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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Name of the Patient: GUC:-00093892 Master DOMINIC. K IP18-00036480
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

UHID No: .....

Ward: .....

Date: .....

.....

Gender: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 18/07/26

Time: 8.00pm

Pharmacy Sign

Date: 18/07/26

Time: 15.20pm

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

Birthright Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		3.00pm	S. [illegible] 01938.				
Activity Sheet update by Pharmacy		15.20hr	[illegible]				

ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
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Name: GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

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
15.07.2026.	1:50pm	ER.	510.	
18/7/26	9.45pm	5th Floor	OT	
18/7/26	12:40pm	OT	5th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR. Nandhini	15/07/26	1727786	
2.	PAC	18/7/26	29180	
3.	Dr. Nandhini	18/7/26	TO be review	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/7/26	RP-II	26022772	
17/7/26.	Blood group, CBC, PT, APTT, INR.	26023063	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	Infusion Pump	3pm	17/7/26 1:20pm	1728516	[illegible] 021143
18/7/26	~~Cystoscopy~~ cystoscopy	10:20Am	10:40Am	1729324	[illegible]
18/7/26	C-ARM	10:25Am	10:35Am	1729326	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	IV placement	(1)	1727723	
15/7/26	CT whole Abdomen - plain	(1)	9531	
17/7/26	USG Abdomen	(1)	0.9656	

ANY OTHER INFORMATION:

Procedure Name : Cystoscopy with DJ Stenting (Right)

Surgeon Name : Dr. Nandhini

Anaesthetist Name : Dr. Ashwini

Anaesthesia : ↓ GA

In time : 10:05 Am Out Time : 11 AM

Date: 18/7/26 Time: 3:00 pm Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

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SURGERY DETAILS

Date : 18/07/2026

Patient Name: Master. DOMINIC. K Date of Birth: 11/04/2015 Age: 11 years

Gender: Male Ward : OT UHID No.: .....

Date of Surgery: 18/07/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Cystoscopy with DJ stenting (Right)

Time in : 10:05 Am Time Out : 11 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Nandhini	To be Charged for 0.018 Bluetheem Hydrotwister Guidewire GRN not done 01/26
2. Anaesthetist	: Dr. Ashwini	
3. Assistant Surgeon	:	
4. OT Technician	: Mr. Thangam, Mr. Prasanth	.....
5. Circulating Nurse	: C/Sr. Thanushya	.....
6. Assistant Nurse	: S/Sr. Guna	.....

Start time: 10:20 Am
End time: 10:40 Am

Special Equipment: ☑ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☑ Neuro Cusa ☐ Others .....

Start time: 10:25 Am
End time: 10:35 Am

Signature of the Surgeon

Signature of Circulating Nurse

Record finalized done by 02026

Order No: ..... Order by: .....

Docu. No. : RCH /FRM / GENERAL / 114

DJ stenting

Patient Sticker

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Purai / Prakash Date : 18/7/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube F.M 3.5 CUFFed		(1)	~~Major~~ Pack minor		1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		3				Suction Catheter		
HME filter : A / P / N		3				Feeding Tube 9Fr		01
Syringes : 10 cc		3				Vaccum Suction Set		
05 cc		01	Gloves 6 P.F		1	Surgical Gloves		
02 cc		2	5.½ P.F		3	Gauze Pack		
01 cc			6.5 P.F		1	Syringe 1ml / 2ml		
Cautery plate (A) / P / N		1	Surgical blade			Surgical Blade # 20		
~~IV set~~ DRIP SET		02	NG tube			Koochies (S)		
RL ✓		01	Cautery pencil			Taxim 1g		01
NS : 10ml / 100ml / 500ml / 1000ml	2+1		Koochies			~~Artacil~~		01
			Ointments			D/water 1amp		03
			Suction Catheter			Vein-o-line 10cm		01
Fentanyl		01	Cap, Mask			Frusemide		01
Morphine			Gauze Pack ~~Piece~~		02	Lox gel		1
Ketamine			Mop Pack			N 95 mask		4
Propofol		01	Steristrip			Uretoric catheter 3		1
Rocuronium			Underpad		02	Thermo 0.018		1
Glycopyrolate			Draw sheet			Zebra 0.018		1
Myopyrolate		01	~~Abgel D-water 10~~			DJ Stent 5" 20		1
Ondansetron			Foleys catheter			DJ Sten 4" 18		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter	Oxygen		Nasal cannula (A)		(1)
Bupivacaine 0.25%(Heavy)			Romodrain bag			D 10% 500 ml		(1)
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		2			
Justin : 12.5 mg / 25mg / 100mg			Plastic ~~Bed Sheet~~ Apron		1			
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		10pairs			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : ..... Ordered by : .....

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036480		
Patient Name	Master DOMINIC. K	**Ward**	5F-SEMI PRIVATE
Age/Sex	11 Y 3 M 7 D / Male	**Bed Name**	SPVT 510
Date	18/07/2026 12:41	**Order No**	18-0001729333
Payor	TATA AIG General Insurance Co. Ltd.	**Prescription No**	PRIP18-0627849
UHID	GUC-00093892	**Dispensed Date**	18/07/2026 12:49

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303356	07/27	1	45.30	45.30
2	DEXTROSE IV 10% 500 BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	3M250006	11/27	1	37.34	37.34
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C30K60	02/31	3	28.13	84.39
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	2	11.25	22.50
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254216	10/28	3	2.58	7.74
7	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0716O326	02/28	3	40.00	120.00
8	FLEXOMETALIC TUBE 3.5 CUFFED	Intrasurgical		22EEO9D	04/27	1	1,691.25	1,691.25
9	FRUSEMIDE INJ 2 ML (SWISS CRITICURE)	SWISS CRITICURE	H	0277	03/28	1	6.42	6.42
10	INFANT FEEDING TUBE-9	ROMSONS	GENERAL	G25J010599	09/30	1	63.00	63.00
11	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1816	01/28	1	34.58	34.58
12	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
13	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350487	11/27	1	140.20	140.20
14	OXYGEN NASEL CANNULA (ADULT)	Polymed	GENERAL	G25B040731	01/30	1	252.00	252.00
15	PEDIADRIPSET PLUS	ROMSONS		G26C020226	02/31	2	311.00	622.00
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510302409	10/27	1	1,275.00	1,275.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	1	69.84	69.84
18	TAXIM INJ 1 GM	Alkem Laboratories Ltd.	H1	26180121	07/28	1	42.67	42.67
19	VEIN-O-LINE 10CM ROMSONS		GENERAL	K26C010503	02/31	1	419.00	419.00
						Total :	**4,560.22**	**5,023.89**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 18-07-2026 12:49

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA 600015
Tel No : 044-40122444

VAT TIN : 33AABCR4014M1ZK CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036480		
Patient Name	Master DOMINIC. K	**Ward**	5F-SEMI PRIVATE
Age/Sex	11 Y 3 M 7 D / Male	**Bed Name**	SPVT 510
Date	18/07/2026 12:41	**Order No**	18-0001729334
Payor	TATA AIG General Insurance Co. Ltd.	**Prescription No**	PRIP18-0627847
UHID	GUC-00093892	**Dispensed Date**	18/07/2026 12:43

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue		1010626	04/29	1	120.00	120.00
2	DOUBLE J STENT 4 F 18 CM	Blue neem		2022230594	01/27	1	740.62	740.625
3	DOUBLE J STENT 5 F 20 CM	Blue neem		2021228726	03/27	1	740.62	740.625
4	Encore Microptic gloves-6.5		H	2603019005	03/29	1	128.00	128.00
5	MINOR OT PEDIATRIC DRAPE			20260604	06/29	1	1,800.00	1,800.00
6	N95 MASK KARE-ROMSONS	ROMSONS		16032026	12/30	4	56.00	224.00
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1D262046	03/29	2	94.55	189.10
9	SGLOVE # 6 (POWDER FREE)	ANSEL		260301001T	03/29	1	128.00	128.00
10	SGLOVE 5.5 SIGNATURE			260100021T	01/29	3	117.00	351.00
11	TERUMO GUIDE WIRE 0.018 -150 CMS	TERUMO	GENERAL	250320V	02/27	1	2,447.00	2,447.00
12	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
13	UNDERPADS CARE 60 X 90 (FRIENDS)			ANC27032026	12/40	1	205.00	205.00
14	URETERIC CATHETER 3FRX70 CMS	Blue neem	C1	20252610241	12/30	1	652.00	652.00
15	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010294	03/31	2	811.00	1,622.00
						Total :	**8,269.80**	**10,052.35**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

Printed Time : 18-07-2026 12:43

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		3.00Pm	S. Amt 01/8/15		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Laboratory Report

Master DOMINIC. K	
11 Y 3 M 7 D	9791249195
Male	GU26023063
IP18-00036480	18-07-2026 06:10 AM
GUC-00093892	18-07-2026 06:16 AM
Dr. PRAHLAD N	
	5F-SEMI PRIVATE / SPVT 510

Investigation	Result	Unit	Biological Reference Interval
PROTHROMBINE TIME & ACTIVATED PROTHROMBINE TIME (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
PT (Optical Clot Detection)	13.4	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	0.95		
APTT (Optical Clot Detection)	23.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

This is an interim report. The final report will be released after 24 hours

Laboratory Report

Master DOMINIC. K

11 Y 3 M 7 D

Male

IP18-00036480

GUC-00093892

Dr. PRAHLAD N

9791249195

GU26023063

18-07-2026 06:10 AM

18-07-2026 06:16 AM

5F-SEMI PRIVATE / SPVT 510

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED
HEMOGLOBIN (Colorimetry)	12.5	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.40	10^12/L		4 - 5.2
PCV/HCT (Calculated)	36	VOL%		35 - 45
MCV (Calculated)	83	fL		77 - 95
MCH (Calculated)	28	pg/cells		25 - 33
MCHC (Calculated)	34	g/dL		32 - 36
RDW-CV (Calculated)	12.0	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	241	10^9/L		150 - 450
MPV (Calculated)	**10.1**	**fL**	H	6.5 - 10
WBC COUNT (DC Detection Method)	6.77	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	52	%		33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	35	%		28 - 48
MONOCYTES (Microscopy, Leishman stain)	7	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	**6**	**%**	H	1 - 4

This is an interim report. The final report will be released after 24 hours

Printed Date / Time : 18/07/2026 09:43 AM

Printed By : GRACE PAUL RAJAN

SCANS WORLD
on PH Road
(A Unit of Scans World on Chamiers Road Pvt. Ltd.)

