfer Order

8/7/26 @ 5pm

Transfer Ordered by

Dr. Suryakala

Reason for Transfer

Further observation

From Unit

PICU

To Unit

6th floor 616

Information to Attendant

Yes ☐ No ☐

Number of Sheets in Clinical File

7 file

Number of Imaging Films

X-ray - 4
CT scan - 1
USG Report - 2

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.	X-ray - 4	4
2.	USG report - 2	2
3.	CT scan and Report - 1	1
4.		
5.		

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

Name & Signature of Person who is Transferring

M. V. V. S. S. S.

Name of Person Ordered Transfer

Dr. Suryakala

Patient & Clinical Records Received by :

Karthik
60784

Date & Time of Patient Received :

8/7/26 @ 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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00093404 IP18-00036314
 Baby B NISHCHINTH
 12-10-2018 7 Y 8 M 26 D (M)
 Dr. KARTHIK NARAYANAN R

Right
 HOSPITALS
 Your Right to a Safe Delivery

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

Who was taught:		PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:									
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations		10. Financial Difficulties		13. Cultural/Religion Practice			
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home		11. Beliefs and Values		14. Others (Specify)			
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences		12. Impaired Vision/ or Hearing					
Teaching Tools Used:									
A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed					
Mechanism/s to overcome barrier/s:									
1. None	3. Reassurance & Support	5. Respect values & beliefs		7. Other, Specify					
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding:									
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review							

1. The first part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation

$$f(x) = \int_0^x \frac{1}{1+t^2} dt$$

It is well known that this function is increasing and concave down on the interval $(-\infty, \infty)$.

2. In the second part, we consider the function $g(x)$ defined by the equation

$$g(x) = \int_0^x \frac{t}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

3. In the third part, we consider the function $h(x)$ defined by the equation

$$h(x) = \int_0^x \frac{t^2}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

4. In the fourth part, we consider the function $k(x)$ defined by the equation

$$k(x) = \int_0^x \frac{t^3}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

5. In the fifth part, we consider the function $l(x)$ defined by the equation

$$l(x) = \int_0^x \frac{t^4}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

6. In the sixth part, we consider the function $m(x)$ defined by the equation

$$m(x) = \int_0^x \frac{t^5}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

7. In the seventh part, we consider the function $n(x)$ defined by the equation

$$n(x) = \int_0^x \frac{t^6}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

8. In the eighth part, we consider the function $o(x)$ defined by the equation

$$o(x) = \int_0^x \frac{t^7}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

9. In the ninth part, we consider the function $p(x)$ defined by the equation

$$p(x) = \int_0^x \frac{t^8}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.

10. In the tenth part, we consider the function $q(x)$ defined by the equation

$$q(x) = \int_0^x \frac{t^9}{1+t^2} dt$$

This function is also increasing and concave down on the interval $(-\infty, \infty)$.



211

Medico Legal Record

Casualty No. : GUX-00093404
Date and Time of Examination : 4/7/2026, 3:35 AM

M.L.C. No. : 211

Name of the Patient : Nishchinth

Age : 7yr M/F
8yr

Accompanied by P.C. P.S.
Others :

Address : B. Sunil
Srinivasa puram
Thirupathi - 517503
Andhrapradesh

Identification Marks :

1. (R) cheek mole ⊕
2. (L) side of neck mole ⊕

Brief history of the case : Informant

General examination of patient : Conscious / unconscious / Semi conscious / responding
Alleged 110 accidental fall over bicycle handle bar

Pupils : B/L/E/K/L
Pulse : 85/min /Mt
Heart : 65/2 ⊕
Treatment given :

B.P. 104/52 / mm

Lungs Clear ⊕
No added sound

Respiratory rate : 24/min

Abdomen : Distended Mt.
Investigation advised : Tongue : (N)
Echymosis ⊕

INJURY CERTIFICATE

Sl. No.	Description of wound	Dimensions	Age of wound	Causative weapon	Simple Grievous
1	<u>Echymosis</u>	<u>2x2 cm</u>	<u>Today 6pm</u>	<u>Cycle's handle bar</u>	<u>Grievous</u>

Opinion reserved pending Radiologist / D.S.O.S.
Final Opinion

[Signature]
Medical Officer

515



MLC -211

NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	N 7/7/26	A 7/26	4/7/26	4/7/26	5/7/26	5/7/26	
	Shift	N	A	E	N	H	E	
	Medical Condition (Any special condition to be noted):	NO	NO	NOTED	NO	NO	NOTED	
ASSESSMENT	Diet:	NPO	NPO	NPO	NPO	NPO	NPO	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	1	RA	O ₂ -5L	RA	RA	O ₂ -	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp: 98.5	98.5	98.2	98.4	98.4	97.5	
	Res: 21b/min	16b/min	18b/min	15b/min	12b/min	14b/min		
	SpO ₂ : 100%	99%	98%	97%	99%	99%		
	Pulse: 105b/min	88	84b/min	74b/min	70b/min	68b/min		
	BP: 98/60/69	139/80/21	136/77/74	110/43/67	104/40/41	104/50/66		
	LOC: 15/15	15/15	15/15	15/15	15/15	15/15		
	Fall Risk Score: 12	12	12	12	12	12		
	Pain Score: 1/10	1/10	1/10	2/10	2/10	1/10		
	Skin Integrity: Intact	Intact	Intact	Intact	Intact	Intact		
	Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
		Physiotherapy:	-	-	-	Nic	Nic	Nic
Others Specify:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Special Diet:		NPO	NPO	NPO	NPO	NPO	NPO	
Critical Lab Test / Values:		-	-	HB-	-	-	-	
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:		-	-	HB & RBS 6 hours	Nic	Nic	HB & RBS 6 hours	
Handed Over By Name:	Sharmila	Pavithra	Vino	Shanthi	Shanthi	Vino		
Signature / ID:	Sharmila	Pavithra	Vino	Shanthi	Shanthi	Vino		
Date:	4/7/26	4/7/26	4/7/26	5/7/26	5/7/26	5/7/26		
Time:	8 AM	2 PM	3 PM	8 AM	2 PM	8 PM		
Taken Over By Name:	Pavithra	Vino	Shanthi	Shanthi	Vino	Vino		
Signature / ID:	Pavithra	Vino	Shanthi	Shanthi	Vino	Vino		
ate:	4/7/26	4/7/26	4/7/26	5/7/26	5/7/26	5/7/26		
e:	8 AM	2 PM	3 PM	8 AM	2 PM	8 PM		

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>BLUNT INJURY TO ABDOMEN</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>NIL</u>					
	Surgery / Procedure: <u>-</u>		Post OP Day: <u>NIC</u>					
BACKGROUND	Date	<u>5/1/26</u> N	<u>6/1/26</u> M	<u>6/1/26</u> B	<u>6/1/26</u> N	<u>7/1/26</u> M	<u>7/1/26</u> E	
	Medical Condition (Any special condition to be noted):	<u>Noted</u>	<u>Noted</u>	<u>Noted</u>	<u>Noted</u>	<u>Noted</u>	<u>Noted</u>	
	Diet:	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	<u>NPO</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>O2 -</u>	<u>O2</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.6 F</u>	<u>97.2 F</u>	<u>98.8 F</u>	<u>97.4 F</u>	<u>98.1 F</u>	<u>97.8 F</u>
	Res:	<u>20b/m</u>	<u>18b/m</u>	<u>15b/m</u>	<u>16b/m</u>	<u>20b/m</u>	<u>18b/m</u>	
	SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	
	Pulse:	<u>78b/m</u>	<u>72b/m</u>	<u>68b/m</u>	<u>66b/m</u>	<u>75b/m</u>	<u>98b/m</u>	
	BP:	<u>91/39(57)</u>	<u>111/44(68)</u>	<u>90/54(63)</u>	<u>112/44(70)</u>	<u>104/32(91)</u>	<u>107/61(75)</u>	
	LOC:	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	<u>15/15</u>	
	Fall Risk Score:	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	
	Pain Score:	<u>1/10</u>	<u>1/10</u>	<u>1/10</u>	<u>1/10</u>	<u>1/10</u>	<u>1/10</u>	
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy:	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	
	Others Specify:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
Special Diet:	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>		
Recommendations	Critical Lab Test / Values:							
	Other Special Orders / Medications:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	PU Prophylaxis:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	DVT Prophylaxis:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
	Post Operative Procedure Special Orders:	<u>NIL</u>	<u>HB 12m RBS-qm hourly</u>	<u>RBS-6m AB-2m hourly HbPCR-12m</u>	<u>NIL</u>	<u>NIL</u>	<u>RBS-6m AB-qm HB TIR</u>	
Handed Over By Name :	<u>Bharathi</u>	<u>VINO</u>	<u>Baskar</u>	<u>Bharathi</u>	<u>Baskar</u>	<u>VINO</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>6/1/26</u>	<u>6/1/26</u>	<u>6/1/26</u>	<u>7/1/26</u>	<u>7/1/26</u>	<u>7/1/26</u>		
Time:	<u>@ 8am</u>	<u>2pm</u>	<u>8pm</u>	<u>@ 2am</u>	<u>2pm</u>	<u>8pm</u>		
Taken Over By Name :	<u>VINO</u>	<u>Baskar</u>	<u>Bharathi</u>	<u>Baskar</u>	<u>VINO</u>	<u>Bharathi</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>6/1/26</u>	<u>6/1/26</u>	<u>6/1/26</u>	<u>7/1/26</u>	<u>7/1/26</u>	<u>7/1/26</u>		
Time:	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>		