Name: Master.Dominic 11Y/M Date: 26.06.2026

Ref.By: Dr.Prahlad.N., ID/SW/PH/US: 16017

USG COMPLETE ABDOMEN

Liver:

Is normal in size (12.6 cms). Hepatic parenchyma shows normal echo texture.
Intrahepatic biliary radicles and CBD appear normal.
Portal and hepatic veins appear normal.

Gall Bladder:

Is adequately distended. No calculus or internal echoes are seen.
Wall thickness is normal.

Pancreas: The head and body of the pancreas are normal. SMA and SMV axis is maintained. Tail obscured by bowel gas.

Spleen: Is normal in size (8.7 cms) with uniform echotexture. No focal lesion noted.

Kidneys:

RT.Kidney measures 9.2 x 3.2 cms.
Calculus of size 6.6 mm noted in interpole of right kidney.
Cortico medullary differentiation is maintained on right side.
Pelvicalyceal system appears normal.

LT.Kidney measures 9.5 x 4.3 cms.
Cortico medullary differentiation is maintained on left side.
Pelvicalyceal system appears normal. No calculus is seen.

Bladder:

Is partially filled. Normal in contour. No evidence of intraluminal echoes.

RIF:

Appears normal.
No free fluid in abdomen. The pelvic organs appears normal for age.

Impression:

- **Non obstructive Right Renal calculus.**

-Suggested clinical correlation.

Dr.Sushila.M.,MD(RD).,
Consultant Radiologist

No. 575, Poonamallee High Road, Aminjikarai, Chennai - 600 029.
Ph: 044 - 3507 9999 | Mob: 94454 89999
E-mail: scansworldonphroad@gmail.com | www.scansworldonphroad.com

Laboratory Report

Master DOMINIC. K	9791249195
11 Y 3 M 7 D	GU26023063
Male	18-07-2026 06:10 AM
IP18-00036480	18-07-2026 06:16 AM
GUC-00093892	
Dr. PRAHLAD N	5F-SEMI PRIVATE / SPVT 510

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED
BLOOD GROUP	O		
RH (D) TYPE	NEGATIVE		
Rh type confirmed with Du test			

This is an interim report. The final report will be released after 24 hours

Printed Date / Time : 18/07/2026 09:44 AM

Printed By : GRACE PAUL RAJAN

SCANS WORLD
on PH Road
(A Unit of Scans World on Chamiers Road Pvt. Ltd.)

Name: Mast.Dominic 11Y/ Date: 14.07.2026

Ref.By: Dr.Prahlad., ID/SW/PH/US: 17150

USG COMPLETE ABDOMEN

Liver:

Is normal in size (12.3 cms). Hepatic parenchyma shows normal echo texture.
Intrahepatic biliary radicles and CBD appear normal.
Portal and hepatic veins appear normal.

Gall Bladder:

Is contracted. No calculus or internal echoes are seen.
Wall thickness is normal.

Pancreas: The head and body of the pancreas are normal. SMA and SMV axis is maintained. Tail obscured by bowel gas.

Spleen: Is normal in size (9.2 cms) with uniform echotexture. No focal lesion noted.

Kidneys:

RT.Kidney measures 10 x 3.5 cms.
Cortico medullary differentiation is maintained on right side.

LT.Kidney measures 10 x 3.7 cms.
Cortico medullary differentiation is maintained on left side.
Pelvicalyceal system appears normal. No calculus is seen.

Bladder:

Normal in contour. No evidence of intraluminal echoes.

RIF:

Appears normal.
No free fluid in abdomen. The pelvic organs appears normal for age.

Right distal ureteric calculus measuring 5.6 mm causing proximal grade I hydroureteronephrosis. ~ 3cm proximal to vesicoureteric junction.

Impression:

- **Right distal ureteric calculus causing proximal grade I hydroureteronephrosis.**

-Suggested clinical correlation

Dr.Sushila.M.,MD(RD).,
Consultant Radiologist

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

Rainbow Children's Hospital
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Your Right to a Safe Delivery

OPERATION NOTES

Surgeon : Dr. Nandhini	Asst. Surgeon : –
Anesthetist : Dr Ashwini	OT Nurse : S/N. Gundavi
Pre-Operative Diagnosis:	

Surgical Procedure : – cystoscopy c̄ DJ stenting (R)
Δ. (R) ureteric calculi

Weight :	Date : 18/7/26	Start Time : 10:20Am	End Time : 10:45Am

Post Operative Diagnosis: –

Peri-Operative Complications: –

Operation Notes:
Findings:
– 8Fr cystoscope introduced
– urethra / Bladder (N)
– (R) ureteric orifice cannulated c̄ 0.018 Zebra guidewire.

Procedure Notes:
– 4Fr 18cm DJ stent threaded over the guidewire & position checked c̄ C arm guidance
– (1) URS done – normal. ~~ureter~~ ~~of~~
– Scope withdrawn

Amount of Blood Loss:	Blood Transfused (in ML)
–	–

Name and Number of Surgical Specimen sent for examination:
–

Patient Sticker

2022052022230594004018

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency: Adv 1) NPO till 12noon
Wound Care: 2) IVF / IV Ant
Drain /Special Lines/Catheters: to continue
Special Patient Positioning and Requirements: 3) T. P500mg tds
Nutritional Instructions: 4) Ly. potast as earlier
When to Start Mobilization:
Special Referrals: monitor vitals / u/p
The new order for all required medications documented in the doctor order/medication sheet: ☐ Yes ☐ No
Any Other Post-Operative Care Needed including Required Follow Up

Name of the Surgeon: ....

Signature of the Surgeon: ....

Date & Time: ....

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

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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: OT Shifted to: Wardside 5th floor

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. CEFOTAXIME	1g	iv	Stat	18/7/26 10:10 AM	☐C ☑DC
2	INJ. FUROSEMIDE	3mg	iv	Stat	18/7/26 10:30 AM	☐C ☑DC
3	INJ. PARACIP	450mg	iv	Stat	18/7/26 12PM	☐C ☑DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. ASHWINI.S 101348

Date & Time : 18/7/26 10AM

Nurse Name & Signature: Thanu 60 18/7

Date & Time : 18/7/26 @ 12:40 pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Nandhini
Asst. Surgeon : .....
Anaesthetist : Dr. Ashwini
Scrub Nurse : S/N. Gunadevi

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

..... Age : ..... Gender : .....
urgery Name : Cystoscopy + DJ Stenting
10:05 Am Out-time : 11 Am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:10 Am

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☐Yes ☐No ☑NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☑No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☐No ☑NA
- Blood Units Reserved ☐Yes ☐No ☑NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑Yes ☐No ☐NA

Signature : S. Ashwini 101348

Name : DR. ASHWINI.S

Before Skin Incision ➤➤

TIME OUT Time: 10:20 Am

Confirm all team members have introduced themselves by Name and Role ☐Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐Yes ☐No
- Correct Site ☐Yes ☐No
- Correct Procedure ☐Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐Yes ☐No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☐No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☐No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☐No ☐NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☐No

Signature : .....

Name : .....

Before Patient Leaves Operating Room

SIGN OUT Time: 11 Am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☐Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☐No

6 Type ISO 11140 | STEAM | Green = Sterilized | Man.: 2025 - 06 | Exp.: 2030 - 06 | Ref.: 106.303.0500 | Lot.: 14176 | SV: 121°C - 15 min. 134°C - 3,5 min. | Sterintech

Signature : .....

Name : S/N. Gunadevi

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

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GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

Date & Time of Admission	Date & Time of Transfer Order
15/7/26 @ 11:13AM	18/7/26 @ 12:45pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. prahlad. N	Dr. Ashwini	For Further Management.

From Unit	To Unit	Information to Attendant
OT	5th floor	Yes ☑ No ☐

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607871	Dr. Ashwini

Patient & Clinical Records Received by :

Date & Time of Patient Received : 18/7/26 @ 12.45pm

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

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

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2018 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 18/7/26 @ 12:40pm OT **TRANSFERRED TO :** 5th floor

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	Yes	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	Yes	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	Yes	
3	**Circulation & Hemodynamic Stability**	~~Yes~~	
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	Yes	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	NA	
	e.Dressing Intact	NA	
4	**Pain Assessment**		
	a.Pain score assessed & analgesia given	NA	
	b.Reassessment done	NA	
5	**Wound, Dressings & Drains**		
	a.Surgical dressing intact	NA	
	b.All drains fixed, output noted	NA	
	c.Catheter secure & urine output recorded	NA	
	d.Splints/casts/traction devices stabilized	NA	
6	**Medications Pre & Post-Op Orders**		
	a.Medications due time noted	Yes	
	b.Pre & Post-op instructions (NPO, position, mobilization) communicated	Yes	
	c.Emergency meds given in OT (time & dose documented)	NA	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	NA	
	b.Bed/side rails up and brakes applied	NA	
	c.Special positioning maintained as per surgery	NA	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	NA	
	b.Epidural catheter secure, infusion checked	NA	
	c.Pressure areas protected (heels/elbows)	NA	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	NA	
10	**REPORTS AND LABS HANDED OVER**	Yes	
11	**BIOPSY/HPE SENT**	NA	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse: _____		
	Receiving Nurse : _____		
	Signature of Incharge:		

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PATIENT TRANSFER FORM

GUC:-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

Date & Time of Admission	Date & Time of Transfer Order
15/7/26 @ 11:13am	18/7/26 @ 9:45 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. prahlad	Dr. Gayathri	further management

From Unit	To Unit	Information to Attendant
5th floor	OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
2p file	-	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Thulasi DSO 18/7/26 at 9:45 AM	

Patient & Clinical Records Received by :

Date & Time of Patient Received : 18/7/26 @ 9:45 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

GUC:-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 6 D (M)
Dr. PRAHLAD N

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 18/7/26 at 9:45 AM **TRANSFERRED TO :** OT