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NURSING CARE RECORD

Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	6AM	Assess the child condition - maintain I/O chart - monitor vital sign - Follow doctor order - Administer medication		- Assessed the child condition - maintained I/O chart - monitored vital sign - Followed doctor order - Administered medication	- Evaluated the child vitals Stable	- Re-assessment done	Shree 01826 4/7/26 6AM



NURSING CARE RECORD

Date: 4/8/18

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess the baby condition	8am	Assessed the child condition	* baby alert	* Re assessment done	Blay 01/10/18
	10am	Monitor the vitals	10am	monitored the vitals			
	2pm	Administer the medication	2pm	Administered the medication			
		* vitals follow doctor's order.					
Afternoon	2pm	Assess the general condition	2pm	Assessed the general condition	The child vitals are stable	Re assessment done	Blay 01/10/18
	8pm	Monitor vital signs	8pm	monitored vital signs			
		* Maintain I/O chart		* Maintained I/O chart			
		* Administer medication as per order.		* Administered medication as per order			
Night	8pm	Assess the baby condition	8pm	Assessed the Baby condition	The child vitals are stable	Re assessment done	Blay 01/10/18
		* vital sign monitor.		* vital sign monitored			
		* administer medication given as per drug chart		* administer medication given as per drug chart			

GUC-00093404

IP18-00036314

Baby B NISHCHINTH

12-10-2018

7 Y 8 M 22 D

(M)

Dr. KARTHIK NARAYANAN R



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

Goals

- ☒ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☒ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
☒ Prevent Infection
☒ Any Others. Specify.....

- ☐ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☒ Improve Activity Tolerance
☒ Ensure Safety

- ☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
☐ Patient & Family Education

Date: 5/7/20

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	* Assess the child condition * monitor vital signs * maintain I/O chart * Administer medication as per order.		Assessed child condition. monitored vials maintained I/O chart administered medication as per order	The child vials are stable.	Reassessment done.	[Signature]
Afternoon	2 PM	* Assess the general condition * Monitor vital signs * Maintain I/O chart * Administer medication as per order.	2 PM	* Assessed the general condition * Monitored vital signs * Maintained I/O chart * Administered medication as per order.	The child vials are stable.	Reassessment done.	[Signature]
Night	8 PM	* Assess the child condition * monitor vital signs * maintain I/O chart * Administer medication given as per day chart		* Assessed the child * monitored vital signs * I/O chart maintained * Administer medication given as per day chart	The child vials are stable.	Reassessment done.	[Signature]

GUC-00093404

IP18-00036314

Baby B NISHCHINTH

12-10-2018 7 Y 8 M 23 D (M)

Dr. KARTHIK NARAYANAN R



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: 6/9/26

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	8 AM to 2 PM	* Assess the general condition * Monitor vital signs * Maintain I/O chart * Administer medication as per order.	8 AM to 2 PM	* Assessed the general condition * Monitored vital signs * Maintained I/O chart * Administered medication as per order.	the child's vitals are stable	Re-assessment done	Ree Olvera
	2 PM to 8 PM	⊙ Assess the condition of child ⊙ Monitor vital signs ⊙ Maintain I/O chart ⊙ Administer Medication		⊙ Assessed the condition of baby ⊙ Monitored vital signs ⊙ Maintained I/O chart ⊙ Administered medication	child is stable	Reassessment done	Abhishek
Night	8 PM	* Assess the child's condition * vital sign monitor * I/O chart maintain * Administer medication given as per drug chart		* Assessed the child's condition * vital sign monitored * I/O chart maintained * Administer medication given as per drug chart	child's vitals are stable	Reassessment done	Olvera

NURSES NOTES

☒ Drug Allergies not chn

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← night duty 4/7/26 →	
4/7/26	05:30 AM	child details taken over from ER Staff Nurse. child running from ER Staff Nurse. child is on via face mask SL, GCS 15/15, PR 20, CRT 2 sec. child is on NPO, Foley's catheter 10 Fr (+), IV line (+) both hand. e metacarpal line. IV F DNS 0.9% 64 ml / hr on flow. inj norad 1mg / hr on flow	
	6 AM	child is on hemodynamically stable checked and recorded, urine output draining well, Dr. Parag Sir. Advise to stop inj norad infusion. Pw medication given as per drug chart. →	Shr 01/26/26
	7:20 AM	Pw medication given as per drug chart.	
	7:30 AM	child details handing over given to morning duty staff nurse →	Shr 01/26/26
		CZate notes: Blunt injury Abdomen as evidenced by nearby the umbilical cord Abdomen scordal (+) →	Shr 01/26/26

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

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7/26	8AM	<i>Morning duty notes - 4/07/26.</i> Child detail standing on taken from Night duty S/N Sharmila. PSBAR method followed. Child is on RA. PV = (2+) GCS = 15/15, Child is on NPO, Two peripheral line present (+) pattern, Foley's Catheter IOLs (+), D, JVF DNS 0.9%. 64 ml/hr is on flow. Child has Blunt injury as evidenced by impression over abdomen. Vitals monitored and recorded.	H. Vishal
	9AM	FFP transfusion started.	as is,

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 / 48616108 Mobile: 9840143108 / 9840333108

E-mail: annaiteresabloodbank@gmail.com web: www.annaiteresabloodbank.com

FRESH FROZEN PLASMA B.P.93

Prepared From Blood Collected with anticoagulant citrate phosphate Dextrose solution I.P. 49 ML. Whole blood 350 ml / 450 ml (63 ml)

BAG NO.	COLLECTION DATE	EXPIRY DATE	VOLUME
2123	13.05.26	13.05.27	185 ml

INSTRUCTIONS:

- Do not use if there is visible evidence of deterioration.
- Storage temperature -40 degree centigrade.
- Do not add any Medication.
- Use a Fresh clean, Sterile Transfusion set with filter
- Do not Dispense without Prescription.
- Check blood group on the label and recipients blood group. before administration and properly identify intended recipient.
- Store thawed FFP between 2° to 6°C and use within 4 hours after thawing
- Self life 1 year.
- Transfusion Criteria ABO compatible

BLOOD GROUP


Rh (D)

Neg

 SCREENED : NEGATIVE / NON REACTIVE FOR : HBsAg, Anti HCV
Anti HIV I & II, MP, VDRL Irrg, Ab

PREPARED FROM A VOLUNTARY BLOOD DONOR

E OUTSIDE THE MARGINS



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☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Vital monitored and recorded.	M. Nisha 021584.
	10AM	Vitals monitored and recorded. Dr. Nataraj the resident patient	M. Nisha 021584.
	11AM	Vitals monitored and recorded.	
	11:45AM	Child has 1 episode of Vomiting. Drg. Emet 3.5mg given as per drug chart	M. Nisha 021584.
	12pm	Vitals monitored and recorded. Dr. Nandhini man V&T the patient and counselled the parents	M. Nisha 021584.
	1pm	Vitals monitored and recorded. Drg Hydration given as per drug chart.	M. Nisha 021584.
	1:30pm	Child details handed over give to Evening duty Staff Nurse	M. Nisha 021584.
		<u>Evening duty 4/7/26</u>	
4/7/26	1:30pm	The child detail hand over taken from morning duty staff. The child is on room air ventilation SpO ₂ 95%, ECG-110, pulse volume 2+, Pupils are SL equally reacting to light 2mm, CPT-3m, Ryle's tube 110cm present & open & draining & peripheral @ 4 & Metacarpal present & patent, Arterial	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7/20	1:30pm	Arterial line @ dorsalis pedis @ & pattern continuous BP monitoring & Foley's 10F catheter @ continuous drain. CFT 3x	
	2pm	Dr. Gungahani advised to start Oxygen face mask SL, Oxygen started, PRBC transfusion plan & Aca checked & recorded.	
	3pm	PRBC transfusion 200ml over 4 hrs pre transfusion vitals are recorded PRBC received from Blood Bank Bag NO, Date of collection & expiry checked & recorded.	
		Bag NO 2321 Blood group (O⁺) Date of collection 26/5/20 Date of expiry 7/7/20 Start time 4/7/20 @ 3pm End time	
	3:30	During blood transfusion no any allergic reacting, vitals are recorded	

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

NIC

DATE	TIME		SIGNATURE								
		ANNAL TERESA BLOOD BANK & APHERESIS CENTRE by Little Roses Trust) (RUNCE No. 506/28C LI. Tam Na. (South) Madipakkam, Chennai - 91. # No.946, 1st Floor, B... Roa. 9840143... 33108 / 9566468884 Ph.: 044-22580803 h...gmail.com web: www.teresaabloodbank.com Email: annalteresablood... CONCENTRATED HUMAN RED BLOOD CELLS I.P. From Blood Collected with anticoagulant. phosphate Prep: phosphate solution. Whole blood 350 ml / 450 ml (litre) / 63 ml) <table border="1"> <thead> <tr> <th>BAG NO.</th><th>COLLECTION DATE</th><th>EXPIRY DATE</th><th>VOLUME</th></tr> </thead> <tbody> <tr> <td>2321</td><td>26-05-26</td><td>07-07-26</td><td>205 ml</td></tr> </tbody> </table> INSTRUCTIONS: 1. Do not use if there is any visible evidence of deterioration. 2. Storage temperature 2° to 6° 3. Administer with warning. 4. Mix well before use and do not vent 5. Do not add any Medication. 6. Use a Fresh clean, Sterile Transfusion set with filter 7. Do not Dispense without Prescription. 8. Check blood group on the label and recipients blood group. before administration and properly identify intended recipient. 9. No Atypical antibodies detected 10. Shelf life 35 days / SAGM 42 Days. 11. Transfusion Criteria ABO and Rh Specific X-match compatible BLOOD GROUP Rh (D) Neg TESTED: NEGATIVE / NON REACTIVE FOR: HBsAg, Anti HCV PREL & II, MP, VDRL, Irr, Ab - By CLIA METHOD FROM A VOLUNTARY BLOOD DONOR	BAG NO.	COLLECTION DATE	EXPIRY DATE	VOLUME	2321	26-05-26	07-07-26	205 ml	
BAG NO.	COLLECTION DATE	EXPIRY DATE	VOLUME								
2321	26-05-26	07-07-26	205 ml								
4/7	2pm	USG Abdomen done, TRBC on flow, IV line is patent, vitals are monitored.	See other								
	6pm	PRBC finished no any allergic reaction, monitored vital signs, AB & PCV. Send to lab, RBS - 99 mg/dl checked & recorded, Maintain I/O chart.	See other								
	7pm	Dr. Sengakala advised to start Fi Fentanyl - 2 ml/hr i.e. 10 mcg, IVF IN 5-60 ml/hr to continue, immobilize the child,									
	7:30pm	Hand over given to night duty staff.	See other								

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies ... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7	8pm	← Night Duty → 4/7/26 child handing over taken from evening duty staff nurse child is on room air, pulse volume normal 20, R/C pupils reacting to light 2mm, CRT 8sec, IV line patent Arterial line patent (D), catheter (D) NG tube present, Arterial line NS flush 2ml/hr on flow D/F on flow, Fentanyl infusion on flow child vital sign monitor & recorded S/O chart maintained A/C try, RBS @ 6th hr monitored child is on nro 6th Blood sample AB, PCV, electrolytes @ 12am. re do on flow Tim plan for x-ray after rounds on flow. Due medication given as per drug chart	
5/7	10pm	child vital sign monitor & recorded S/O chart maintain Due medication given as per drug chart	Blue 0502.
5/7	12am	child vital sign monitor & recorded S/O chart maintained not drain 50ml Informed to Dr. Suresh Kumar num advised to re replacement (2 hrs) urine output not Informed.	Blue 0502.

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- ☒ No Known Drug Allergies
☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7	2am	Due medication given as per drugy chart vital are stable. child was sleeping well →	Blue 015042
	5am	Due medication given as per drugy chart vital are stable child side all nursing care given Bath given oral care given in line dressing changed catheter care given →	Blue 015042
	6am	Blood sample send to Lab reports due. RBS - 10mg/dl, AG - 51.5cm Due medication given as per drugy chart →	Blue 015042
5/7	2am	Drugy plan CECT abdomen Child handling over given to morning duty staff nurse →	Blue 015042
5/7	8am	child Handling over taken from night duty staff. Child's on Room Air, pulse stable. normal SPO ₂ /Hc Pupile reacting to light 2mm ICR reflex IV line pattern. Arterial line pattern. catheter @, ket taste present, IVF - 0.9 NaCl - 50ml/h outflow, Sig. Fentanyl - 2.5mcg/h outflow, child vitals are stable. I do not monitor. / AG - Harey, RBS - 6th Hourly, Hb 12.5 - 6th Hourly checked.	Blue 015042

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/1/06	9am	child vitals are monitored. Ductart monitor due medication AS per order. —————→	U. S. S. S.
	10am	ACI Aspirin - 91ml Informal AC repaired. Glands, vitals are stable. —————→	U. S. S. S.
	10pm	USG done, CT - Abdomen - done. Vitals are stable. —————→	U. S. S. S.
	10pm	ACI - checked. Vitals are stable Ductart monitor. —————→	U. S. S. S.
	2pm	Child hand over to next duty staff. —————→	U. S. S. S.
		<i>Evening duty 3/7/06</i>	
5/1/06	2pm	The child detail hand over taken from morning duty staff. The child is on Oxygen Support Face mask - 5L. SpO ₂ - 100%, C/S - 15/15, PR - 20, Pupils are B/L equally reacting to light 2mm, Wc tube @ continuous drainage. 4 th hourly aspiration & R/L replacement. Child is on NPO, @ Metronidazole 250g IV line. Present @ Brachial PU line @, IVF DNS - 50 ml/hr on flow, TVF RL - 12 ml/hr on flow, 2g Fentanyl - 2ml hr on flow, Foley's to FA - @ & continuous drainage. @ dorsalis Artery Present & NS flush 3ml/hr on flow, (PR - 20) —————→	U. S. S. S.
	2:30pm	ACI - 51cm checked & recorded, 24P	U. S. S. S.

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NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/1/20	2pm	INF Amnion - 10ml/hr Started @ 2.10 pm, The child is alert & Active. →	<u>Deepa</u> 01/01/20
5/1/20	4pm	The child vitals are recorded, Maintain I/O chart; INF DRS - 50ml/hr on flow; RCH aspiration 5ml; Tris Fantasy 2.5 ml/hr on flow; IV line is patent. →	<u>Deepa</u> 01/01/20
	6pm	Administer medication as per order, Sample Hb & PCV send to lab, RBS - 86 mg/dl checked & recorded. →	<u>Deepa</u> 01/01/20
	7.30pm	Hand over given to night duty staff → ← Night Duty → 5/1/20	<u>Deepa</u> 01/01/20
5/1/20	8pm	Child handing over taken from Evening duty staff nurse since since child is on O ₂ - support 5Ltr pulse volume normal 80, puple reacting to light arm. CET 34, IV line patent, Arterial line patent, ns flush 3ml/hr on flow catheter present, not tube present not 4th hy aspiration, RL replacement on flow INF DRS on flow, Amnion on flow. All body monitor, RBS @ 6th hy monitor. child vital sign monitor & recorded I/O chart maintained one medication given as per drug chart vital are stable →	<u>Deepa</u> 01/01/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies *Nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7	9pm	Due medication given as per drug chart vitals stable No aspiration, Bani Re replacement Over 4hrs 15ml/hr on Floco. →	<i>Blue</i> <i>01502</i>
	11pm	Due medication given as per drug chart vitals stable Ilo chart maintained. →	<i>Blue</i> <i>01502</i>
6/7	2am	child was sleeping well during night provide comfortable position Due medication given as per drug chart. →	<i>Blue</i> <i>01502</i>
	5am	Child side all nursing were given Bath given oral care given. A line dressing changed. →	<i>Blue</i> <i>01502</i>
	6am	Blood sample send to Labo Due medication given as per drug chart. →	<i>Blue</i> <i>01502</i>
6/7	7.30am	Child handing over given to morning duty staff nurse. →	<i>Blue</i> <i>01502</i>
		<i>Morning duty on 6/7/16</i>	
6/7	7.40am	The child detail handing over taken from night duty staff. The child is on oxygen support Face mask - 5L, SpO ₂ - 100%, PR - 2+, CRIS - 15/15, pupils are B/L equally reacting 2mm @ Brachial periphery (w/ @ I/F DMS - 50 ml/hr, I/F 67. Aminoclon - 10 ml/hr on flow, Sin. Fentanyl - 2 ml/hr on flow,	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies ... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Lyle's tube 10Fr (D) patient & continue draining 1/2 hourly aspiration, Arterial line @ dorsalis pedis Artery (P) patient, Foley's catheter 10Fr (D) Present & continue draining, (LT-38C) →	
6/7	8AM	The child vitals are recorded, Administer medication as per order. →	See D/H/02
	9AM	NA aspiration - 20ml checked & recorded, IV line & pattern, maintain I/O chart. →	See D/H/02
	10AM	Dr. Nataraj seen the child, advised to remove arterial line & put ITV, central line & continue, IVF 18ml medication →	See D/H/02
	11AM	Dr. Nandhini seen the child, advised to remove Foley's catheter, Dilcoflex suppository 1mg & plan for aspiration to today & USC screening, Dilcoflex applied & positioning the child Right & Left Hip, NA aspiration 1/2 hourly. →	See D/H/02
	12pm	USC abdomen done, Plan for central line constant taken from the attend →	See D/H/02
	1.30pm	central line placed, Dr. Sripadma mam #Fr, 5umen, Arterial line removed & IVF DNS 50ml/hr on flow, NCi aspiration 5ml taken; RBS checked Pongidl, IVF Amrinon 10ml/hr on flow Hand over given to evening duty staff →	See D/H/02