		YES/NO	REMARKS
1	**Patient Identification**		
	a.Patient Identification Patient name, age, UHID/hospital number confirmed	Yes	
	b.Surgical procedure & correct site verified	No	
2	**Airway & Breathing**		
	a.Oxygen delivery (mask/cannula/ventilator) secured	No	
	b.SpO_2 within safe range	Yes	
	c.If ETT: position confirmed, ties secure, cuff inflated	No	
3	**Circulation & Hemodynamic Stability**		
	a.IV lines secured & infusion running correctly	Yes	
	b.No active uncontrolled bleeding	No	
	c.Last vitals recorded before transfer	Yes	
	d.Central line hubs are closed	No	
	e.Dressing Intact	No	
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	a.Medications due time noted	No	
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	c.Emergency meds given in OT (time & dose documented)	No	
7	**Equipment Safety & Transport Preparedness**		
	a.Oxygen cylinder full & ambu bag at bedside	No	
	b.Bed/side rails up and brakes applied	Yes	
	c.Special positioning maintained as per surgery	No	
8	**High-Risk Patient Safety (if applicable)**		
	a.Chest tube: underwater seal below chest level	No	
	b.Epidural catheter secure, infusion checked	No	
	c.Pressure areas protected (heels/elbows)	No	
9	**BLOOD AND BLOOD PRODUCTS TRANSFUSED**	No	
10	**REPORTS AND LABS HANDED OVER**	No	
11	**BIOPSY/HPE SENT**	No	
12	**Documentation**		
	a.Documentation completeness	Yes	
	Transferring Nurse:		
	Receiving Nurse :		
	Signature of Incharge:		

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Patient Name	Master DOMINIC. K	Patient Ph.No	9791249195
Age	11 Y 3 M 6 D	Requisition No	R2618-009656
Gender	Male	Collected on	17-07-2026 01:31 PM
IP / Bill No.	IP18-00036480	Received On	17-07-2026 01:56 PM
UHID No.	GUC-00093892	Reported On	17-07-2026 01:56 PM
Ref. Doctor	PRAHLAD N	Ward / Bed No	

ULTRASOUND ABDOMEN

LIVER : Normal in size and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS : Right kidney : 93 x 38 mm. Normal in size and echotexture and shows smooth contour. **Evidence of 6 mm right distal ureteric calculus noted 3 cms away from VUJ causing mild - moderate right hydroureteronephrosis.**

Left kidney : 105 x 46 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

No ascites / Lymphadenopathy.

No e/o bowel wall thickening / edema.

Print Date/Time : 17-07-2026 01:56 PM Printed By : SURIYA N

Note: Clinically correlate , Kindly discuss if necessary

Rainbow Children's Medicare Limited

CHENNAI : No. 157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015

SHOLINGANALLUR : No. 493/42A2B, OMR ECR Link Road, Chennai, Tamilnadu - 600119

For Appointments call: 1800 2122

info@rainbowhospitals.in

www.rainbowhospitals.in

CIN : L85110TG1998PLC029914

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Patient Name	Master DOMINIC. K	Patient Ph.No	9791249195
Age	11 Y 3 M 6 D	Requisition No	R2618-009656
Gender	Male	Collected on	17-07-2026 01:31 PM
IP / Bill No.	IP18-00036480	Received On	17-07-2026 01:56 PM
UHID No.	GUC-00093892	Reported On	17-07-2026 01:56 PM
Ref. Doctor	PRAHLAD N	Ward / Bed No	

Impression

Ultrasound features suggestive of

Right distal ureteric calculus causing mild - moderate right hydroureteronephrosis - appear stable as compared to previous scan.

Suggested clinical correlation.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Print Date/Time : 17-07-2026 01:56 PM Printed By : SURIYA N

Note: Clinically correlate , Kindly discuss if necessary

Rainbow Children's Medicare Limited

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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GUC:-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 6 D (M)

Name: Dr. PRAHLAD N : Sex: UHID.No :

Date: Proposed Operation: cystoscopy + DJ stenting

Diagnosis: (R) renal calculus

B.P / CRT: 124/69 H.R: 116/min Weight: 31.8kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.5	Glucose:	Protein:	HIV:	X-Ray:	
PCV: 36	Urea:	Alb:	HBS Ag:	ECG:	
WBC:	Creat:	Total Bill:	HCV:	2D Echo:	
Plate: 2.41	Na:	Dir. Bill:	Blood group: O Neg	Stress/Anglo:	
PT: 12.4	K:	LDH:	T3	Other:	
PTT: 23.0	Ca++:	Alk phos:	T4		
INR: 0.95	Mg++:	Amylase:	TSH		
	Cl -:	SGOT/SGPT:			

Allergies: NIL

Medical History: CVS : H/o febrile seizures 1 episode during infancy, 4

RESP : Diabetes :

CNS : H/o asthma in childhood at 1½ years of age – not on medication now

Renal : on and off asthmatic

Hepatic / GE : Physical Activity:

Others : Full Term, NVD – B.W – 2.2kg, no NICU

Past Anaesthetic History: Nil prev sx / admission, (N) developmental milestones, immunised upto date

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 4deg Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs: B/L AE (+)

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site : 22G (R) hand Spine Exam for regional : (N)

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
–	–

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - To nebulize the patient with Levolin, Budecort before sx.
   - To collect Blood grouping reports.

Signature: Name: Dr Priyadharshini

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: >6hrs

Physical Status: I | Patient Identified ✓ | ☑ Consent Present | ☑ Chart Reviewed

H.R: 96/min | B.P / CRT: 93/53 mmHg | SpO₂: 99–100% | R.R: 16/min | Last Feed: 9PM

Pre-OP Diagnosis: Ⓡ renal calculus, hyperoxaluria | Operation: Ⓡ URSL | Date: 18/7/24

Surgeon: Dr. Nandhini | Anaesthesiologist: Dr. Ashwini | Technician: Mr. Anwar

TIME: 10AM – 11AM

N_2O/AIR/O_2, LPM: 1:1
HALO/ISO/SEVO: 1–2%

Drugs:
Inj: fentanyl 60 µg iv
Inj: propofol 100 mg iv
Inj: atracurium 5mg iv

Reversal: Inj: Neostigmine 1.5mg + Inj: glycopyrrolate 0.3mg iv

Antibiotic: Inj: cefotaxime 1g iv
Suppository
Blood Loss
NOTES

FiO_2 / SaO_2: 100% ... 100%
$ETCO_2$: 35–45 mmHg
ECG: NSR
Temperature
Urine Output

Fluids / Blood: RL – 400ml

B.P (V Systolic, Λ Diastolic, X Mean, • Heart Rate), scale 0–240: systolic ~100–120, heart rate ~80, diastolic ~60 recorded throughout.
Tourniquet on Time / Tourniquet off Time / Throat Pack In / Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Ⓛ arm
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☑ FiO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: lithotomy
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 10:05Am
OP Start:
OP End:
Leave OR: 11AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 22G Ⓡ hand
☐ IV
☐ IV

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☑ Mask ☑ SGA 2.5
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts:
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional: (struck through)
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: .... Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA

Name of the Doctor: DR. ASHWINI S
Signature of the Doctor: [signature]
101348

Patient Sticker

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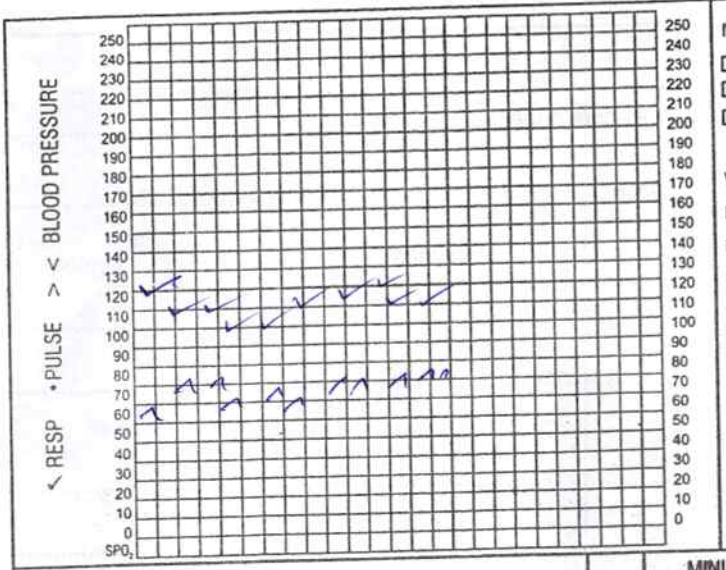
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thanu Time Received : 11 AM Time Discharged : 12:40pm



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	2	2	2		
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2		
		TOTAL	10	10	10		

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
18/7/26	11:30AM	0/10	NPO x 2hrs. other medications as advised by Nephrologist iv antibiotics as advised Syp. P250 6ml tds	S. Ashwin 101348

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : DR - ASHWIN I-S
Anaesthesiologist Signature: S. Ashwin 101348
Date & Time: 18/7/26 11:30AM
PACU Nurse Name : Thanu
PACU Nurse Signature: [signature] 60178
*Date & Time: 18/7/26 @ 11AM.

Transferred to Unit by (PACU): [signature] 60178
Date & Time: 18/7/26 @ 12:40pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space : ..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR ANAESTHESIA

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GUC:-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 6 D (M)
Dr. PRAHLAD N

Patient Name : ..... Age : ..... Gender : Male ☐ Female ☐

UHID NO: .....

Surgeon Name: Dr. Nandhini

Anaesthesiologist : Dr. Jagruthi

Operative procedure planned : CYSTOSCOPY + DJ STENTING

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : HYPOTENSION / BRADYCARDIA / GONV

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :

Signature : J. Krishna

Name : .....

Relationship with Patient: Father

Date & Time : .....

Witness :

Signature : .....

Name : Mother

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : DR PRAHLADHARSHINI Date & Time : 18/7/26 7.40 am

Docu. No. : RCH / FRM / CLINICAL / 021

Father

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Informed Consent for Surgery or Special Procedure

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 6 D (M)
Dr. PRAHLAD N

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

UHID / IP No: ....

INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms)........ cystoscopy / (R) DJ stenting .... upon ....

(Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and the refore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

I have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event there of.

.... Bleeding / infection ....

My signature on this form indicates that

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consignee:
Signature : J. Kott.
Name: ....
Date & Time: 18/7/26 @ 9:50 AM

Relative
Signature : ....
Name: ....
Relationship with patient..........

Witness:
Signature : ....
Name: ....
Date & Time: ....

Signature : ....
Date & Time: ....