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty - 6/7/25	
6/7	2pm	Handover taken from consent staff along with proper documentation. child is in O ₂ -SL (Face mask), SPO ₂ - 100%, PV-21, GCS-15/15, pupil equally reacting in both eyes Central line (+) in R IJV (7Fr 3lumen) and an IV cannula in left big (dorsalis pedis). JVF 27 DNB 50ml/hr along with JVF 10% Amioner @ 10ml/hr, 4 th body drain aspirated from NG tube. Abd girth - 2nd body and RBS - 6 th body to be checked. Hb & PCV to be done every 12 th body. →	P. Baskon (coloss)
	4PM	with Signs monitored continuously and Jo chart maintained. child passed urine and Medication administered as per doctors order. comfortable position provided child vital signs stable →	P. Baskon (coloss)

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NURSES NOTES

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

☒ No Known Drug Allergies

☐ Drug Allergies

N.I.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6 PM	Inf. SMOF lipid started @ 6 PM at 6 ml/hr for next 20 hours. Blood sample taken and send for Hb and PCV. Medication administered as per doctor's order.	P. Baskar (Coloss)
	8 PM	Handover given to consent staff along with proper documentation.	P. Baskar (Coloss)
		Night Duty → 6/11/26	
	9 pm	child handling over taken from evening duty staff nurse Shv Baskar child is on room air, pulse volume normal 20, B/L pupile reacting to light 2mm, CRT 3sec, Nois tube @ central line patten. TPr 3lumen. RBS 0.6th boly, Aor @ 4th boly No aspiration @ 4th hy monitor on Flow child is on NPO, child vital sign monitor & recorded Blo chart maintained. Per medication given as per day chart.	Bleey 015042
	9 pm	IVF DNS on Flow, Amrinoven on Flow, Lipid Infusion on Flow.	
		RC replacement on Flow.	Bleey 015042
	11 am	per medication given as per day chart.	Bleey 015042

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	12am	child vital signs monitored & recorded. Flo chart maintained. RRS - 8/10g/dl, NG aspiration 10ml. vitals are stable →	Blay 015042
	2am	child was sleeping well during night provide comfortable position. due medication given as per drug chart. →	Blay 015042
	6am	child all nursing care given. bath given oral care given, central line dressing changed. 2 lumbar Back Flow present. Blood sample send to Lab. Hb, PIV report due. due medication given as per drug chart. →	Blay 015042
	8am	child handing over given to morning duty staff nurse →	blay 015042
		<u>Morning duty - 7/7/26</u>	
	8am	Handover taken from consent staff along with proper documentation. child is in Room air, Pv - 2+ & Gies - 15/15. Pupil reacting in both eyes equally.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Central line (+) in R IJV (7Fr 3Lumen) RBS - 6th July & AG - 4th July and NG tube (Jensen - 4th July) Child is on NPO. →	P. Basappa (Colbss)
27/6	9am	vital signs continuously monitored and child's sensorium is good and orient with place, person & time. →	P. Basappa (Colbss)
	10am	child is monitored continuously. Medication administered as per doctor's order. Child is gently mobilized (sitting and standing) plan for a small walk. child is in comfortable position. →	P. Basappa (Colbss)
	12PM	Dr. Nataraj came and done ICP rounds. vital signs continuously monitored and No chart maintained. Plan to start TPN today. →	P. Basappa (Colbss)
	2PM	Handover given to consent staff along with proper documentation →	P. Basappa (Colbss)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/1/16	2pm	Evening duty on 7/1/16 The child detail hand over taken from morning duty staff. The child is on room air. SpO ₂ - 98%, PR 120, GCS - 15/15, Pupils are P/L equally reacting to light 2mm, Reflexes + @ @ 4+ hourly monitoring, @ IV central line @ through DVF DNS - 30ml/hr on flow, DVF Aminoclon 20ml/hr on flow, DVF Intralipid 12ml/hr on flow, AG 4 hourly monitoring & RBS - 6 hourly monitoring.	
	3pm	The child passed urine diaper changed, DVF DNS - 30ml/hr on flow →	<i>[Signature]</i>
	4pm	TPN started 60ml/hr (TPN + Optinervon, @tski 3ml added in TPN), Sample electrolyte sent to lab & RBS checked & recorded 105mg/dl. Stop DVF & Aminoclon & Intralipid →	<i>[Signature]</i>
	7.30pm	Administer medications as per order, TPN - 60ml/hr on flow, NR aspiration done nil, Hand over given to night duty staff. →	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



BED SIDE CHECK LIST FOR NURSES

Date:	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20
Doctor's Orders	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Carried out or not	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bed Side									
Structured Handover done	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
IV Site	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Central Lines	No	No	No	No	No	No	No	No	No
Arterial Lines	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Feeding Catheter	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Urinary Catheter	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Skin Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Eye Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mouth Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sterillum Bottle, Stethoscope	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Suction Bottle (Should be clean & empty)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Intubation Tray	No	No	No	No	No	No	No	No	No
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Ventilator Tubing, (Any Water, Blood)	No	No	No	No	No	No	No	No	No
Humidification	No	No	No	No	No	No	No	No	No
Check all Infusion (Labelling, Correct Preparation)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chest Physio & Neb	No	No	No	No	No	No	No	No	No
Handed Over By Name :	Shanthi	Shanthi	VINO	Shanthi	Shanthi	VINO	Shanthi	VINO	Shanthi
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date & Time:	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20
Hand Over Taken By Name :	Shanthi	VINO	Shanthi	Shanthi	VINO	Shanthi	VINO	Shanthi	Shanthi
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date & Time:	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20	4/12/20



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 4/7/26 10:45 AM

Date of Removal:

Parameters	Date	Shift Time	4/7/26 N	4/7/26 M	4/7/26 E	4/7/26 N	4/7/26 M	4/7/26 E	4/7/26 N
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			sharmila	Pravitha	VINO	Sharmila	sharmila	VINO	Sharmila
Signature of the Nurse			sharmila	Pravitha	VINO	Sharmila	sharmila	VINO	Sharmila



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 4/7/26 @ 10PMDate of Removal: 6/7/26 @ 11AM

Parameters	Date	Shift Time						
Need for the Catheter	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	4/7/26	8AM-2PM	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	4/7/26	8AM-2PM	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	4/7/26	8AM-2PM	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	4/7/26	8AM-2PM	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	4/7/26	8AM-2PM	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	4/7/26	8AM-2PM	VINO					
Signature of the Nurse	4/7/26	8AM-2PM	<i>[Signature]</i>					

BRADEN 'Q' SCALE

(for Paediatric use)

MCC-2011

Patient Name :
Age : Date :

GUC-00093404

Baby B NISHCHINTH

12-10-2018

Dr. KARTHIK NARAYANAN R

IP18-00036314

7 Y 8 M 22 D

(M)

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



	Date : 5/7 5/7 5/7 6/7 H E N M			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.
'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.
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.
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.
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problems: 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 lift up completely during move. Maintains good position in bed or chair at all times.
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 of 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.
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.
TOTAL SCORE				00 19 19 19
Evaluator's Name				Signature

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

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00093404

IP18-00036314

Baby B NISHCHINTH

12-10-2018 7 Y 8 M 24 D

(M)

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

Dr. KARTHIK NARAYANAN R

Patient Name :

Age..... G



					Date :	E	N	M	E
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	6/7	4	4	4	4
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	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.	4	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3	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	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 of 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	1	1	1	1	1
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	3	3	3
TOTAL SCORE					19	19	19	20	20
Evaluator's Name					Jasb Bhatnagar				

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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/1/26	10 pm	1/10	Abdomen Pain	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☒ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inf. Pantalgan on flow	Blue 015642
6/1/26	12 am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inf. Pantalgan on flow	Blue 015642
6/1/26	2 am	1/10	Abdomen pain	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☒ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inf. Pantalgan on flow	Blue 015642
6/1/26	4 am	1/10	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inf. Pantalgan on flow	Blue 015642
6/1/26	6 am	1/10	Abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inf. Pantalgan on flow	Blue 015642
6/1/26	2 PM	1/10	Abd pain	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inf. Pantalgan on flow	Blue 015642
6/1/26	10 pm	0/10	nic	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	NA	Blue 015642
7/1/26	6 am	0/10	nic	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NI	Blue 015642
7/1/26	10 am	0/10	NI	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	NI	Blue 015642
7/1/26	6 pm	0/10	NI	☐ Continuous ☐ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Aching ☐ Dull ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	NI	Blue 015642

Re-assessment Frequency:

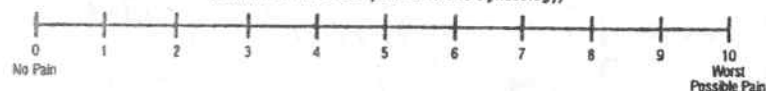
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours.
 - Then every 4 hours.
- Prior to pain pain-relieving intervention.
- Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1		1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - slow recovery quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



GUC-00093404

Baby B NISHCHINTH

12-10-2018

Dr. KARTHIK NARAYANAN R

IP18-00036314

(M)



MCC - 211

Rainbow
Children's
Hospital

It takes a lot to treat the little.