Name of Doctor: .... Dr. [signature] 65282

www.rainbowhospitals.in

Patient Name: Master DOMINIC UHID No: 93892 Bed Category: 510

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVIGES IN WARD:

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

BILLING:

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

MANAGEMENT TEAM:

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

THANK YOU AND GET WELL SOON

Signature of patient/ patient Attendance

Signature of the Introducer

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036480 **Admit Date** : 15-Jul-2026 **Admit Time** : 11:13 AM **UHID** : GUC-00093892

Patient Details :

Patient Name	: Master DOMINIC. K	**Age**	: 11 Y 3 M 4 D
Guardian	: Mr KOMAGANMARTIN. J	**DOB**	: 11-04-2015
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO: 9, PUDUPET, 3rd STREET, ARAKONAM Arakkonam H O Vellore Tamil Nadu INDIA 631001	**Phone No**	: 9791249195/ 9629201409
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr KOMAGANMARTIN. J **Relationship** : Father

Contact Address : NO: 9, PUDUPET, 3rd STREET, ARAKONAM Arakkonam H O Vellore Tamil Nadu INDIA 631001 **Phone No** : / 9791249195

Signature

Doctor Details :

Doctor Name : Dr. PRAHLAD N **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : Dr. Prahlad N **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

598 33

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master DOMINIC. K**	**Age :**	**11 Y 3 M 4 D**
IP No:	**IP18-00036480**	**Sex:**	**Male**
Consultant:	**Dr. PRAHLAD N**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the c[illegible]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.
(R[illegible]ivers Signature: J.K.....)

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: J.K.

Name: Komagan martin . J
Relationship: Father
Date: 15/07/2026 Time: 11.14Am
Witness Name: Pavithra
Witness Signature:

Patient Address:
NO: 9, PUDUPET, 3rd STREET,
ARAKONAM Arakkonam H O Vellore
Tamil Nadu INDIA 631001

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Master · Dominic · K	UHID Number : GUC-00093892
Self/Attendant Name : J. K.	Relation : Father
Self/ Attendant Signature : J. K. Phone Number : 9791249195	Name & Signature of Financial Counselor

आधार

இந்திய அரசாங்கம்
Government of India

இந்திய தனித்துவ அடையாள ஆணையம்
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2192/41211/10165

To
கோ டோமினிக
K Dominic
S/O: Kumagan Martin
46,
KRISHNAMPET 7th STREET,
OCHERI ROAD,
VTC: Arakonam,
PO: Palampet,
Sub District: Arakonam,
District: Vellore,
State: Tamil Nadu,
PIN Code: 631002,
Mobile: 9791249195

உங்கள் ஆதார் எண் / Your Aadhaar No. :
6819 3498 8635
VID : 9184 5820 5506 6579

எனது ஆதார் எனது அடையாளம்

Government of India

Aadhaar no. issued: 01/08/2018

கோ டோமினிக
K Dominic
பிறந்த நாள்/DOB: 11/04/2015
ஆண்/ MALE

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML)

6819 3498 8635

எனது ஆதார் எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

குழந்தைகள் 15 வயது எட்டும்போது பயோமெட்ரிக் தகவல்களை புதுப்பிக்க வேண்டும்
Children on attaining 15 years of age need to update Biometric information.

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும் குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல பிறந்த தேதி எனது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தில் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்ததாகும்
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி மூலம் குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான ஆ குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் நன்கு நிறுவனமானது மற்றும் பாதுகாப்பானது
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்கும் பிறகு ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்
- ஆதார்பயோமெட்ரிக்களை பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய ஆதார்பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in
- Aadhaar is unique and secure
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar biometrics to ensure security when not using Aadhaar biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

Unique Identification Authority of India

Details as on: 29/5/2025

முகவரி:
தந்தை / தாய் பெயர்: கோமகன்
மார்டின் எண் 46, கிருஷ்ணாம்பேட்டை 7வது தெரு, ஓச்சேரி ரோடு,
அரக்கோணம், பாலம்பேட்டை, வேலூர்,
தமிழ் நாடு - 631002

Address:
S/O: Kumagan Martin 1, 46, KRISHNAMPET 7th STREET, OCHERI ROAD, Arakonam, PO: Palampet, DIST: Vellore, Tamil Nadu - 631002

6819 3498 8635
VID : 9184 5820 5506 6579

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

Pediatric Multiorgan History & Physical Examination

Name: ______________________ Age/Sex ______

Information given by: ______________________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o blood in urine x 20 days
cola coloured
~~brightened~~, on & off,

No H/o fever / burning micturition / recent skin infection / URI

RFT & C3 → Normal.

USG (26/6) → 6.6 mm calculus noted in interpole of (R) kidney

24 hours urinary calcium → 22 mg/24 hrs
oxalate → 36.2 mg/24 hrs

↓

Started on potrate MB6

↓

c/o pain in lower abdomen x 2 days

USG (14/7) → (R) distal ureteric calculus 5.6 mm ~3 cm proximal to vesicoureteric junction causing proximal grade I hydroureteronephrosis

Patient Sticker

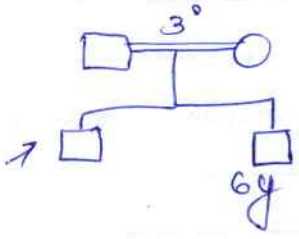
Past History : (Including details of any previous investigation or treatment)

H/o admission at 1½ years of age for viral ass. wheeze +

Birth & Neonatal History:

Term / BW - 2.25kg / CIAB, No H/o NICU admission.

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : H/o renal calculi in maternal grandfather & grandmother

Developmental History : (N)

Immunization History : (N) (NIS)

Anthropometry :

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

Weight (kgs) 31.8 (Centile _____)

On Examination :

Temperature : 98.2 F Pulse Rate : 116 B.P. 121/69 SPO2 98%.

Resp.rate and type of breathing : 22

Rash -

Lymphadenopathy -

Oedema : -

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : B/L AE +

Any addes sounds : -

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S1 S2 +

Any murmur : -

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

Per Abdomen :

Inspection : N

Palpation : Soft, not tender

Ausculation : BS +

Spine : N External Genitelia : N

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton : N

Tone: N Power N

Co-ordinator : N

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System : N

Bladder / Bowel :

Clinical Summary & Diagnostic: Hyperoxaluria c (R) ureteric calculus

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

RP- II ✓

CT screening ✓

Planned Management

- ½ DNS + $NaHCO_3$ 20 ml + KCl 5 ml @ 80 ml/hr
- T. Tamsulosin 0.2 mg BD
- T. Cyclopam BD
- Syp. Potrate B6 8 Blang
- Inj. ceftriaxone 1.5g IV BD

Signature of the Doctor:

Name of the Doctor: Keerthana .D

Date & Time:

Signature of the Consultant:

Name of the Consultant:

Date & Time: 9-8-23

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home

   Family Members Notified (Person Contacted)

   ☐ Transfer

   Hospital Facility Notified (Person Contacted)

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

   ☐ Needs Assistance In: Remarks

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

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

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

5. Discharge Planning Discussed with the:

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

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: .....

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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CROSS CONSULTATION FORM

Doctor Name: Dr. Nandhini Date: 15/7/26 Time: 1pm

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:

Signature:

Findings and Recommendations:

15/7/26
1pm

S/n Hematuria

child reviewed

C/o pain abd / Hematuria — 3wk.

— USG — L renal calculi

— 6mm — (R) pelvic calculi on (26.6.26)

↓

— 5.6 mid ureter stone — 14.7.26.

→ mmy

Consultant:

Name: Dr. Nandhini Signature: Date & Time: 15/7/26 at 1pm

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

d/p : Rt Lt ...

P

↓

---

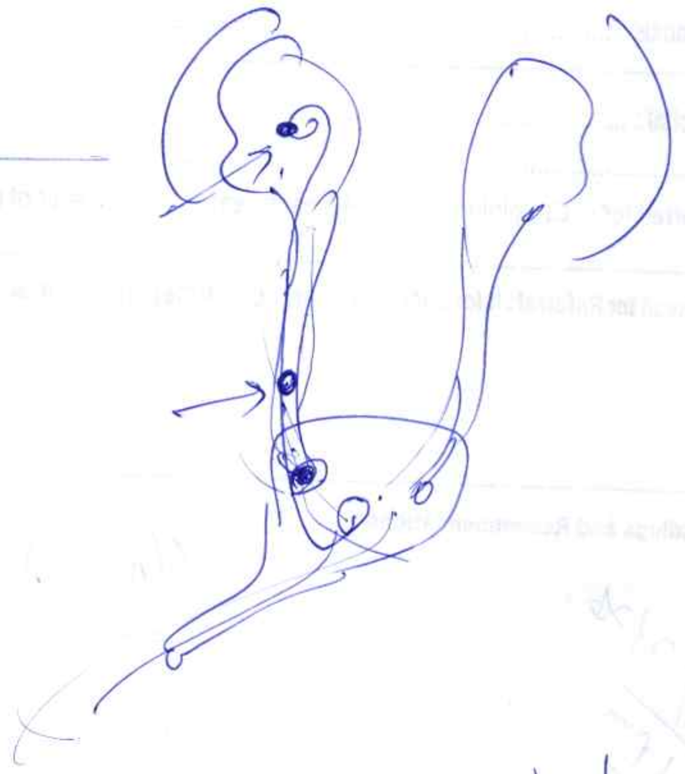
for Hydatic

Wimax

Potrate

Flow M

↓



if failed → ... DJ Stenting

Mother counselling

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CROSS CONSULTATION FORM

Doctor Name: Dr. Nandhini Date: 18/7/26 Time: 2pm

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:

Signature:

Findings and Recommendations:

18/7/26
2pm

S/A [illegible]

post op day - (R) DJ stenting.

vitals stable.
voided urine well / [illegible] [illegible]
Taken [illegible] well

— [illegible]

— Sy. [illegible]

Consultant:

Name: Signature: Date & Time:

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

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DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 3pm		
	· Hyperoxaluria · RSD] on Rx	
	Noticed to have hematuria + pain	
	USG: Rt Mild HN	
	lower ureteric calculi 2cm from VUJ	
	No complaint →	½ GNS + NaHCO3 20cc + Kcl 5cc @ 60ml/hr
		Urimax (0.2) 1 —— 1
		① 5 — 6:30pm RL 500ml
		① 6:30 — 8pm: D5 500ml + NaHCO3 15cc + Kcl 5cc.
		8pm — 9:30pm NS: 500ml.
	(9.30pm)	Inj. Lasix : 20mg st
		Inj Xone 1.5g —— 1.5g

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/25 5PM	S/B - Dr Yuvaraj.	
	Child reviewed alert, active No abdominal pain Hydration good passed urine	
	RS - Clear PA - Soft other system - WNL	Adv: - Continue IVF as charted - Check W.line in case of any pain monitor vitals
15/7/25 8pm	S/B Dr. Manonmani.	
	Child reviewed no c/o Abd pain voided urine - clear, small particles (+) Alert, Active Tolerating oral feeds well Hydration - PPWT, CRT < 3sec	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile	
	CVS-S1S2 (+)	
	RS-clear	
	P/A - soft	
		Adv
		- monitor vitals
		- W/F urine output
		- To void urine in filter.
		- Drugs as per chart
	[signature] 14/2/24	
16-7-25 9am	No fever	
	No abd pain	
	voiding urine	12Noon — 1.30pm
		RL 500ml
		1.30 — 3pm
		D5 500ml + NaHCO3 15cc + KCl 5cc
		3pm — 4.30pm
		NS 500ml
		4.30p.m : Lasix 20mg stat
		Mobilize
		Urimax (0.2) 1—)
	[signature]	