BirthRight™

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Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

E N M E N

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	1					
	Female	4					
Diagnosis	Neurological Diagnosis	3					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	2					
	Psych / Behavioral Disorders	1	1	1	1	1	1
	Other Diagnosis	3					
Cognitive Impairments	Not aware of Limitations	2					
	Forget Limitations	1	1	1	1	1	1
	Oriented to own ability	4					
	History of Falls or Infant-Toddler Placed in Bed	3					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	2	2	2	2	2	2
	Patient Placed in Bed	1					
	Outpatient Area	3					
Response to Surgery / Sedation Anesthesia	Within 24 hours	2					
	Within 48 hours	1	1	1	1	1	1
	More than 48 hours/ None	3					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3	3	3	3	3	3
	Narcotics	2					
	One of the Meds listed above	1					
	Other Medications / None						
	Total		12	12	12	12	12

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

Intervention:					
Bed in low position		✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓
Other Intervention(s) Specify					

Nurse's Name: VINO Blanka

Signature: [Signature]

Date: 5/7 5/7 5/7 6/7 6/7

Time: 2pm 8pm 8pm 2pm 8m

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GUC-00093404

IP18-00036314

Baby B NISHCHINTH

12-10-2018 7 Y 8 M 22 D (M)

Dr. KARTHIK NARAYANAN R



MLE - 211

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/20	2am	1/10	Abdomen pain	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl on flow	Bluy 015042
5/7/20	4am	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl on flow	Bluy 015042
5/7/20	6am	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl on flow	Bluy 015042
5/7/20	8am	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl on flow	Bluy 015042
5/7/20	10am	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl on flow	Bluy 015042
5/7/20	10pm	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl on flow	Bluy 015042
5/7/20	2pm	1/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inj. Fentanyl	Bluy 015042
5/7/20	4pm	1/10	Abdomen pain	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Comfortable	Bluy 015042
5/7/20	6pm	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl	Bluy 015042
5/7/20	8pm	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☐ Dull ☐ Aching ☒ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Inj. Fentanyl	Bluy 015042

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post-surgical patients, patients with chronic pain, patient with severe pain:

a) At least every 2 hours for the first 24 hours

b) Then every 4 hours.

c) Prior to pain pain-relieving intervention.

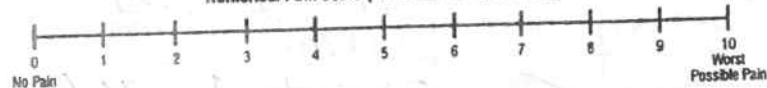
d) Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

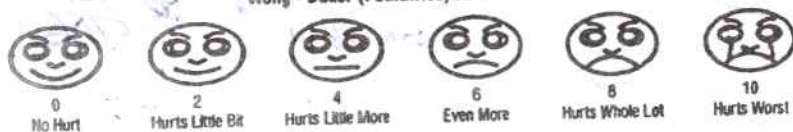
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



Patient's Name:

GUC-00093404 IP18-00036314

MRD NC

Baby B NISHCHINTH

12-10-2018

7 Y 8 M 22 D

(M)

D:

Dr. KARTHIK NARAYANAN R

Age :



Sex: ☐ M ☐ F

Consultant :

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 4/7/26

Time: 4 Am.

Location : (L) metacarpel

Size : 22 G

Cannula inserted by : Outside IV line

CANNULA 2

Date : 4/7/26

Time: 4 Am.

Location : (R) metacarpel

Size : 24 G

Cannula inserted by : Outside IV line

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
4/7/26	4am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	6am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	8am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	10am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	8pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	10pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
5/7	12am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	2am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	4am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	6am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	8am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	10am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	2pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	8pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	10pm	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
6/7	12am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	2am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	4am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	6am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten
	8am	☐ Yes ☒ No	☐ Yes ☒ No	paten	paten

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

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
4/7/26	4am	☐ Yes ☒ No	☒ Yes ☐ No	patte	patte
	6am	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	8am	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	10am	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	12pm	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	2pm	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	4pm	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	6pm	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	8pm	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	10pm	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
5/7	12am	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	2am	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
	4am	☐ Yes ☒ No	☐ Yes ☒ No	patte	patte
		☐ Yes ☒ No	☐ Yes ☒ No		
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		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No	☐ Yes ☒ No		
		☐ Yes ☒ No			

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Mast. Nishanth Gender: ☒ Male ☐ Female
UHID No : 93404 Department : PICU Date : 6/1/26

I S/D/W/O

Here by give consent for procedure of :

For my patient, Named :

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 :

penicillin G
.....
.....

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. Sanyal

Patient Attendant:

Signature : R. Tysh

Name : R. Tyshna

Relationship with Patient: Mother

Date & Time : 6/1/26 @ 1pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : puce

Date & Time : 6/1/26

10/1

CONFIDENTIAL

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CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONSENT FOR SPECIAL SEDATION

Patient Name: Mast Nishchinta Gender: ☒ Male ☐ Female
UHID No: 93404 Department: PICU Date: 6/07/26

I S/D/W/O

Here by give consent for procedure for my patient:

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

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

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 : R Typh
Name : R. Tyoshna
Relationship with Patient: Mother
Date & Time : 6/07/26 9:15pm

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature : A 198607
Name : Pawa
Date & Time : 6/7/26

10/10/10

10/10/10

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10/10/10

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10/10/10

10/10/10

10/10/10



OTW - 211

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/7/26	5:30pm	1/10	Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	comfortable position	Shad 01820
4/7/26	7pm	0/10	Abdomen N/A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Shad 01820
4/7/26	8pm	2/10	Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☒ No	Nil	Shad 01820
4/7/26	3pm	1/10	Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Nil	Shad 01820
4/7/26	5pm	1/10	Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	comfortable position	Shad 01820
4/7/26	7pm	1/10	Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Nil	Shad 01820
4/7/26	8pm	2/10	Abdomen pale	☒ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Trj. Fentanyl Bij. para given	Shad 01820
4/7/26	8:30pm	2/10	Abdomen pale	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Trj. Fentanyl Infusion on flow	Shad 01820
4/7/26	10pm	1/10	Abdomen pale	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Trj. Fentanyl on flow	Shad 01820
5/7/26	12am	1/10	"	☐ Continuous ☒ Intermittent	☐ Acute ☒ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Trj. Fentanyl on flow	Shad 01820

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

FIACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)



Wong - Baker (Pediatrics) Above 7 Years



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

Neonatal Pain, Agitation and Sedation Scale (up to 1 Month)

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

Patient Name :
Age..... Gender.....