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

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'OTES AND DOCTOR'S ORDER

	Doctor's Order
	- Dr Yuvaraj
	A - Hyperoxaluria + ® ureteric calculi.
	- Child reviewed
	o/E alert, active
	voiding urine -
	1 episode + mild blood streaks @ passed urine.
	~~Mild pain~~
	RS - Clear
	PA - Soft, mild tenderness @ Rt & ® inguinal region
	CVS / NAD
	CNS
	Plan :
	- (D2) fluid therapy - as charted
	- Monitor vitals
	- I/o chart
	- W/F - passing stones in urine

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 5PM	S/B - Dr Yuvaraj	
	Child renewed	
	alert, active, afebrile	
	vital - stable	
	hydration - good	defa - good
	RS - Clear	
	PA - Soft, non tender	
	CVS - WNL	
	CNS -	
		Adv:
		- monitor vitals
		- I/O chart
		- Medications as charted
		Tx

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/1/26 3.45pm	S/B Dr. prahlad	
	Δ - Hyperoxaluria c (R) ureteric calculi	
	• Child reviewed after three days of flush, stone (+) in the same site	
		Plan.
	(1)	DJ stenting of (R) ureter.
		J- Cystogram S-O-S
	(2)	

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

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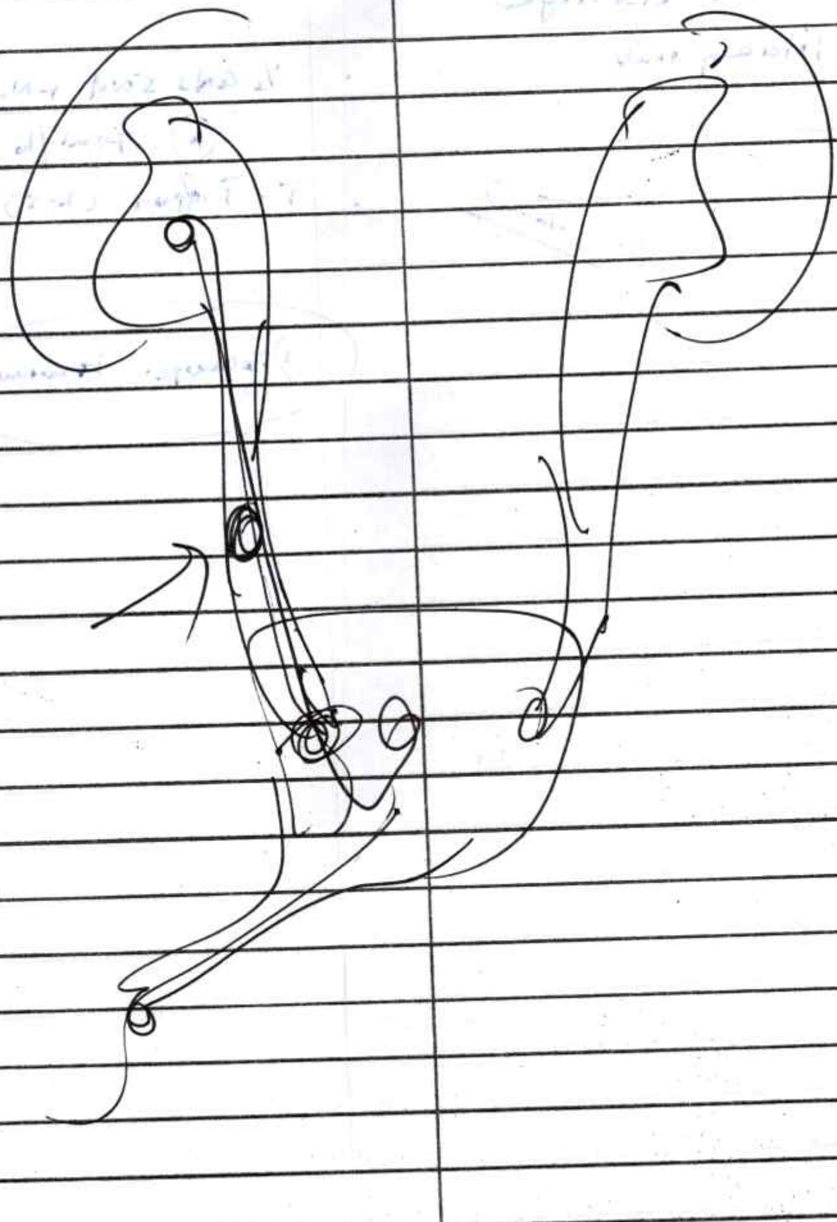
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18-7-26		
24	· Stealing done	
	· Urine: bld tinged	
	Tolerating oral	· 1/2 GNS 500ml + NaHCO3 20cc
		@ 70ml/hr
	[signature]	· T- Tropan (2.5) ½ — ½
		Discharge tomorrow

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RESULT SHEET

Date	15/7/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na	139					
K	4.1					
Cl	103					
Ca/Mg	1.12/					
Phosphate / HCO_3^-	/21					
Urea	16					
Creatinine	0.45					
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						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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DRUG CHART

Date of Admission: 15.07.2026 Drug Allergies: Nil

☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

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REGULAR PRESCRIPTIONS

Weight. 31.8 kg Ward. .....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.5g	IV	Q 12 H	15/7

Name & Signature of the Doctor
Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7	18/7
8am	✓	KS	KS	KS
8pm	SA	RV	RST	

D1 D2 D3 D4

DRUG : TAB. TAMSULOSIN

Dose	Route	Frequency	Start Date
0.2mg	PO	Q 12 H	15/7

Name & Signature of the Doctor
Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
8am	
8pm	stopped

DRUG : T. CYCLOPAM

Dose	Route	Frequency	Start Date
1 tab	PO	BD	15/7

Name & Signature of the Doctor
Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7
8am	✓	KS	SA
8pm	SA	KS	

stop (12.5.17)

DRUG : SYP. POTRATE MBG

Dose	Route	Frequency	Start Date
10ml	PO	Q 8 H	15/7

Name & Signature of the Doctor
Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7	18/7
6am	✓	KS	KS	KS
2pm	SA	RV	RST	
10pm	KS	KS	KS	

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REGULAR PRESCRIPTIONS

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

DRUG : TAB · BLONG

Dose	Route	Frequency	Start Dt.
100mg	PO	OD	15/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/7	17/7	18/7
8am	KS	SA	NG

DRUG : INJ. PAN

Dose	Route	Frequency	Start Dt.
40mg	IV	Q24H	15/7

Name & Signature of the Doctor Starting the Drugs: 125882

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16	16/7	17/7	18/7
1.30 pm	GS				
		6 Am	KS	KS	KS

DRUG : C. URIMAX

Dose	Route	Frequency	Start Dt.
0.2mg	P/O	BD	15/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/7	16/7	17/7	18/7
9 PM		SD	SA	NG
9 pm	11pm KS	KS	KS	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Patient Sticker

Weight 31.8 kg Ward .....

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

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

Signature .....

VERIFIED By Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
		~~G Urniax~~	~~0.2mg~~	~~P/o~~		
15/7	9.30PM	Inj LASIX	20mg	IV		RS
16/7	4pm	Urniax	0.2mg - 2 tab.	PO		SA RV
16/7	4.30PM	LASIX	20mg	IV		RV
17/7	1.30pm	Lasix	20mg	IV		SA
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
18/7/24	10.10AM	INJ. CEFOTAXIME	1g	iv	S. Akhi 10/1348	PT
18/7/24	10.30AM	INJ. PARACETAMOL	3mg	iv	S. Akhi 10/1348	PT GD
18/7/24	2PM	INJ. PARACIP	450mg	iv	S. Akhi 10/1348	PT GD

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I.V. FLUIDS CHART

Weight. 31.8kg Ward. .....

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

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
15/7	2.30 pm	IVF - ½ DNS 500ml + $NaHCO_3$ 20ml + KCl 5ml	IV	80		SA	15/7		SA
16/7	5.PM to 6.30PM	RL - 500ml	IV	330	T-Y	SA / RV	16/7/21 at 6.30pm	T-Y	SM / RV
16/7	6.30PM to 8.PM	D5 - 500ml + $NaHCO_3$ (15ml) + KCl (5ml)	IV	300	TY	SA / RV	15/7 8pm	TY	KS
~~15/7 8pm~~	8PM to 9.30PM	NS - 500ml	IV	330	TY	KS	15/7 9.30 pm	TY	KS
16/7	12 to 1.30PM	RL 500ml over 1½hr	IV	330	T-Y	SA	16/7 @ 1.30pm	TY	RV
16/7	1.30PM to 3PM	D5 500ml + $NaHCO_3$ 15cc + KCl 5cc	IV	330	TY	RV / NS	16/7 @ 3.00pm	TY	RV
16/7	3 to 4.30PM	NS - 500ml	IV	330	TY	RV	16/7 4.30 pm	TY	RV
17/7	9.~~8~~PM	RL 500ml over 1hr	I.V	330		SA / PM	17/7 10.30 AM		SA / PM
17/7	10.30 AM	D5 500ml + $NaHCO_3$ 15cc + KCl 5cc	IV	330ml		SA / PM	17/7 12pm		SA / PM
17/7	12pm	NS - 500 ml	IV	330ml		SA / PM	1.30 pm		SA / PM

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BirthRight by Rainbow

	I.P. No	Weight(kg)	Sheet No:

I. V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (If infusion, mention ml/hr=Mcg/kg/min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/7	1pm	IVF 0.9% DNS	I.V	70 ml per hr	[signature]	RST			
18/7/26	10Am	Rl	iv	400ml	[signature] 101348	PT GD.	18/7/26	[signature] 101348	PT GD-

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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: ER. Shifted to: 510.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP. POTRATE MBG	10ml	PO	TDS	15/7 9 am	☑C ☐DC
2	T. BLONG 100mg	1 tab	PO	OD	15/7 9 am	☑C ☐DC
3	T. FEXIMAX 200mg	1 tab	PO	BD	15/7 9 am	☐C ☑DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 15/7/26 12.30pm

Nurse Name & Signature: Godwin Sam 01618

Date & Time : 15.07.2026 @. 12.40pm

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: 5th floor Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 18/7/16 at

Nurse Name & Signature: .....