IP18-00036314

Date :				
4. No limitations: Makes major and frequent changes in position without assistance.	y	y	y	y
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 waking hours.	M	.44	1	1
4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	y	y	4	y
4. Rarely moist: Skin is usually dry; routine diaper changes; linen only requires changing every 24 hours.	y	y	3	3
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.*	y	y	3	3
4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eatg a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	1	1	1	1
4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	4
TOTAL SCORE	24	24	19	20
Evaluator's Name	YB	Vish	Wong	Babu

No Risk : 22-28

No Risk : 22-28

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GUC-00093404

IP18-00036314

Baby B NISHCHINTH

12-10-2018

7 Y 8 M 22 D

(M)

Dr. KARTHIK NARAYANAN R



-211

**Rainbow[®]
Children's
Hospital**
It takes a lot to trust the little.

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			4/12/20	4/17	4/17	4/17	5/17
		4					
Age	Less than 3 years old	3					
	3 to less than 7 years old	2	2	2	2	2	2
	7 to less than 13 years old	1					
	13 years old and above	2	2	2	2	2	2
Gender	Male	1					
	Female	4					
Diagnosis	Neurological Diagnosis	3					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	2					
	Psych / Behavioral Disorders	1	1	1	1	1	1
	Other Diagnosis	3					
Cognitive Impairments	Not aware of Limitations	2					
	Forget Limitations	1	1	1	1	1	1
	Oriented to own ability	4					
	History of Falls or Infant-Toddler Placed in Bed	3					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	2	2	2	2	2	2
	Patient Placed in Bed	1					
	Outpatient Area	3					
	Within 24 hours	2					
Response to Surgery / Sedation Anesthesia	Within 48 hours	1	1	1	1	1	1
	More than 48 hours / None	3					
	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
Medication Usage	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	2					
	One of the Meds listed above	1	1	1	1	1	1
	Other Medications / None						
	Total		12	12	12	12	12

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Intervention:

Bed in low position					
Call device within reach					
Wheels Locked					
Room free of clutter					
Adequate lighting					
Wheel chair support					
Other Intervention(s) Specify					
Nurse's Name:					
Signature:					
Date:					
Time:					

ANNAI TERESA BLOOD BANK & APHERESIS CENTRE

(Run by Little Roses Trust)

LICENCE No.: 506/28C

No.946, 1st Floor, Bazzar Road, Ram Nagar (South) Madipakkam, Chennai - 91. Ph.: 044-22580803, 48616108
Mobile : 9840143108, 9840333108 E.mail : annaiteresabloodbank@gmail.com web : www.annaiteresabloodbank.com

COMPATIBILITY REPORT

Patient's Name: Baby. B. Nishethin Age: 7 yrs Sex: M
Patient's Blood Group & Rh Typing: O Negative IP No: - Ward: -
Hospital Name: Rainbow children's Hospital (Gov) DATE: 04.07.26 TIME: 7:20 AM
Bag Blood Group & Rh Typing: O Negative

S.No.	BAG NUMBER	COMPONENTS	DATE OF COLLECTION	DATE OF EXPIRY	SEG.No.
1.	2120	FFP	13.05.26	13.05.27	26B0107607
2.	2123	FFP	13.05.26	13.05.27	26B0108571

Major X Matching : Saline / Alb / AHG / Column (Gel)

Minor X Matching : Saline / Alb / AHG / Column (Gel)

COMPATIBLE

Dr. C.FLORENCE, MBBS
(Reg. No. 127548)

Cross Matched by Yuvraj Checked by -

Rainbow Children's Hospital

Blood Storage Center



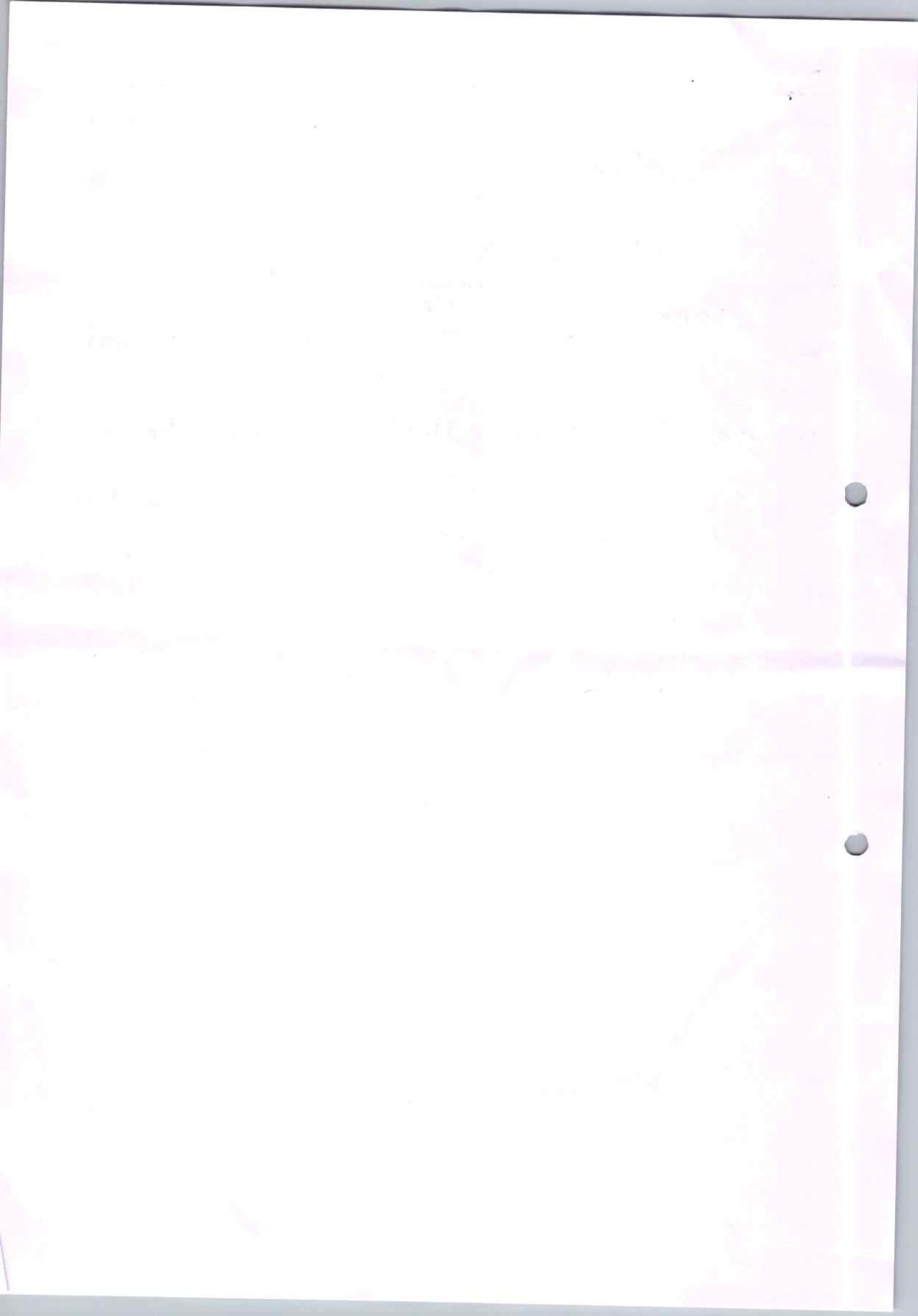
No, 157, Annasalai, Guindy, Chennai - 600015

Compatibility Report

Patient's Name :	Mischintha	Age/Sex	7y/m
Patient's Blood Group & Rh Typing	O Negative		
GUC No	93404	Ward	P/W
Order No			
Bag Blood Group & Rh Typing	O Negative	Date	4/7/26
Time	2.20pm		

S.No	Bag Number	Components	Date of Collection	Date of Expiry	Seg No
1.	2321	PRBC	26/5/26	7/7/26	04459449

Major X Matching :	Saline/Alb/AHG/Colum (Gel)	Minor X Matching :	Saline/Alb/AHG/Colum (Gel)
Cross Matched By:		Medical Officer:	4/7/26



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

(PRBC)

Date: 4/7/26 Time: 3pm

Blood Group of the Patient: O-R Blood Group on the Blood Bag: O-R

Blood Bank Issue No: 2321 Date of Collection: 26/5/26 Date of Expiry: 7/7/26

Date & Time of Starting Transfusion: 4/7/26 @ 3pm Planned duration of Transfusion: 4 hrs

Check for Correct Unit: / Correct Patient: /

Blood products cross checked by: Nurse 1: VINO Nurse 2: Dhanam

Before starting transfusion vitals: Temp: 98.6°F HR: 72b/min RR: 16b/min BP: 140/40 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
4/7/26	3:15 PM	72	98.6°F	135/48	100%	Nil	Nil	Nil	Nil
4/7/26	3:30 PM	78	98.5°F	136/60	98%	Nil	Nil	Nil	Nil
4/7/26	4:30 PM	92	98.6°F	122/47	97%	Nil	Nil	Nil	Nil
4/7/26	4:30 PM	72	98.8°F	111/48	96%	Nil	Nil	Nil	Nil
4/7/26	5:30 PM	76	98.6°F	125/48	98%	Nil	Nil	Nil	Nil
4/7/26	5:30 PM	82	98.4°F	117/55	96%	Nil	Nil	Nil	Nil
4/7/26	6 PM	80b/min	98.6°F	115/55	98%	Nil	Nil	Nil	Nil
Post transfusion									
4/7	6:57 PM	97b/min	98.4°F	124/54	98%	-	-	-	-

Comments: Nil

Name of the Incharge-Nurse:

Name of the Nurse: VINO

Signature of the Incharge-Nurse:

Signature of the Nurse: [Signature]

Date & Time:

Date & Time: 4/7/26 @ 6pm

1. 1st of 2

2. 2nd of 2

3. 3rd of 2

4. 4th of 2

5. 5th of 2

6. 6th of 2

7. 7th of 2

8. 8th of 2

9. 9th of 2

10. 10th of 2

11. 11th of 2

12. 12th of 2

13. 13th of 2

14. 14th of 2

15. 15th of 2

16. 16th of 2

17. 17th of 2

18. 18th of 2

19. 19th of 2

20. 20th of 2

21. 21st of 2

22. 22nd of 2

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 4/7/26 Time: 9 AM
 Blood Group of the Patient: O-ne Blood Group on the Blood Bag: O Neg
 Blood Bank Issue No: 2123 Date of Collection: 13/5/26 Date of Expiry: 13/5/27
 Date & Time of Starting Transfusion: 4/7/26 @ 9 AM Planned duration of Transfusion: 2 hrs.
 Check for Correct Unit: ☒ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: Vishwa Nurse 2: Pavithra
 Before starting transfusion vitals: Temp: 96.9°F HR: 100 RR: 19 BP: 110/67 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>4/7/26</u>	<u>9:15 AM</u>	<u>92</u>	<u>97.1°F</u>	<u>105/59</u>	<u>100%</u>	-	-	-	-
	<u>9:30 AM</u>	<u>88</u>	<u>98°F</u>	<u>101/62</u>	<u>99%</u>	-	-	-	-
	<u>10 AM</u>	<u>103</u>	<u>98.1°F</u>	<u>109/61</u>	<u>99%</u>	-	-	-	-
	<u>10:30 AM</u>	<u>96</u>	<u>97.9°F</u>	<u>114/65</u>	<u>98%</u>	-	-	-	-
	<u>30 Min</u>		<u>post</u>	<u>Transfusion</u>					
<u>4/7</u>	<u>11:00 AM</u>	<u>92</u>	<u>97.8°F</u>	<u>120/57/14</u>	<u>99%</u>	-	-	-	-
	<u>1 Hr</u>								

Comments: Nil.

Name of the Incharge-Nurse: A. K. P. P. P.

Signature of the Incharge-Nurse: [Signature]

Date & Time: 4/7/26 @ 11:00 AM

Name of the Nurse: Vishwa

Signature of the Nurse: [Signature]

Date & Time: 4/7/26 @ 11:00 AM

CONSENT FOR BLOOD TRANSFUSION

GUC-00093404 IP18-00036314
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
Name: Dr. KARTHIK NARAYANAN R Age: Gender: Male ☒ Female ☐
UHID.No:  Date:

Type of Blood Product: ☒ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ 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

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: B. Sanyal
Name: Jyashna
Date & Time: 4/7/26 @ 9AM

Doctor (Who is talking the consent)

Signature: A 198607
Name: PAVAN
Date & Time: 4/7/26 @ 8:40 AM

Witness

Signature: B. Sanyal
Name: Jyashna
Date & Time: 4/7/26 @ 9AM

PATIENT TRANSFER FORM

GUC-00093404 IP18-00036314

Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
Dr. KARTHIK NARAYANAN R



MLC

Date & Time of Admission 4/7/26 at 4:13 AM		Date & Time of Transfer Order 4/7/26 @ 5:30 AM
Treating Consultant Name Dr. Karthik	Transfer Ordered by Dr. Mahalakshmi	Reason for Transfer Further management
From Unit ER	To Unit PILLO	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 9	Number of Imaging Films 1 X-ray abdomen	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.	2005 500 mg	1
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐ Blunt injury to abdomen		
Name & Signature of Person who is Transferring Praveen R 18945		Name of Person Ordered Transfer Shobha 151645
Patient & Clinical Records Received by : Shanika 018716		
Date & Time of Patient Received : 4/7/26 @ 5:30 AM		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. S. Mahalakshmi

Date: 4/7/26

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

Start Time of Assessment: _____ Weight: 24 kg

Allergic History: No

Chief Complaints:

Blunt injury to abdomen
@ 6pm today

Pediatric Assessment Triangle

A Appearance - TICLS N

B Breathing

C Circulation

☒ Normal

☐ Abnormal

☐ Pallor ☐

☐ Cyanosis ☐

☐ Mottling ☐

☐ Bleeding ☐

☒ Normal

☐ Gasping / Apnea

Initial Physiological Status: ☒ Stable ☐ Unstable

☐ Life Threatening ☐

☐ Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Significant Past History: No

Medication History: No

Relevant Investigations: No

Primary Assessment

Airway

☒ Open

☐ Maintainable

☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____

Breathing

Rate: 24/min SpO₂ on FiO₂ 98% JRA

Rhythm: regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR

☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: Blue @

Palpation Findings (if necessary) _____

Any urgent interventions needed: ☐ Yes ☒ No

If Yes _____



Circulation

HR: 116/min

CFT ☐ Central <35
☒ Peripheral <35

Any urgent interventions needed: ☐ Yes ☒ No

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

If Yes



Disability

GCS: 15/15

AVPU:

Pupils: ☒ Responsive ☐ Non-Responsive

Size: ☐ Right
☐ Left

Active Seizures: ☐ Yes ☒ No

Sugars:

Signs of Neurological compromise: NFND

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Exposure



Temp.: 98.6 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

☐ Shock - Compensated ☐

☐ Cardiopulmonary Arrest

☐ Respiratory Failure

☐ Hypotensive ☐

☒ Hemodynamically Stable

☐ Respiratory Arrest

Secondary Assessment: Head to toe examination with positive findings:

Echymosis @ over @ hypochondrion
(LONDON SIGN @)

Labs Planned:

As per drug chart

Treatment Planned:

As per drug chart

Need for Oxygen: ☐ Yes ☒ No

if yes Low Flow ☐

High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary):

Blunt injury to abdomen

Assessment done by

Name of the Doctor: Dr. S. Mahalakshmi

Signature:

Date & Time: 4/7/26, 12:05 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 4/7/26 Time of arrival: 3.35 Am
 Chief Complaints: so Blunt abd injury (cycle handle bar injury) RBS: 78 mg/dl
 Height: - Weight: 24 kg BMI: - Head Circumference (<2 years) -
 Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: -
 If yes, identify -
 Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 9/10 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
- Uses furniture for support

☐ Yes ☒ No

☐ Yes ☒ No

Gait/Transferring:

- Bedrest / Immobile
- Weak
- Impaired

☐ Yes ☒ No

☐ Yes ☒ No

☐ 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 parent

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

Time of Initial assessment completed by ER Nurse: 3.45 Am

Time	Nursing Notes
3.35 PM	* Patient came in ER, G/O Blunt Abd injury (cycle handle bar injury) * vital signs check & recorded * patient screened by DR. Mahalakshmi room & advised admission under DR. Korthik sir. * IV placement done & Blood sample collected * Shift to ICU.

Samples collected by: S/N Subhadip

Time: 4.20 AM

Samples sent by: S/N Sersin

Time: 4.25 AM

Medication given in ER:

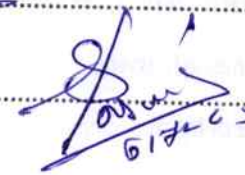
Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		NIL			

Condition of patient at time of shift - out :	Details of Shift - out
HR: 106 b/m BP: 99/50 (66) CFT: 23 sec RR: 20 b/m SPO ₂ : 100% PulH 54 GCS: 15/15 Temperature: 38.2 °C Pain Score: 0/10 Repeat RBS (if applicable):	Shift - out from ER to: PICU Time of Shift - out: 5.30 AM Handover given to: S/N Sharmila (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): ~~IV placement~~
Catheterisation 10 PC1.

Name of the Nurse: Subhadip

Signature of the Nurse: 

Date & Time: 4/7/26 @ 4.30 PM



MLC - 211



wt - 29 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name: M/ast - NISHCHINTH Age: 7Y 8M Gender: ☐ Male ☐ Female

Date: 4/7/26 Time of Arrival: 3:35 AM

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

Source of Information: ☒ Parents ☐ Others (Specify)

Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☒ Ambulance

Initial Vital Signs: Temp: 98.2F PR: 106 6/m BP: 99/50(66) RR: 20 6/m SpO₂: 100% with 5 L/O₂

Chief Complaints: c/o Blunt abd injury (cycle handle bar injury)

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance

☐ Normal

☒ Sick Looking

Circulation / Colour

☒ Normal

☐ Abnormal

☐ Bleeding

Work of Breathing

☒ Normal

☐ Decreased

☐ Increased

☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☐ Stable

☒ Unstable:

☒ Not - Life - Threatening

☐ Life - Threatening

Triage Classification

☐ Level 1: Resuscitation

☐ Level 2: EMERGENT: Life or limb threatening

☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening

☐ Level 4: LESS URGENT: Significant illness but not life threatening

☐ Level 5: NON - URGENT: May receive care when convenient

CTAS

☐ Immediate

☐ < 15 min

☒ 30 min

☐ 60 min

☐ 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:

- Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No
- 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

- 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:

- 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: Subhadip

Date & Time: 4/7/26 @ 3:38 AM

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

Signature of Triage Nurse: [Signature]

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EMERGENCY

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MLC

-24

P.T.O.