Date & Time : .....

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

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

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

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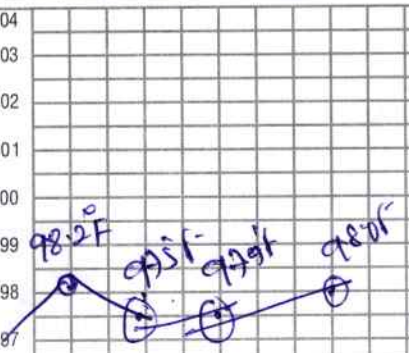
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/11/15 Time: 3pm 8pm 12am 4am

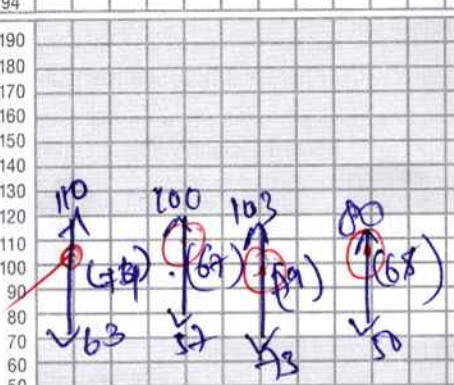
Doctor / Nurse / Family Concern?

Temperature (°F)



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

Note:
BP does not score in early warning scoring



Heart Rate (Number)	102 b/m	110 b/m	98 b/m	105 b/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	22 b/m	28 b/m	28 b/m	20 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	9	6	6
Conscious Level: Normal / Altered	✓			
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

(2)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7/26 Time: 8am 12pm 4pm 8pm 9pm 1pm 12am 4am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.2 98.4°F 98.4°F 98.2°F 98.0°F 97.5°F 98.6°F

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

Note: BP does not score in early warning scoring

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

102 (90) 66 | 100 116 (92) 66 | 100 (74) 62 | 104/99 (80) (62) 70 70 61 | 100 70 | 103 (75) 70

Heart Rate (Number)	100bpm	93bpm	98bpm	104bpm	98bpm	100bpm	100bpm

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

70 60 50 40 30 2 1

Resp Rate (Number)	26bpm	26bpm	26bpm	26bpm	26bpm	26bpm	26bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA			
O_2 Saturations (%)	98%	98%	98%	98%	95%	96%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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(3)

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7

Time:	2am	10pm	4pm	8pm	12am	4am
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.F	98.2	98.8F	98.0F	98.5F	97.5F
Blood Pressure (mmHg) *	100/66 (78)	102/62 (78)	106/62 (84)	105/74 (81)	100/70 (80)	110/60 (65)
Heart Rate (Number)	96bpm	90bm	100b/m	102b/m	100b/m	98b/m
Resp Rate (Number)	24b/m	24b/m	25b/m	24b/m	24b/m	24b/m
Resp Distress (Mod/ Severe; None / Mild)	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA			
O_2 Saturations (%)	97%	98%	98%	98%	99%	97%
Conscious Level (Normal; Altered)	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

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

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) * scale: 70, 60, 50, 40, 30, 2, 1

ACTIONS

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FLUID CHART

Sheet No. : 1

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

15/7/26.		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm			Dacoping in Ward							0	
	03:00 pm	H2O	100ml	330ml.						200ml	0	
	04:00 pm			330ml							0	
	05:00 pm	H2O	50ml	330ml							0	
	06:00 pm			300ml						✓	0	
	07:00 pm	H2O	50ml	300ml							0	
Total Intake :		200 ml + 1,590 ml				**Total Output :**						
	08:00 pm	H20	50ml	380						370	0	
	09:00 pm	Milk	200	390						270	0	
	10:00 pm	H20	200ml	60						110	0	
	11:00 pm	H20	200ml	60			✓				0	
	12:00 am	H20	100	60						H60	0	
	01:00 am	H20	400ml	DC						370ml	0	
Total Intake :		1,150 ml + 840ml				**Total Output :**						
	02:00 am	H20	30ml	DC						290	0	
	03:00 am	H20	100ml	60						250	0	
	04:00 am	H20	200ml	60						320ml	0	
	05:00 am			60							0	
	06:00 am			DC							0	
	07:00 am	Milk	180ml	DC						240ml	0	
Total Intake :		480ml + 180ml.				**Total Output :**						

Total 24 hrs. Intake	4.440ml	Total 24 hrs. Output	2.830ml.

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

Foot -
AB gift -

Sheet No. : (2)

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

16/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H20	200ml	60ml						390ml	0	
	09:00 am	H20	200ml	DC						90ml	0	
	10:00 am	H20	250ml	DC						150ml	0	
	11:00 am	Soup H20	60ml	DC						160ml	0	
	12:00 pm	H20	350ml	330ml						270ml	0	
	01:00 pm	H20	420ml	330ml						380ml	0	
Total Intake :		2,192ml + 720ml				Total Output :				1,440ml.		
	02:00 pm	Buttermilk	200ml	330ml						550ml	0	
	03:00 pm	TC water Hot	450ml	330ml						460ml	0	
	04:00 pm	H20	400ml	330ml						370ml	0	
	05:00 pm	H20	500ml	330ml						670ml	0	
	06:00 pm	H20	500ml	DC						1,860ml	0	
	07:00 pm	H20	600ml	DC						1,110	0	
Total Intake :		2,650 ml + 1,320ml				Total Output :				3,987.		
	08:00 pm	H20	200							160ml	0	
	09:00 pm	H20	150							340	0	
	10:00 pm	H20	200							300	0	
	11:00 pm	ROOST	200								0	
	12:00 am	H20	100ml								0	
	01:00 am										0	
Total Intake :		850ml				Total Output :				800ml		
	02:00 am	H20	200ml								0	
	03:00 am	H20	100							310	0	
	04:00 am	H20	100							180ml	0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :		400ml				Total Output :				1110ml		

Total 24 hrs. Intake	6,052 ml	Total 24 hrs. Output	6,667 ml

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FLUID CHART

Sheet No. : 8

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.

12/2

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H20	200ml								0	S.A
	09:00 am	H20	200ml	33ml						400ml	0	S.A
	10:00 am	Biscuit	200ml	33ml							0	SA
	11:00 am	Soup	200ml	33ml						370ml	0	S.A
	12:00 pm	H20	100ml	33ml						360ml	0	S.A
	01:00 pm	H20	400ml	33ml						380ml	0	S.A
Total Intake :		1,300ml + 620ml.				Total Output :				1,610ml.		
	02:00 pm	H20	100ml	3						700ml	0	
	03:00 pm	H20	150ml							370ml	0	
	04:00 pm	H20	120ml							360ml	0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm	H20	200ml							270ml	0	
Total Intake :		570ml				Total Output :				1,700ml		
	08:00 pm	H20	200ml								0	
	09:00 pm	H20	200							370	0	
	10:00 pm	Milk	200							400	0	
	11:00 pm	H20	200ml								0	
	12:00 am										0	
	01:00 am										0	
Total Intake :		1000 ml				Total Output :				770 ml		
	02:00 am	Milk	200								0	
	03:00 am	N									0	
	04:00 am	P									0	
	05:00 am										0	
	06:00 am	0								440	0	
	07:00 am										0	
Total Intake :		200 ml				Total Output :				440 ml		

Total 24 hrs. Intake	3,070ml + 1620 ml	Total 24 hrs. Output	4,420 ml

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: hydroxyureic lesion c (L) Ureteric calculus			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	15/7 E	15/7 N	16/7 M	16/7 E	16/7 N	17/7 M
	Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	noted	Noted
	Diet:	N diet	N diet	N diet	N diet	N diet	N diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.2	98.4 F	98.2F	98.4°F	98.2F	98.4
	Res:	28bm	26bt	26bm	26 b/m	26b/m	20bm
	SpO_2:	98%	99%	100%	98%	98%	98%
	Pulse:	102bm	108bt	100bm	119b/m	108b/m	124 bm
	BP:	110/63	117/56	106/66	116/62(74)	100/76	119/96
	LOC:	conscious	Consciy	conscious	concious	Conscious	conscious
	Fall Risk Score:		9.	9	9	9	9
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	intact	Intact	intact	intact	Intact	intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Special Diet:	—	—	—	—	—	—
	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):	Non Dependent	non depend	Non Dependent	Non dependent	Non dependent	Non Dependent
Post Operative Procedure Special Orders:		—	—		—	—	—
Handed Over By Name :		S. [illegible]	Nasiha	S. [illegible]	R. [illegible]	[illegible]	S. [illegible]
Signature / ID :		[illegible]	[illegible]	[illegible]	R. [illegible]	[illegible]	[illegible]
Date:		15/7/26	16/7/26	16/7	16/7	16/7	17/7
Time:		@ 7.30PM	at 7:30	[illegible]	8pm.	8AM	1:30
Taken Over By Name :		Sandh.	S. [illegible]	R. [illegible]	[illegible]	[illegible]	[illegible]
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		15/7	16/7	16/7	16/7	[illegible]	17/7
Time:		at 7:30	7:30am	1:30	7:30 PM	7:30	2pm

Docu. No. : RCH /FRM / CLINICAL / 097

(1)

GUC:-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

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: 15/7/2018

E

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	TO Maintain Nutritional Status		⇒ TO encourage high rich protein diet	TO improve Nutritional Status	The child Vital Sign Stable	
Night	8pm	TO. maintain. fluid. Balance.	8pm	TO Asses the general condition. TO monitor Vital signs. TO maintain Intake Output chart. Administer IV fluids as per doctors order.	maintained fluid. Volume.	Document. copy done.	