	DATE					
Rainbow Children's Hospital It takes a lot of love to make one kid.						
BIRTHRIGHT BY RAINBOW HOSPITALS Your Right to a Safe Delivery						
	4/7	5/7	6/7			
RESPIRATORY SYSTEM						
HIGH FREQUENCY OSCILLATION VENTILATOR						
INHALED NITRIC OXIDE						
NON-INVASIVE VENTILATION						
CPAP						
HFNC						
OXYGEN	/					
ROOM AIR						
CARDIOVASCULAR SYSTEM						
INOTROPES (Y/N)	y					
HYPOTENSION (Y/N)	y					
ABDOMEN:						
FEED INTOLERANCE (Y/N)	y					
FLUIDS						
TPN						
PPN						
ONLY FLUIDS	y					
INFECTION (Y/N)						
GENERAL CONDITION						
MORIBUND						
CRITICALLY ILL	/					
SICK						
IMPROVING						
STABLE						

DATE	REMARKS	DOCTOR'S SIGN	PARENT'S SIGN
4/2	explained need for transfusion BP monitoring & surgical opinion	<i>[Signature]</i>	<i>[Signature]</i>

MLC-211

Ref. No. : F / ICU / SED / PAR / 08.a

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(All the drugs in this category belong to "High Risk / High Alert" medicines.

3, hypotension and respiratory depression while administering these drugs)

GUC-00093404 IP18-00036314
Patient Name : Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
Dr. KARTHIK NARAYANAN R

Weight :

Age : Gender : ☐ M ☐ F

Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
4/7	2pm	FENTANYL	inj. Fentanyl (1ml + 16ml NS)	1ml = 10mcg @ 2ml/hr = 20mcg/hr	[Signature]	[Signature]	6/7/26 @ 10am	[Signature]	[Signature]

CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg; 0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ; 0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

REPORT TO THE DIRECTOR, BUREAU OF LAND MANAGEMENT, U.S. DEPARTMENT OF THE INTERIOR

Field notes of the field party, including a description of the area, the results of the survey, and a list of the plants and animals observed.

DATE: 10/10/1901
 BY: M. D. Jones
 TITLE: Survey of the land in the vicinity of the town of...

ON THE

OF THE

SECTION

DATE	TIME	PLACE	REMARKS	PLANTS	ANIMALS
10/10/1901	8:00 AM	...	...	...	...
10/10/1901	9:00 AM	...	...	...	...
10/10/1901	10:00 AM	...	...	...	...
10/10/1901	11:00 AM	...	...	...	...
10/10/1901	12:00 PM	...	...	...	...
10/10/1901	1:00 PM	...	...	...	...
10/10/1901	2:00 PM	...	...	...	...
10/10/1901	3:00 PM	...	...	...	...
10/10/1901	4:00 PM	...	...	...	...
10/10/1901	5:00 PM	...	...	...	...
10/10/1901	6:00 PM	...	...	...	...
10/10/1901	7:00 PM	...	...	...	...
10/10/1901	8:00 PM	...	...	...	...
10/10/1901	9:00 PM	...	...	...	...
10/10/1901	10:00 PM	...	...	...	...
10/10/1901	11:00 PM	...	...	...	...
10/10/1901	12:00 AM	...	...	...	...

10/10/1901

10/10/1901

10/10/1901

10/10/1901

10/10/1901

10/10/1901

10/10/1901

10/10/1901

10/10/1901

MLC - 211

Ref. No. : F / ICU / INO / VAS / 08.b

IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(All the drugs)
GUC-00093404
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D
Dr. KARTHIK NARAYANAN R
IP18-00036314
(M)

"High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension, status of skin at IV site and color and perfusion of the fingers and toes while administering these drugs)

Patient Name : Age : Gender : ☐ M ☐ F
Weight : I.P. No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
4/7/26	5:30 AM	Ig NOR ADP	3-bags in 50ml of 0.9% NaCl	1ml/hr	[Signature]	[Signature]	4/7/26 5:42 PM	[Signature]	[Signature]

CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml/hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25- 3mg/kg/hr)

GUC-00093404
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 27 D (M)
Dr. NANDHINI G



Rainbow
Children's
Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIM E	OUT TIME	NAME & SIGNATUR E	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

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

MLC -211

Name:

GUC-00093404
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 22 D (M)
Dr. KARTHIK NARAYANAN R

IP18-00036314

UHID No:



Date of Admission:

Consultant: Dept:

Date of Discharge: Time:

Room / Bed No:

Ward:

Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/7/26	3.30 AM	ER	PICU	Pr. Sankar
8/7/26	6pm	PICU	Boys Room 616	Ush

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR. Dhinesh B. B. B.	4/7/26	1721463 ✓	Dr. B. B. B.
	Dr. Nandhini	4/7/26	1721660 ✓	Dr. Nandhini
3.	DR. Nandhini	5/7/26	1722214 ✓	Dr. Nandhini
4.	DR. Nandhini	6/7/26	1722735 ✓	Dr. Nandhini
5.	Dr. Nandhini	8/7/26	1723964 ✓	Dr. Nandhini
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
4/7/26	CBC, RP ₂ , CFT, PT/APTT/INR Urine R/E X ray abdomen	26021199 ✓	M. [Signature]
4/7/26	Am Y LASE, LIPASE	26021206 ✓	M. [Signature]
4/7/26	Blood Grouping x cancelled	26021207 ✓	[Signature]
4/7/26	M/LC Charges	1721466 ✓	[Signature]
4/7/26	Hb, PCV	26021258 ✓	[Signature]
4/7/26	RBS	2602159 ✓	[Signature]
4/7/26 (5:30)	Hb, PCV	26021292 ✓	[Signature]
4/7/26 6pm	RBS	26021300 ✓	[Signature]
5/7/26 12pm	Hb, PCV	26021324 ✓	[Signature]
5/7/26	RBS	26021327 ✓	[Signature]
5/7/26 6am	Hb, PCV, Electrolyte	26021344 ✓	[Signature]
5/7/26 6am	RBS	26021345 ✓	[Signature]
5/7/26 @ 10pm	CBC, Lipase, Amylase	26021398 ✓	[Signature]
	RBS	26021399 ✓	[Signature]
	ABG -	26021397 ✓	[Signature]
5/7/26 6pm	Hb, PCV	26021422 ✓	[Signature]
5/7/26 6pm	RBS	26021423 ✓	[Signature]
6/7/26 @ 12am	RBS	26021449 ✓	[Signature]
6/7/26 6am	Hb, PCV	26021469 ✓	[Signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/7/26	Catheterisation	①	1721456	<i>[Signature]</i>
4/7/26	Pv line	②	(05)	<i>[Signature]</i>
4/7/26	Blood transfusion	①	1721624	<i>[Signature]</i>
4/7/26	Arterial line	①	1721880	<i>[Signature]</i>
4/7/26	USG Abdomen	①	08982	<i>[Signature]</i>
5/7/26	IV line	1	1722041	<i>[Signature]</i>
5/7/26	USG Abdomen	1	0089017	<i>[Signature]</i>
5/7/26	CT whole Abdomen with contrast.	①	008999	<i>[Signature]</i>
6/7/26	X-ray Abdomen (Supine)	①	09024	<i>[Signature]</i>
6/7/26	USG Abdomen	①	09058	<i>[Signature]</i>
6/7/26	Central line	①	1722828	<i>[Signature]</i>
6/7/26	conscious sedation	①	1722828	<i>[Signature]</i>

ANY OTHER INFORMATION:

4/7/26 * PRBC - ① respiration → (1721478) *[Signature]* (4/7/26)
 * FFP Issue - ② → 26021210.
 6/7/26 * PRBC - ② Issue - 26021446 ✓
 * FFP - ② Issue - 26021447 ✓
 *

Date: Time:

Prepared By:

Staff Nurse <i>[Signature]</i> 02150	Shift / Ward PICU	Billing Assistant	Billing Supervisor
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ACTIVITY RECORD FOR BILLING

MLC - 211
(12)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: GUC-00093404 IP18-00036314
Baby B NISHCHINTH
12-10-2018 7 Y 8 M 23 D (M)
Dr. KARTHIK NARAYANAN R

UHID No: 

Consultant: Dept:

Date of Admission: 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

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

1995-1996

ANY OTHER INFORMATION:

Prepared By:

Verder

पि०

Billing Assistant

Billing Supervisor

ACTIVITY RECORD FOR BILLING

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

[illegible]

[illegible][illegible]

Prepared By: Serajul

Billing Supervisor

Sorajal