GUC-00093892 IP18-00036480
Master DOMINIC. K (M)
11-04-2015 11 Y 3 M 4 D
Dr. PRAHLAD N

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

NURSING CARE RECORD

Date: 16/7/26

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 Maintain Nutritional Status		=> Assess the child condition => provide adequate Nutritional	=> Maintained Nutritional Status	=> Reassessment done	[signature]
Afternoon	2pm	Maintain personal hygiene		=> Assess the child condition => Maintain personal hygiene (oral, bath hygiene)	=> Maintained personal hygiene	=> Reassessment done	[signature]
Night	7.30 pm	Maintain fluid Balance	8 pm	provided fluids Encourage to take feed	-> Maintained hydration	child Stable	[signature] 219340

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

(1)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26		Recieving Notes on (15/7/26).	
	2.30pm	The child receiving from ER to 5th Floor the child. Handing over taken from ER Staff →	[signature] 02113
		The child came complaints of blood in urine today. The child diagnoses of Hyperoxaluria c̄ (R) ureteric calculus →	[signature] 02113
	3pm	Vital signs are checked & Recorded vital signs are stable [3pm | CP # | PP # | CRT <2sec] →	[signature] 02113
	5pm	RL - 500ml 230 on flow	
	6.30pm	DS 500ml + NaHCO3 15ml + KCl 5ml on flow →	[signature] 02113
	7pm	Maintained I/O chart & Recorded.	
	7.30pm	The child Handing over given to night duty staff →	[signature] 02113
		← Night duty →	
	7.30 am	Child detail Handing over taken by evening duty s/w →	[signature] 01894
		→ Child was Conscious and Oriented. Child was active & alert IV line patent →	[signature] 01894

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....Nil........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7	8am	vitals are checked and recorded vitals are stable	
		Time / CRT / CP / PP — <3sec / +ve / +ve	
	8pm	→ IVF NS - 500ml 80ml/hr. IV onflow child co-operated well, 9:30pm - Inj - Tasin 20mg given	nis/01901.
	10pm.	Due medication was given. As per drug chart. order.	nis/01901
16/7.	12AM	vital signs are checked and recorded. vital are stable	
		CP / PP / CRT — ++ / ++. / <3sec.	nis/01901.
	12:30am	child c/o. vomiting one. episode Informed DR. manonmani she advised	
	12:40 am	TO give Inj. Emit. 3.5 IV order. followed.	nis/01901
	Day	→ child sleeping. well no complaints of sleeping disturbance → IVF- ½ DNS 500ml + Nattcos 20ml + KCl 5ml on flow	[signature] 019340 [signature] 019340
	10am	→ Vitals are Checked and Recorded vitals are stable	
		Time / CRT / CP / PP — <3sec / +ve / +ve	[signature] 019340
	6am	→ Due Medication was given as per drug chart Say	[signature] 019340

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

(8)

NURSES NOTES

Rainbow Children's Hospital
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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ...Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7	7am	Maintaining feeds & sips	
	7.30	→ Child detail handed over	
	am	given to morning duty S/N	[illegible] 01527
		Morning duty	
16/7	7.30Am	→ The child hand over	
		from night duty staff.	
		child is conscious oriented.	
		IV line is present	
	8.00Am	→ The child vital PP CP CRT	S. [illegible] 01985
		sign clearly record ++ ++ <3	
		→ Due medication is	
		given as per drug chart	
		maintaining document	
	9.00Am	The child visit Dr. Prahlad	
		Sir. 12 – 1.30pm. RL 500ml / 1.30pm	
		3pm RL – 500ml + MgSO4 1cc + KCl	S[illegible] 01985
		5ml 3pm – 4.30pm NS – 500ml.	
		NS – 500ml. 4.30pm – inj. lasix 20mg	
		start.	Mob[illegible] 7.00pm 02.ms.	S[illegible] 01987.
		→ Due medication is given	
		as per drug chart maintain	
		ey document	
	1.00pm	→ The child is no any	
		other complaints. child was	S[illegible] 01987.
		stable.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .....Nil.........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7	12pm	→ The child vital sign checking record. PP ++ / CP ++ / CRT 3 sec	
		The child IV fluids RL 100ml over 1½ hour connected	
		& maintain & document.	[signature] 01987
	1pm	→ The child I/O chart maintaining & document	
	1.30pm.	→ The child hand over from evening duty staff.	[signature] 01986
16/7/26.		Evening Duty on (16/7/26)	
	1.30pm	The child Handing over taken from. Morning duty Staff the child was concious & Oriented IV line present & Pattern IV fluid D5 500ml + NaHCO3 15ml + KCl 5ml.	
		330 ml/hr on flow →	[signature] 021113
	2pm	Due to medication as per drug chart order	
	3pm	NS - 500ml on flow →	[signature]
	4pm	Vital signs are checked & Recorded vital signs are Stable. 4pm: CP ++ / PP ++ / CRT <3sec	021113
	4.30pm	inj - Lasix was given as per drug chart order →	[signature] 021113

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

(B)

NURSES NOTES

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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ......[illegible] Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7.		Continue	
	6pm	Due medication was given as per drug chart order	
	7pm	maintained I/O chart & Recorded	
	7.30pm	The child handing over given to night duty staff →	[signature]
		← Night duty →	[signature]
	7.30 pm	→ Child detail handing over taken by Evening duty S/N	[signature]
		→ Child was conscious and oriented child are active & alert in free pattern	
	8pm	→ vitals are checked and Recorded vitals are stable	
		Time | CRT | CP | PP | <3 s | +1 | +1	[signature] 019346
	8pm	→ Due medication as given as per drug chart order	
	9pm	→ T. [illegible] as given as per drug chart order	
	10pm	→ Syp. potrate HB6 as given as per drug chart order	[signature] 019346
17/7	12am	→ vitals are checked and Recorded vitals are stable	
		Time | CRT | CP | PP | <3 s | +1 | +1	[signature] 019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ......Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7	Day	→ Child sleeping and c/o Complaints of sleeping disturbance	019345
	4am	→ Vitals are checked and Recorded vitals are stable	
		Time / CRT / CP / PP — <3s / ++ / ++	019345
	6am	Due medication are given as per drug chart daily	
	9am	→ Maintaining records & reports.	019340
	7.30 am	→ child detail handing over given to taking duty SN	019340
17/7	7.30pm	Morning duty	
		⇒ The child hand over from night duty staff.	
		child is conscious oriented	
		IV line is present.	
	8.00pm	⇒ The child vital sign checking recorded PP ++ / CP ++ / CRT <3s	019359
		⇒ Due medication is given as per drug chart maintain & document	
	9.00am	⇒ Start IV fluids RL 500ml 330 ml over 1 ½ hours	
		Maintaining document.	09.
		⇒ Due medication given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 5 D (M)
Dr. PRAHLAD N

NURSES NOTES

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies
☐ Drug Allergies ...Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26		per drug chart maintaining document	[signature]
	10.40Am	→ Given IV 500ml NaCl 0.9 15ml KCl 5ml over 330ml 1 ½ hours. Maintaining document	
	12pm.	The child vital sign chart records PR / CO / CRT: ++ / ++ / <3sec	
		→ The child IV fluid NS 500ml 330ml over 1 ½ hours Maintaining document.	[signature]
		→ The child I/O chart maintaining document	
	1.30pm.	→ The child hand over to evening duty staff.	[signature]
		Evening duty.	
	1:30pm	child details handover taken from the Morning duty staff. child was conscious & oriented. on like pattern. USG Abdomen done.	[signature]
	2pm	Due medication as given for the drug chart order on the pattern.	
		NO other complaints. Dr. ... mam phonecall told: CBC, APTT, PT INR	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		& Blood grouping, follow the Order.	
17/7	3.30pm	Dr. Prahlad sir see the child sir. Advical continue same. follow to Dr. Nandhi mam Advied. After willing T/m plan for procedure.	[signature]
	4pm	Check the vital sign vitals are the stable. CP 77, PP 41, CRT 2s	[signature]
	6pm	Due medication as given for the drug chart order. No other complaint. Till now not willing for the other to produce.	[signature]
	7pm	monitor Dlo chart no other complaint. Dr the pattern Dr. Gayathrimam see the child attent. Till now not willing for the procedure.	[signature]
	7.30pm	child details handover given to the the night duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093892
Master DOMINIC. K IP18-00036480
11-04-2015
Dr. PRAHLAD N 11 Y 3 M 6 D (M)

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NURSES NOTES

Rainbow Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Night duty →	
17/7	7.30 PM	→ Child detail Handing over taken by Evening duty S/a →Child was conscious and oriented child was active & alert in the pattern	019346
	8pm	→ vitals are checked and Recorded vitals are stable. Time / CRT <3sec / CP +x / PP +x	019346
	8pm	→ Due medication as given as per day care order → Dr prahlad sir explained through phone call about procedure	
	10pm	Due medication as given as per day care order → patient waiting for procedure informed to Dr. Pandurang	019346
18/7	12am	→ vitals are checked and Recorded vitals are stable Time / CRT <3sec / CP +x / PP +x	
	2am	→ Child sleeping well no complaints of sleeping well, child on NPO	019346
	4am	→ vitals are checked and Recorded vitals are stable	019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7		Time / CRT / CP / PP — 4hr / ++ / ++	[signature] 019246
	5:45 am	Due need CBL, APTT INR Blood grouping sended to lab, child was on upto at 3am	[signature] 0194
	6am	Due medication as given as per dr. Chart order	
	7am	Maintaining records & reports	
	7:30 am	Child detail handing over given to relieving duty S/N	[signature] 019246
		Morning duty	
	7:30 AM	child details handover taken from the Night duty staff child was conscious & oriented. On line pattern. monitor vitals.	[signature]
	8AM	check the vital sign vitals are the stable Temp - 98.1°F. - BP - 106/70 SpO2 - 99%. CP ++ / PP ++ / CRT <3	[signature]
		continue the NPO. So Not given the medicine in oral.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC:-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 7 D (M)
Dr. PRAHLAD N

(2)

NURSES NOTES

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20220520222305940040 18

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/22	9:45pm	Child was shift to OT for Procedure. child details handover given to the OT staff	
		OT Notes	
18/7/22	9:45 AM	=> child received from 5th floor to pre op area. While receiving Child ID Band, Consent Checked.	
	10:05 AM	=> Child received to OT.	
		=> Anaesthesia given by Dr. Ashwini under General Anaesthesia.	
		=> Painting and draping done under Aseptic precaution.	
		=> Surgery done by Dr. Nandhini	
		=> DJ Stent Inserted in urethra Size 4 Fr Length 12cm.	
	11 Am	=> Child shifted to Recovery area child vital Signs are stable. Tem: 98.6°F HR: 113 b/m SpO2: 98% RR: 20 b/m.	
	12pm	=> Child vital signs are stable. Tem: 98.6°F HR: 100 b/m SpO2: 97% RR: 20 b/m.	
18/7/22	12:40pm	=> Child Shifted to 5th floor and Child handovers to 5th floor staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
	12.45pm	child details handover	
		taken from the OT staff	
		child was conscious &	
18/12		oriented IV line patent	
		check the vital sign	
		vitals are the stable	[signature]
		CP ++ / PP ++ / CRT <3s	
	1pm	given water 30ml no	
		vomiting. Child was	[signature]
		stable.	
		monitor the chart.	
	1.30pm	child details hand over	
		given to the morning	[signature]
		duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name: .....

MRD NO: GUC-00093892 IP18-00036480
Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

Age :..... ex: ☐ M ☐ F

Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 15/7/26 Time: @ 1:15pm

Location : Metacarpal (R)

Size : 22 G

Cannula inserted by : Godwin

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
15/7/26	1:15pm	☐Yes ☐No	☐Yes ☐No	patent	
	3pm	☐Yes ☐No	☐Yes ☐No	patent	
	5pm	☐Yes ☐No	☐Yes ☐No	observed	
	8pm	☐Yes ☐No	☐Yes ☐No	observed	
	10pm	☐Yes ☐No	☐Yes ☐No	observed	
16/7	12AM	☐Yes ☐No	☐Yes ☐No	observed	
	2AM	☐Yes ☐No	☐Yes ☐No	observed	
	4AM	☐Yes ☐No	☐Yes ☐No	observed	
	6AM	☐Yes ☐No	☐Yes ☐No	observed	
	8am	☐Yes ☐No	☐Yes ☐No	observe	
	10am	☐Yes ☐No	☐Yes ☐No	observe	
	12pm	☐Yes ☐No	☐Yes ☐No	observed	
	2pm	☐Yes ☐No	☐Yes ☐No	observed	
	4pm	☐Yes ☐No	☐Yes ☐No	observed	
	6pm	☐Yes ☐No	☐Yes ☐No	observed	
	8pm	☐Yes ☐No	☐Yes ☐No	observed	
	10pm	☐Yes ☐No	☐Yes ☐No	observed	
17/7	12am	☐Yes ☐No	☐Yes ☐No	observed	
	2am	☐Yes ☐No	☐Yes ☐No	observed	
	4am	☐Yes ☐No	☐Yes ☐No	observed	
	6am	☐Yes ☐No	☐Yes ☐No	observed	
	8am	☐Yes ☐No	☐Yes ☐No	observe	
	10am	☐Yes ☐No	☐Yes ☐No	observe	
	12pm	☐Yes ☐No	☐Yes ☐No	observe	
	2pm	☐Yes ☐No	☐Yes ☐No	obsn	
	4pm	☐Yes ☐No	☐Yes ☐No	obsn	
	6pm	☐Yes ☐No	☐Yes ☐No	obsn	

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
17/7	8pm	☐Yes ☐No	☐Yes ☐No	observed	
	10pm	☐Yes ☐No	☐Yes ☐No	observed	
18/7	12am	☐Yes ☐No	☐Yes ☐No	observed	
	2am	☐Yes ☐No	☐Yes ☐No	observed	
	4am	☐Yes ☐No	☐Yes ☐No	observed	
	6am	☐Yes ☐No	☐Yes ☐No	observed	
	8AM	☐Yes ☐No	☐Yes ☐No	observ	
	10pm	☐Yes ☐No	☐Yes ☐No	observed	
	12pm	☐Yes ☐No	☐Yes ☐No	obsn	

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			15/7	15/7	11/7	16/7	16/7
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	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2				
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1	1	1	1	1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9	9	9	9	9

Intervention:

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

	Bed in low position	✓	✓	✓	✓	✓
	Call device within reach	✓	✓	✓	✓	✓
	Wheels Locked	✓	✓	✓	✓	✓
	Room free of clutter	✓	✓	✓	✓	✓
	Adequate lighting	✓	✓	✓	✓	✓
	Wheel chair support	-	N/A	N/A	N/A	-
	Other Intervention(s) Specify	-	NA	NA	NA	-
	Nurse's Name:					
	Signature:					
	Date:	15/7	15/7	16/7	16/7	16/7
	Time:	@3pm	8pm	8pm	2pm	8pm

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BRADEN 'Q' SCALE

Patient ID

				Date :	15/7	15/7	16/7	16/7
				Time :	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.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction. Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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

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BRADEN 'Q' SCALE

				Date :	16/7	16/7	14/7	17/7
				Time :	N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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				TOTAL SCORE	28	28	28	28
				Evaluator's Name	DRMG		DR	

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10-12	High Risk	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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PAIN ASSESSMENT FORM

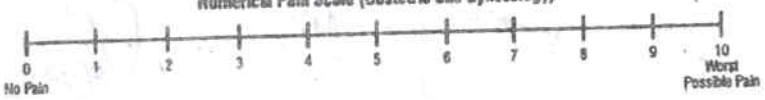
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7	3m	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	Nil	R. Giri. 02/11.3
15/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
16/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
16/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
16/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☒ No	Nil	[illegible]
16/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
17/7	12pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 01824
17/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
17/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
17/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible] 01934

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Hypoxaluria & R/O ureteric calculus.

Arrival Time: 1:50pm Mode of Arrival: walking Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: No allergic reaction

Body Weight: 31.8 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
1/2 year of age fever viral ass infection.	Nil	Nil

Family History: —

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

If yes please list, ...

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

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

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

Observations: Weight: 31.8kg. Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.2°F HR: 102 b/m RR: 22 b/m BP: 110/63 (74)

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... family .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother .....

R. Vaithyanathan 02/11/26

Nurse's Name: R. Vaithyanathan Date: 15/11/26 Time: 2:15PM Signature

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Master DOMINIC. K
11-04-2015 11 Y 3 M 4 D (M)
Dr. PRAHLAD N

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
15/7	3pm	7	Health Education about the hand hygiene	Mother	nil	oral	none	verbal	good	[signature]
16/7	8am	9	Health education Teach Nutrition Status	Mother	nil	oral	none	verbal	good	[signature]
17/7	8am	10	Health education Teach about fall risk education	Mother	nil	Oral	none	verbal	good.	[signature]
18/7	6am	11	Explain about the safe care of medical Equipment	mother	nil	oral	none	verbal	good	[signature]

Part - III: CODES

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

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

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

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

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

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BED SIDE CHECK LIST FOR NURSES

Date:	15/7	16/7	17/7	18/7					
Doctor's Orders				✓					
Carried out or not			✓	✓					
Bed Side									
Structured Handover done	✓	✓	✓	✓					
IV Site	✓	✓	✓	✓					
Central Lines	X	X	✓	X					
Arterial Lines	X	X	X	X					
Feeding Catheter	X	X	X	X					
Urinary Catheter	X	X	X	X					
Skin Care	X	X	X	X					
Eye Care	X	X	X	X					
Mouth Care	X	X	X	X					
Sterillum Bottle, Stethoscope	✓	✓	✓	✓					
Suction Bottle (Should be clean & empty)	X	X	X	X					
Intubation Tray	X	X	X	X					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X	X	X	X					
Ventilator Tubing,(Any Water, Blood)	X	X	X	X					
Humidification	X	X	X	X					
Check all Infusion (Labelling,Correct Preparation)	✓	✓	✓	✓					
Chest Physio & Neb	-	-	-	X					
Handed Over By Name :									
Signature :									
Date & Time:	15/7 8am	16/7	17/7	18/7					
Hand Over Taken By Name :		S. Nisha							
Signature :									
Date & Time:	16/7 8am	16/7 2-3pm	17/7 8pm						

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

PATIENT TRANSFER FORM

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Date & Time of Admission	Date & Time of Transfer Order
15.07.2026 @ 11:13 AM.	15.07.2026 @ 1:50PM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr prahlad.	Dr keerthana	further Management

From Unit	To Unit	Information to Attendant
ER	510.	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Total Sheets. 14.	CT Scan. 01	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. rone (1.5gm) —	1
2.	DNS —	(1)
3.	Intraflow	
4.	NaCHO3 —	(2)
5.	Kcl —	(1)

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

Hyperoxaluria

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
0161314	

Patient & Clinical Records Received by : Staff/Nurse 15/7/26 2.20pm

Date & Time of Patient Received : 15/7/26 2.20pm

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

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

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Height - 143 cm

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EMERGENCY ROOM TRIAGE FORM

Wt - 31.8 Kg

Patient's Name : Master Dominic Age : 11 Y Gender: ☑ Male ☐ Female

Date : 15/07/26 Time of Arrival : @ 10:45 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: 98.2°F PR: 116 BP: 121/69 (84) RR: 28 SpO₂: 98%

Chief Complaints: c/o stomach pain - x 2days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
- ☑ Normal
- ☐ Sick Looking

Circulation / Colour
- ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
- ☐ Stable
- ☑ Unstable :
  - ☑ Not – Life - Threatening
  - ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2 mins

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ....

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

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

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

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

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

Name of Triage Nurse : [signature]

Signature of Triage Nurse : [signature]

Date & Time : 15/7/26 @ 10:47 am

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15.07.2020. Time of arrival : 10:45 am.

Chief Complaints: Stomach Pain x 2 day. RBS: .....

Height : ..... Weight : 21.8kg. BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): 15.07.2020

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 10:50am

Time	Nursing Notes
12.30pm	Patient Came with Complaints of Stomach Pain since 2days. Monitored vital Signs & recorded Dr. Keerthana assessed and admitted IV placement done. Samples Collected and Sended to lab. Shifted for further Management

Samples collected by: Godwin Time: 1:15pm

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 116 bt BP: 121/69 (84) CFT: <2sec	Shift - out from ER to: ICU.
RR: 28 br SPO_2 : 98% RA	Time of Shift - out: 1:50pm
GCS: 15/15 Temperature : 98.2°F	Handover given to: Sri (Nurse's Name)
Pain Score: 8	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation done

(R) Metacarpal pain

Name of the Nurse : Godwin Sam Signature of the Nurse :

Date & Time : 15.07.2026 @ 12.30pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prahlad

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

Date : 15/7/26

Start Time of Assessment: 11.25 am

Weight: 31.8 kg

Allergic History: .....

Chief Complaints: .....
c/o blood in urine

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

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

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

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

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 22 SpO_2 on FiO_2 100 %

Rhythm: N

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: equal

Palpation Findings (If necessary).....

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

(P.T.O.)

Circulation

HR: 116

CFT — Central: <3 — Peripheral: <3

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 121 | 69 mmHg

Pulse Volume — Central: 2+ — Peripheral: 2+

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: A

Pupils — Responsive ☑ Non-Responsive ☐

Size — Right: 2mm — Left: 2mm

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

Signs of Neurological compromise .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Exposure

Temp.: 98.2°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Final Physiological Status:

☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned: .....

Treatment Planned: .....

Details inside

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

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

Assessment done by

Name of the Doctor: .....

Signature: Keerthana .D

Date & Time: 15/4/26 11:25 am

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature