



() Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

GUC-00094313 IP18-00036619
Master KAVIN MADHAV B
13-04-2015 11 Y 3 M 17 D (M)
Dr. NANDHINI G



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

ACTIVITY RECORD FOR BILLING

Name: IP18-00036619
UHID No: GUC-00094313
Date of Admission: Master KAVIN MASDHAV B
Room / Bed No: 13-04-2015 11 Y 3 M 13 D (M)
Ward: Dr. KARTHIK NARAYANAN R
Consultant: Dept:
Date of Discharge: Time:
Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/7	1.20 AM	ER	700	<i>[Signature]</i>
26/7/20	10 ³⁰ AM	7th Floor	OT	<i>[Signature]</i>
26/7/20	2.10pm	OT	7th floor	<i>[Signature]</i>

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	26/7/20	1733193	<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
26/7/26	CBC, CRP, Blood U/s, PT/APTT/INR, Urea, Creatinine, Electrolytes Blood Coagulation -	26023928	She
26/7/26	Appendix for Hpe	26023969	P. G. 26
27/7/26	CBC, CRP, Electrolytes	26024106	P. G. 26
26/7/26	RBS	26023929	P. G. 26

Investigations

Order No.

Signature

26/7/26

~~CBC, CRP, Bloodys~~

26023928

Chen

DEAPTTING when,

~~Cocaine, Ecstasy~~

Blood Chemistry -

20/7/20

Appendix for $H_p \in$

2602396

18

27/7/26

CBC, CRP,

2 } 26024106

P. 60726

Electrolytes

$$26 \neq 26$$

RB S

~~26023929~~

P. 66a

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/7/26	IV placement	①	1733158 ✓	
27/7/26	USG Abdomen	①	0010127 ✓	Sulbor383
27/7/26	X-ray pelvis	①	0010128 ✓	Sulbor383
27/7/26	Physiotherapy	①	1733757 ✓	R. Jany
27/7/26	IV placement	①	1733883 ✓	P. 60726
28/7/26	USG Scrotum	①	010172 ✓	Smay/bor383

ANY OTHER INFORMATION:

26/7/26 Procedure:

Surgeon: Dr. Nandhini

Anesthetist: Dr. Senthil Kumar Dr. Shyama

Starting time: 10:55 am

Ending time: 12:00 pm

Date: 30/7/26

Time: 6 AM

Prepared By:

Staff Nurse P. 60726	Shift / Ward	Billing Assistant	Billing Supervisor
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GUC-00094313 IP18-00036619
Master KAVIN MADHAV B
13-04-2015 11 Y 3 M 17 D (M)
Dr. NANDHINI G



DISCHARGE TRACKING SHEET

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		11:45 AM	<i>[Signature]</i>		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					



BED SIDE CHECK LIST FOR NURSES

Date:	26/7	27/7	28/7	29/7	30/7				
Doctor's Orders	YES	YES	YES	YES	YES				
Carried out or not	YES	YES	YES	YES	YES				
Bed Side									
Structured Handover done	YES	YES	YES	YES	YES				
IV Site	YES	YES	YES	YES	YES				
Central Lines	NA	NA	NA	NA	NA				
Arterial Lines	NA	NA	NA	NA	NA				
Feeding Catheter	NA	NA	NA	NA	NA				
Urinary Catheter	NA	NA	NA	NA	NA				
Skin Care	YES	YES	YES	YES	YES				
Eye Care	YES	YES	YES	YES	YES				
Mouth Care	YES	YES	YES	YES	YES				
Sterillum Bottle, Stethoscope	YES	YES	YES	YES	YES				
Suction Bottle (Should be clean & empty)	NA	NA	NA	NA	NA				
Intubation Tray	NA	NA	NA	NA	NA				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA	NA				
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA	NA	NA				
Humidification	NA	NA	NA	NA	NA				
Check all Infusion (Labelling, Correct Preparation)	YES	YES	YES	YES	YES				
Chest Physio & Neb	NA	NA	NA	NA	NA				
Handed Over By Name :	Romya	Sul	Romya	Sul	Sul				
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]				
Date & Time:	26/7/2015 3:00 PM	27/7/2015 8:00 PM	28/7/2015 8:00 PM	29/7/2015 3:00 PM	30/7/2015 8:00 PM				
Hand Over Taken By Name :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]				
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]				
Date & Time:	27/7/2015 2:30 PM	28/7/2015 8:00 PM	29/7/2015 8:00 PM	30/7/2015 8:00 PM	31/7/2015 7:00 PM				



Patient Name	Master KAVIN MADHAV B	Patient Ph.No	9600070462
Age	11 Y 3 M 15 D	Requisition No	R2618-010172
Gender	Male	Collected on	28-07-2026 11:37 AM
IP / Bill No.	IP18-00036619	Received On	28-07-2026 12:08 PM
UHID No.	GUC-00094313	Reported On	28-07-2026 12:08 PM
Ref. Doctor	NANDHINI G	Ward / Bed No	

ULTRASOUND SCROTUM**TESTES:**

Right testis measures 26 x 14 mm
Left testis measures 20 x 12 mm
Normal in size and echotexture.
Vascularity appear normal on both sides.
No focal lesion.
No evidence of microlithiasis

EPIDYDIMIS:

Normal size.
Homogenous echotexture
No focal lesion.

Severe scrotal wall edema noted on right side extending into midline and left para median region.

Distal end of right spermatic cord appear thickened with increased vascularity.

Very minimal right hydrocele.

No evidence of hydrocoele on left side.

No evidence of varicocoele.

Print Date/Time : 28-07-2026 12:08 PM

Printed By : ARUN

Page: 1 of 2

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

CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

www.rainbowhospitals.in



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Ref. Doctor	NANDHINI G	Ward / Bed No	

Impression

USG Scrotum shows,

- Right side distal part funiculitis with Severe scrotal wall edema on right side extending into midline and left para median region.

Suggested clinical correlation.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Print Date/Time : 28-07-2026 12:08 PM

Printed By : ARUN

Page: 2 of 2

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Patient Name	Master KAVIN MADHAV B	Patient Ph.No	9600070462
Age	11 Y 3 M 14 D	Requisition No	R2618-010127
Gender	Male	Collected on	27-07-2026 01:22 PM
IP / Bill No.	IP18-00036619	Received On	27-07-2026 01:40 PM
UHID No.	GUC-00094313	Reported On	27-07-2026 01:40 PM
Ref. Doctor	NANDHINI G	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 : 81 x 39 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 91 x 39 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

Dilated small bowel loops with sluggish bowel peristalsis.

No e/o significant echogenic free fluid / organised collection.

No ascites / Lymphadenopathy.

No e/o bowel wall thickening / edema.

Print Date/Time : 27-07-2026 01:40 PM

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Page: 1 of 2

Note: Clinically correlate , Kindly discuss if necessary

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Patient Name	Master KAVIN MADHAV B	Patient Ph.No	9600070462
Age	11 Y 3 M 14 D	Requisition No	R2618-010127
Gender	Male	Collected on	27-07-2026 01:22 PM
IP / Bill No.	IP18-00036619	Received On	27-07-2026 01:40 PM
UHID No.	GUC-00094313	Reported On	27-07-2026 01:40 PM
Ref. Doctor	NANDHINI G	Ward / Bed No	

Impression

Ultrasound features suggestive of

Dilated small bowel loops with sluggish bowel peristalsis - post op changes.

No e/o significant echogenic free fluid / organised collection.

Suggested clinical correlation.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Print Date/Time : 27-07-2026 01:40 PM

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Page: 2 of 2

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www.rainbowhospitals.in

CIN : L85110TG1998PLC029914

ADMISSION SHEET



Registration Details :

Admission No : IP18-00036619

Admit Date : 26-Jul-2026

Admit Time : 12:02 AM UHID : GUC-00094313

Patient Details :

Patient Name : Master KAVIN MADHAV B

Age : 11 Y 3 M 13 D

Guardian : Mr M S BHARATH KUMAR

DOB : 13-04-2015

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : NO 4 KEERAVANI APARTMENT MMTC COLONY
Naganallur Chennai Tamil Nadu INDIA
600061

Phone No : 9600070462/ 9940626724

E-mail : n@m.m

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT 709

Ward Name : 7F-PVT/SUITE

Room No : PVT 709

Admission Type : First Visit

Contact Details :

Name : Mr M S BHARATH KUMAR

Relationship : Father

Contact Address : NO 4 KEERAVANI APARTMENT MMTC
COLONY Naganallur Chennai Tamil Nadu INDIA
600061

Phone No : 9600070462


Signature

Doctor Details :

Doctor Name : Dr. NANDHINI G

Specialisation : PEDIATRIC SURGERY

Referral Doctor : dr Raghu Ram

Phone No : 8919342963

Co-Consultant : Dr. KARTHIK NARAYANAN R

Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 30000.00

Payor Name : SELFPAY

ADMISSION SHEET



Registration Details :

Admission No : IP18-00036619

Admit Date : 26-Jul-2026

Admit Time : 12:02 AM UHID : GUC-00094313

Patient Details :

Patient Name : Master KAVIN MASDHAV B

Guardian : Mr M S BHARATH KUMAR

Gender : Male

Occupation :

Address (H) : NO 4 KEERAVANI APARTMENT MMTC COLONY
Naganallur Chennai Tamil Nadu INDIA
600061

Age : 11 Y 3 M 13 D

DOB : 13-04-2015

Religion :

Marital Status :

Phone No : 9600070462/ 9940626724

E-mail : n@m.m

Admission Details :

Bed Type : DAY CARE

Bed No : ER 101

Ward Name : 0F-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr M S BHARATH KUMAR

Relationship : Father

Contact Address : NO 4 KEERAVANI APARTMENT MMTC
COLONY Naganallur Chennai Tamil Nadu INDIA
600061

Phone No : 9600070462


Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : dr Raghu Ram

Phone No : 8919342963

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: **Master KAVIN MASDHAV B**
IP No: **IP18-00036619**
Consultant: **Dr. KARTHIK NARAYANAN R**

Age : **11 Y 3 M 13 D**
Sex: **Male**
Ward/Bed No: **0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

(Patient's Signature:.....)

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

Signature of Patient/Relative: >

Name: >

Relationship: >

Date: >

Witness Name: >

Witness Signature: >

Patient Address:

NO 4 KEERAVANI APARTMENT MMTC
COLONY Naganallur Chennai Tamil
Nadu INDIA 600061

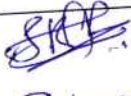
Time: 12:02

BILLING POLICY

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

DECLARATION

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

Patient Name : > KAVIN MADHAV . B	UHID Number : 94313
Self/Attendant Name : > BHARATH KUMAR M.S.	Relation : > FATHER .
Self/ Attendant Signature : > 	Name & Signature of Financial Counselor
Phone Number : > 9600070462	

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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00094313 IP18-00036619
Master KAVIN MASDHAV B
13-04-2015 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R



Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Karin Madhan Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Vomiting x 1 day

History of present illness :

- Vomiting x 1 day
persistent vomiting > 10 times, bilious vomiting
episodes, non projectile

- Abdominal pain over R hypochondrium from
yesterday night

- Fever x 1 day since afternoon

USG (25/7) - S/o Acute appendicitis

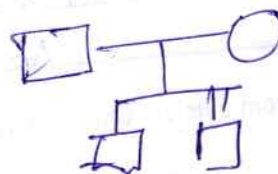


Is of any previous investigation or treatment)

Birth & Neonatal History:

T/Bw - 3.4 kg / LSCS / Nonviable

Family Chart



Birth & Socio Economic History:

About Father: NCM

About Mother:

Any additional information:

Developmental History:

Std - 6th

Immunization History:

Up to date 10th year vaccine - not given

Anthropometry:

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

Weight (kgs) 47.7 kg (Centile)

On Examination:

Temperature: 100.4 F Pulse Rate: 136/min B.P. 108/72 mmHg SPO2 97% @ RA

Resp. rate and type of breathing: 32/min

Rash

Lymphadenopathy

Oedema:

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : 6L AEO , Clear

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 @Any murmur : No murmur.

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

Per Abdomen :

Inspection : _____

Palpation : Soft, tenderness over R Iliac fossa & periumbilical region

Ausculation : _____

Spine : _____

External Genitalia : _____

No guarding / rigidity.

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

Central Nervous System :Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : _____

Motor System :

Nutriton : _____

Tone : (N)Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute Appendicitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC / CRP / Blood Gs
Electrolytes, urea, creatinine
PT, APTT
Blood grouping

Planned Management

IV line

IV Piptaz

IV metrogyl

- Pom 40 mg

- Emetrol 4 mg

- Paracetamol

- NPO

- Anesthetics follow

Signature of the Doctor:

Name of the Doctor:

Date & Time: 25/7/26 & 11 AM

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

1. Anticipated Date of Discharge:

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status:

☐ Self Care

☐ Family Home Care

☐ Home Professional Assistance

☐ Needs Assistance In:

☐ Medication

☐ Yes

☐ No

☐ Bathing

☐ Yes

☐ No

☐ Eating

☐ Yes

☐ No

☐ Walking

☐ Yes

☐ No

☐ Dressing

☐ Yes

☐ No

☐ Toileting

☐ Yes

☐ No

Remarks

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient

☐ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient

☐ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s:

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

☐ Patient

☐ Family Member

☐ Others:

Doctor Signature:

Doctor Name:

Date and Time:

CROSS CONSULTATION FORM

Doctor Name: Sounambikaa R. (PT) Date: 27/07/26 Time: 3:30 pm

Diagnosis:

Hospital: RLH - Guindy

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: R. Sounambikaa

Findings and Recommendations:

S/B Sounambikaa (PT)

Δ: Acute appendicitis

S/p: Appendectomy

POD - 1

c/o pain over surgical area

V/O: Conscious, alert Vitals: stable

O/E: Afebrile

Rx: - Mobilize patient around the ward

- Gentle Abdominal exercises taught to child

- Parent education

R. Sounambikaa

Consultant:

Name: Sounambikaa R. Signature: R. Sounambikaa Date & Time:

1. Introduction

2. Background

- Project description
- Project goals and objectives
- Project scope and boundaries

3. Methodology

4. Results and Discussion

5. Conclusion

6. References

7. Appendix

8. Conclusion

9. References

10. Appendix

11. Conclusion

12. References

13. Appendix

14. Conclusion

15. References

16. Appendix

17. Conclusion

IP18-00036619

SDHAY B
11 Y 3 M 13 D

13-04-2015

Dr. KARTHIK NARAYANAN R



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Hospital**
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

PROGRESS NOTES AND DOCTOR'S ORDER	
Date & Time	Doctor's Order
26/12/21	SIR DR. DEEPA
7:30 AM	Acute Appendicitis
	Child reviewed
	Child has no new concern
	no further fever spikes
	O/E:
	Alert
	CVS: S1 S2
	RS: VRS
	PLA: Soft / Tenderness over
	KIF
	CNS: NFI
	TC - 12,590
	CRP - 144 ↑
	C/DIW Dr. Karthik Sir
	Dr. Nandini Maam
	↓
	Advised to prep for Sx
	REF
	Continue at pre chart
	TO monitor vitals / Perianum
	C. Shan
	10/12/21

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

PROGRESS NOTES AND DOCTOR'S ORDER		
Date & Time	Progress Notes	Doctor's Order
28/2/16 10 AM	S/S. JH. moustham Highly mnd PH gl RIF- Tederum AS slight few spikes look sm	<i>[Signature]</i>
	— Mead, — parath. — 8276 k or	top of chin change went <i>[Signature]</i>

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

GUC-0004313
Master KAVIN MASOHAV S
13-04-2015 11:33 M 13 D (M)
Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

26/4/15
7:30 PM

Date & Time	Progress Notes	Doctor's Order
	S/E Dr. Chandrasekhar	
	Child semi-alert	
	Alert, Active	
	Revealed signs of meningitis	
	no c/o vomiting	
	c/o pain @	
	OK	
	Afebrile	
	CNS - S/Sx @	
	RCS - R/CAR @	
	PIA - soft, tenderness @	
	Ado	
	- Monitor vitals	
	- IV Antibiotics as per chart	
	- Paracetamol as	
	- Infusions @	
	S/D	
	THM	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time

Progress Notes

Doctor's Order

27/7/16
9 AM

S/B Dr. Chandiraleg

c/o pain
2 episodes of bilious vomiting
episode loose stool
O/E

Stable
P/A soft, tenderness over operated site
D/W Dr. Santini man
- To give Ty. Buscopan @ SC IV
- Abd birth @ H
- mobilize the child

Sh
19/12

S/B

Jh. Santini

2 pos.

lap aff dx

vib

color

dist

cho

ph. ty

SS & Stom

no distension

27/7/16
10 AM



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	4% Bilirubin. mostly in head	} many
	4% Head down from	
	T. Bilirubin 40%	
	Ag. Infection	
	10% Hds	
	(BS)	
	IV Bilirubin 1/2 u	
	moderate flk	
	and clear flk	
	and out	
	and from 06H	
	IV Ant na and and and	



(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/20	S/B DR DEEPA	
11:30 AM	Postop Appendectomy	↳ POP-1
	Child reviewed	
	child has cl: And pain	
	generalized in nature	
	vomiting	
	↳ 3 episodes	
	↳ bilious	
	Of: child is alert, afebrile	
	CVS: S1, S2	
	Rx: vitals	
	PIA: tenderness over the abdomen	
	generalized (+)	
	IS: sluggish	
	CNI: NFM	
		TO monitor Abdomen
		Q6H
	TO monitor vitals/serum	
		50ml -> TO give clear liquids Q2H
	TO mobilize patient	
	well	
		Sp: Sucralfate 10ml TDS
		T: Bifilac 1-1-1
		Ev: Bumetan 1/2 (SUS)

C. 16/4/25

GUC-00094313 IP18-00036619
 Master KAVIN MADHAV B
 13-04-2016 11 Y 3 M 14 D (M)
 Dr. NANDHINI G



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	repeat C/P CBC	TO DO USG Scrotum TO Monitor Abdominal girth R/H TO keep in NPO until Dr. Nandhini orders TO Monitor vitals / serum
	C/P - 136 ↓ TC - 11, 84 ↓	Cx Thy
	S/A administration	
28/7/20	10m	Let apple
	Had chicken / 10m	Stool - 6-7 times.
	Had 10m	Spit
	m (few)	↓ 1m (7m)
	Had 8m	Stool - 6-7 times
	Has @ 10m	Spit
		8-3pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date
& Time

Progress Notes

Doctor's Order

① Chronic

Refer to

②

Tests

③

—

V&L Seru

—

Stat chem
1905

—

meds

—

T. chylol gel

Ref

—

—

IV Amx

—

IV Alids

—

Ly, Suerp (a) bds

—

T. Bpibc
fals

—

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/1/20 9:00 AM	S/B Dr. Deenan	
	Assess: Post op appendectomy @ side scrotal Furunculitis	POD-3
	Child reviewed Child has clp.	
	Scrotal pain	
	- no nausea now	
	- 1 episode of stool passed	
	o/f: Alert, afebrile	
	Cvs: C/S ⊕	
	RS: VRS ⊕	
	PIA: Soft	
	Tenderness over the operative sit	
	Dressing intact ⊕	
	NO Seepage ⊖	
	L/E:	
	Scrotal redness ↓	
	Edema ↓	
	Crematic Reflux +ve	
	CVS: NBN	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Rg
		To monitor vitals / serumium
		To continue on clear fluids
		To monitor for vomiting
		peru spray
	D ₄ → Z _i Piptaz 4.5gm Q8H	
	D ₄ → Z _i Nitrofurantoin 1.7gm Q8H	
	Syr. Sucralfat 'D' 10ml Q8H	
	T. Bifilac 1-1-1	
	T. Chymoral forte 1-1-1	
		C _{ph}
		103425
29/7/28		
10H	s/a 2h. monitoring	
	III non - 1st offer.	
	vind stable	
	clerk clear.	
	Thrice - loose stool. t. t.	
	Taken. and 1gds - 250ml 370ml	
	up 2 2-3 ml/kg/hr.	
	And forth 752	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	—	Refer Dr. L
		81p
	—	N Anp
	—	T. Par 40y h/
	—	T. crust 4y
		fol.
	—	T. Psuomy/ fol
	—	Star. Solid
	—	T. WTC
		500g od
	—	T. Rofle
	—	chiral fol. ✓



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/20	SIB DR. DEEPAK	
4:45 PM	Δw. Post op- Appendectomy POD- III	
	Child reviewed	
	Child tolerating Oral diet	
	O/E:	
	Auxt, afebrile	
	CVS: S1S2	Vitals
	R: V0P	Stable
	PIA: S0K BS ⊕	
	Tenderness over the operative site ⊕	
	CAS: NFN	
	L/E:	
	Scrotal redness ↓	
	Swelling ↓	
		B
		+ Continue as per chart
		+ TO monitor vitals/consent
		- TO continue Tx abx
		- TO monitor for nausea/vomiting
		- TO monitor scrotal swelling/tenderness
		Edh
		10/20/20

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/11/16 9:10 AM	SIB DR. DEGPAT	
	Adv. Post op Appendectomy	POD -TV
	child reviewed	
	child has ↓ Clv: pain exc	
		Operating site
	O/E: Alert, afebrile	
	CVS: RS, @	
	re: VPS @	
	PIA: soft	
	mild tenderness over the	
	Operating site	
	LIE: NO Suckage	
	Dressing intact	
	Extremities: Scrotal swelling ↓	
		Redness ↓
	Stool - semi solid - 1 episode	
	Urine output good	
		T. Taxim 7' 2 days
		1-0-1
		→ R Metrogel 1-1

Date & Time	Progress Notes	Doctor's Order
	TO Monitor vitals / sensation TO Monitor PM pain well Androm scrotal region	7. Metrogyl 200mg 1-1-1 T. Amelot 4mg 1-1-1 T. Bifilac 1-1-1 Z. Chymoral forte 1-1-1 Sgt. Sucrafil D' 10ml QID T. Pan 40mg 1-1-1 Z. vit C 500mg 1-1-1 T. P. 10mg 1-1-1
8/7/26 10/26		C. 2 10/425 2. 10/425
	TV 100 - 1st off	
	vrd shh	
	clnt ch	
	Ph 100 100	
	© 1st 1st 1st / 1st 1st	
	edge 1st	

GUC-00094313 IP18-00036619
 Master KAVIN MASDHAV B
 13-04-2015 11 Y 3 M 13 D (M)
 Dr. KARTHIK NARAYANAN R



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RESULT SHEET

Date	26/7/26	27/7/26			
Time					
Hb	13.9	12.5			
PCV	41	37			
RBC	5.07	4.57			
WBC	12,590	11,840			
N/L	83/11	81/12			
Platelets	3,63,000				
CRP	144	13.6			
ESR					
PCT					
RBS	105				
Na	134	139			
K	3.9	3.9			
Cl	97	108			
Ca/Mg					
Phosphate					
Urea	22				
Creatinine	0.79				
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	18.7/1.37				
APTT	26.1				
CSF Protein / Sugar					
Cells					
N/L					

De



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Date:

Department:

Shift:

[illegible]

GUC-00094313 IP18-00036619
Master KAVIN MASDHAV B
13-04-2015 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R



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: BR Shifted to: 709

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: T. Yuvraj

Date & Time: 1 AM @ 26/7

Nurse Name & Signature: Pragya / sman

Date & Time: 1 AM @ 26/7



1. 1000 ft. 1000 ft. 1000 ft.
 2. 1000 ft. 1000 ft. 1000 ft.
 3. 1000 ft. 1000 ft. 1000 ft.
 4. 1000 ft. 1000 ft. 1000 ft.
 5. 1000 ft. 1000 ft. 1000 ft.

1000 ft. 1000 ft. 1000 ft.
 1000 ft. 1000 ft. 1000 ft.
 1000 ft. 1000 ft. 1000 ft.
 1000 ft. 1000 ft. 1000 ft.



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: OT Shifted to: 7th 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	EMESET	4mg	IV	STAT	10.45 am	☐ C ☒ DC
2	DEXAMETHASONE	4mg	IV	STAT	10.45 am	☐ C ☒ DC
3	METRONIDAZOLE	500mg	IV	STAT	10.35 am	☐ C ☒ DC
4	PARACETAMOL	750mg	W	STAT	10.50 am	☐ 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. Sreyama Shyama

Date & Time: 26/7/26

Nurse Name & Signature: Resne

Date & Time: 26/7/26

→ ENZYME

DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

- GENERAL DOCTOR**
- Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**
 - 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 : Ty PARACETAMOL				Date Time
Dose 500mg	Route IV	Frequency Q6H	Start Date 26/7	26/7 12:49 PM SKD
Doctor's Signature <i>T. Z.</i>		Valid Period	Pharm.	SM NS G8:30 AM
Additional Instructions: If temp > 100°F / pain ⊕				

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:				



REGULAR PRESCRIPTIONS

Weight. 47.7kg Ward. 2nd floor

DRUG : <u>Inj PIPTAZ</u>				Date Time
Dose <u>4.5gm IV</u>	Route <u>Q8H</u>	Frequency <u>Q8H</u>	Start Date <u>26/7</u>	26/7 9:30 AM 26/7 10 AM 26/7 11 AM 26/7 12 PM 26/7 1 PM 26/7 2 PM 26/7 3 PM 26/7 4 PM 26/7 5 PM 26/7 6 PM 26/7 7 PM 26/7 8 PM 26/7 9 PM 26/7 10 PM 26/7 11 PM 26/7 12 AM 27/7 1 AM 27/7 2 AM 27/7 3 AM 27/7 4 AM 27/7 5 AM 27/7 6 AM 27/7 7 AM 27/7 8 AM 27/7 9 AM 27/7 10 AM 27/7 11 AM 27/7 12 PM 27/7 1 PM 27/7 2 PM 27/7 3 PM 27/7 4 PM 27/7 5 PM 27/7 6 PM 27/7 7 PM 27/7 8 PM 27/7 9 PM 27/7 10 PM 27/7 11 PM 27/7 12 AM 28/7 1 AM 28/7 2 AM 28/7 3 AM 28/7 4 AM 28/7 5 AM 28/7 6 AM 28/7 7 AM 28/7 8 AM 28/7 9 AM 28/7 10 AM 28/7 11 AM 28/7 12 PM 28/7 1 PM 28/7 2 PM 28/7 3 PM 28/7 4 PM 28/7 5 PM 28/7 6 PM 28/7 7 PM 28/7 8 PM 28/7 9 PM 28/7 10 PM 28/7 11 PM 28/7 12 AM 29/7 1 AM 29/7 2 AM 29/7 3 AM 29/7 4 AM 29/7 5 AM 29/7 6 AM 29/7 7 AM 29/7 8 AM 29/7 9 AM 29/7 10 AM 29/7 11 AM 29/7 12 PM 29/7 1 PM 29/7 2 PM 29/7 3 PM 29/7 4 PM 29/7 5 PM 29/7 6 PM 29/7 7 PM 29/7 8 PM 29/7 9 PM 29/7 10 PM 29/7 11 PM 29/7 12 AM 30/7 1 AM 30/7 2 AM 30/7 3 AM 30/7 4 AM 30/7 5 AM 30/7 6 AM 30/7 7 AM 30/7 8 AM 30/7 9 AM 30/7 10 AM 30/7 11 AM 30/7 12 PM 30/7 1 PM 30/7 2 PM 30/7 3 PM 30/7 4 PM 30/7 5 PM 30/7 6 PM 30/7 7 PM 30/7 8 PM 30/7 9 PM 30/7 10 PM 30/7 11 PM 30/7 12 AM
Name & Signature of the Doctor Starting the Drugs: <u>Ty</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Inj METRONIDAZOLE</u>				Date Time
Dose <u>470mg IV</u>	Route <u>Q8H</u>	Frequency <u>Q8H</u>	Start Date <u>26/7</u>	26/7 9:30 AM 26/7 10 AM 26/7 11 AM 26/7 12 PM 26/7 1 PM 26/7 2 PM 26/7 3 PM 26/7 4 PM 26/7 5 PM 26/7 6 PM 26/7 7 PM 26/7 8 PM 26/7 9 PM 26/7 10 PM 26/7 11 PM 26/7 12 AM 27/7 1 AM 27/7 2 AM 27/7 3 AM 27/7 4 AM 27/7 5 AM 27/7 6 AM 27/7 7 AM 27/7 8 AM 27/7 9 AM 27/7 10 AM 27/7 11 AM 27/7 12 PM 27/7 1 PM 27/7 2 PM 27/7 3 PM 27/7 4 PM 27/7 5 PM 27/7 6 PM 27/7 7 PM 27/7 8 PM 27/7 9 PM 27/7 10 PM 27/7 11 PM 27/7 12 AM 28/7 1 AM 28/7 2 AM 28/7 3 AM 28/7 4 AM 28/7 5 AM 28/7 6 AM 28/7 7 AM 28/7 8 AM 28/7 9 AM 28/7 10 AM 28/7 11 AM 28/7 12 PM 28/7 1 PM 28/7 2 PM 28/7 3 PM 28/7 4 PM 28/7 5 PM 28/7 6 PM 28/7 7 PM 28/7 8 PM 28/7 9 PM 28/7 10 PM 28/7 11 PM 28/7 12 AM 29/7 1 AM 29/7 2 AM 29/7 3 AM 29/7 4 AM 29/7 5 AM 29/7 6 AM 29/7 7 AM 29/7 8 AM 29/7 9 AM 29/7 10 AM 29/7 11 AM 29/7 12 PM 29/7 1 PM 29/7 2 PM 29/7 3 PM 29/7 4 PM 29/7 5 PM 29/7 6 PM 29/7 7 PM 29/7 8 PM 29/7 9 PM 29/7 10 PM 29/7 11 PM 29/7 12 AM 30/7 1 AM 30/7 2 AM 30/7 3 AM 30/7 4 AM 30/7 5 AM 30/7 6 AM 30/7 7 AM 30/7 8 AM 30/7 9 AM 30/7 10 AM 30/7 11 AM 30/7 12 PM 30/7 1 PM 30/7 2 PM 30/7 3 PM 30/7 4 PM 30/7 5 PM 30/7 6 PM 30/7 7 PM 30/7 8 PM 30/7 9 PM 30/7 10 PM 30/7 11 PM 30/7 12 AM
Name & Signature of the Doctor Starting the Drugs: <u>Ty</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Inj PANTOPRAZOLE</u>				Date Time
Dose <u>40mg IV</u>	Route <u>QD</u>	Frequency <u>QD</u>	Start Date <u>26/7</u>	26/7 12:30 PM 26/7 1 PM 26/7 2 PM 26/7 3 PM 26/7 4 PM 26/7 5 PM 26/7 6 PM 26/7 7 PM 26/7 8 PM 26/7 9 PM 26/7 10 PM 26/7 11 PM 26/7 12 AM 27/7 1 AM 27/7 2 AM 27/7 3 AM 27/7 4 AM 27/7 5 AM 27/7 6 AM 27/7 7 AM 27/7 8 AM 27/7 9 AM 27/7 10 AM 27/7 11 AM 27/7 12 PM 27/7 1 PM 27/7 2 PM 27/7 3 PM 27/7 4 PM 27/7 5 PM 27/7 6 PM 27/7 7 PM 27/7 8 PM 27/7 9 PM 27/7 10 PM 27/7 11 PM 27/7 12 AM 28/7 1 AM 28/7 2 AM 28/7 3 AM 28/7 4 AM 28/7 5 AM 28/7 6 AM 28/7 7 AM 28/7 8 AM 28/7 9 AM 28/7 10 AM 28/7 11 AM 28/7 12 PM 28/7 1 PM 28/7 2 PM 28/7 3 PM 28/7 4 PM 28/7 5 PM 28/7 6 PM 28/7 7 PM 28/7 8 PM 28/7 9 PM 28/7 10 PM 28/7 11 PM 28/7 12 AM 29/7 1 AM 29/7 2 AM 29/7 3 AM 29/7 4 AM 29/7 5 AM 29/7 6 AM 29/7 7 AM 29/7 8 AM 29/7 9 AM 29/7 10 AM 29/7 11 PM 29/7 12 AM 30/7 1 AM 30/7 2 AM 30/7 3 AM 30/7 4 AM 30/7 5 AM 30/7 6 AM 30/7 7 AM 30/7 8 AM 30/7 9 AM 30/7 10 AM 30/7 11 PM 30/7 12 AM
Name & Signature of the Doctor Starting the Drugs: <u>Ty</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Inj EMESET</u>				Date Time
Dose <u>4mg IV</u>	Route <u>Q8H</u>	Frequency <u>Q8H</u>	Start Date <u>26/7</u>	26/7 12:30 PM 26/7 1 PM 26/7 2 PM 26/7 3 PM 26/7 4 PM 26/7 5 PM 26/7 6 PM 26/7 7 PM 26/7 8 PM 26/7 9 PM 26/7 10 PM 26/7 11 PM 26/7 12 AM 27/7 1 AM 27/7 2 AM 27/7 3 AM 27/7 4 AM 27/7 5 AM 27/7 6 AM 27/7 7 AM 27/7 8 AM 27/7 9 AM 27/7 10 AM 27/7 11 PM 27/7 12 AM 28/7 1 AM 28/7 2 AM 28/7 3 AM 28/7 4 AM 28/7 5 AM 28/7 6 AM 28/7 7 AM 28/7 8 AM 28/7 9 AM 28/7 10 AM 28/7 11 PM 28/7 12 AM 29/7 1 AM 29/7 2 AM 29/7 3 AM 29/7 4 AM 29/7 5 AM 29/7 6 AM 29/7 7 AM 29/7 8 AM 29/7 9 AM 29/7 10 AM 29/7 11 PM 29/7 12 AM 30/7 1 AM 30/7 2 AM 30/7 3 AM 30/7 4 AM 30/7 5 AM 30/7 6 AM 30/7 7 AM 30/7 8 AM 30/7 9 AM 30/7 10 AM 30/7 11 PM 30/7 12 AM
Name & Signature of the Doctor Starting the Drugs: <u>Ty</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

GUC-00094313 IP18-00036619
 Master KAVIN MASDHAV B
 13-04-2015 11 Y 3 M 13 D (M)
 Dr. KARTHIK NARAYANAN R


 Weight. 47.7 kg Ward. 11th floor

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/7/26	10.45 am	EMESET	4mg	IV	Shy	PS AS
26/7/26	10.45 am	DEXAMETHASONE	4mg	IV	Shy	PS AS
26/7/26	10.35 am	PIETRONIDAZOLE	500mg	IV	Shy	PS AS
26/7/26	10.50 am	PARACETAMOL	750mg	IV	Shy	PS AS
27/7/26	9.55 am	INS-BUSCOBAN	0.5ml	IV	Shy	MS PS
27/7/26	11:15 AM	ly. Ketorolac	10mg	I.V	Shy	MS PS

Weight. 47.7 kg Ward. 709

[illegible]

Patier

DRUG : INS-PARACETAMOL				Date	Time
Dose	Route	Frequency	Start Dt.		
500mg	IV	TDS	26/7/17	6AM	PK AS EIP V.A
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : SYN-SUCRALO'				Date	Time
Dose	Route	Frequency	Start Dt.		
10ml	P.O	QID	27/7	8AM	SM NS SS N/A
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : T-BIFILAC				Date	Time
Dose	Route	Frequency	Start Dt.		
1	P.O	QID	27/7	8AM	SM NS EIP SM NS
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : T. CHYMORAL FORTE				Date	Time
Dose	Route	Frequency	Start Dt.		
175	PO	QID	27/7	7AM	EP PK PK V.A
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

2057



I.P. No.	Sheet No.	Wards	Weight (kg)
----------	-----------	-------	-------------

REGULAR PRESCRIPTIONS

DRUG : T. PAN				Date Time	09/11/2019															
Dose	Route	Frequency	Start Dt.	06	am	PK	VA													
40mg	P/O	Q12H	29/7																	
Name & Signature of the Doctor starting the Drugs:																				
C. sh																				
Additional Instructions:																				
6																				
PM																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. EMESET				Date Time	09/11/2019															
Dose	Route	Frequency	Start Dt.	7	am	PK	VA													
2mg	P/O	1-1-1	29/7																	
Name & Signature of the Doctor starting the Drugs:																				
C. sh																				
Additional Instructions:																				
7																				
PM																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. P500mg				Date Time	09/11/2019															
Dose	Route	Frequency	Start Dt.	8	am	PK	VA													
1	P/O	Q8H	29/7																	
Name & Signature of the Doctor starting the Drugs:																				
C. sh																				
Additional Instructions:																				
10																				
PM																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. VIT C				Date Time	09/11/2019															
Dose	Route	Frequency	Start Dt.	10	am	SS														
500mg	P/O	1-0-0	29/7																	
Name & Signature of the Doctor starting the Drugs:																				
C. sh																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

Dr. [Name]

RECAP AB PRESCRIPTION

DRUG: T FAN

Dose	Route	Frequency	Duration
100mg	PO	QID	7 days

Time & Signature of the Doctor

[Signature]

Physician's Institution

My Doctor's Endorsement is a sign

DRUG: J (MERC)

Dose	Route	Frequency	Duration
100mg	PO	QID	7 days

Time & Signature of the Doctor

[Signature]

Physician's Institution

My Doctor's Endorsement is a sign

DRUG: J PZOLV

Dose	Route	Frequency	Duration
100mg	PO	QID	7 days

Time & Signature of the Doctor

[Signature]

Physician's Institution

My Doctor's Endorsement is a sign

DRUG: J VIT C

Dose	Route	Frequency	Duration
100mg	PO	QID	7 days

Time & Signature of the Doctor

[Signature]

Physician's Institution

My Doctor's Endorsement is a sign

Patient



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. TAXEM-0				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
200mg	P/O	1-0-1	29/7/20																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. METROGYL				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
200mg	P/O	1-1-1	29/7/20																	
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.																					



MEDICATION CHART AUDIT CHECKLIST - IP

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

TOTAL NUMBER OF OPPORTUNITIES

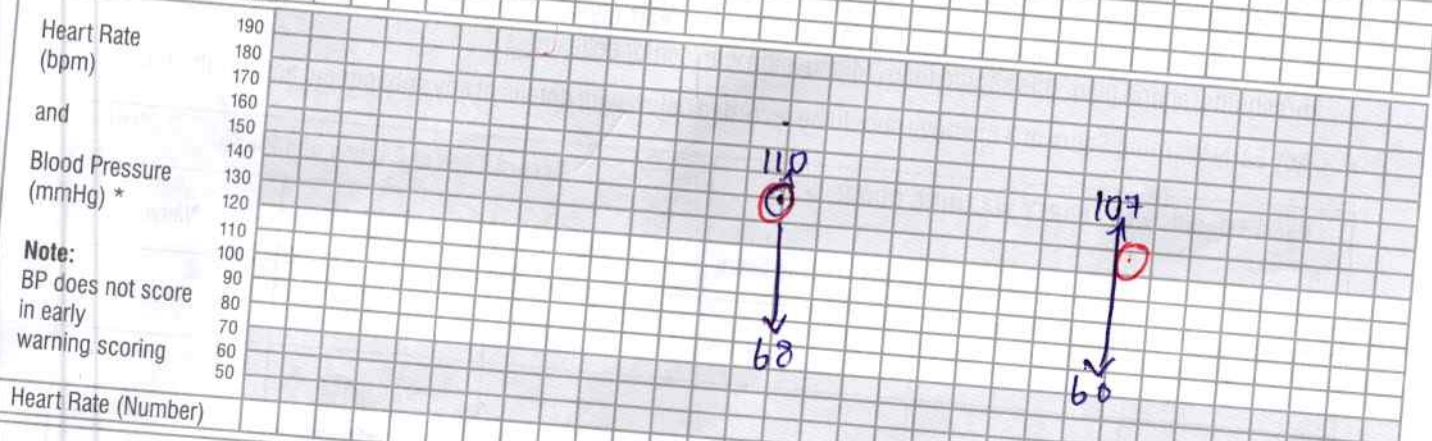
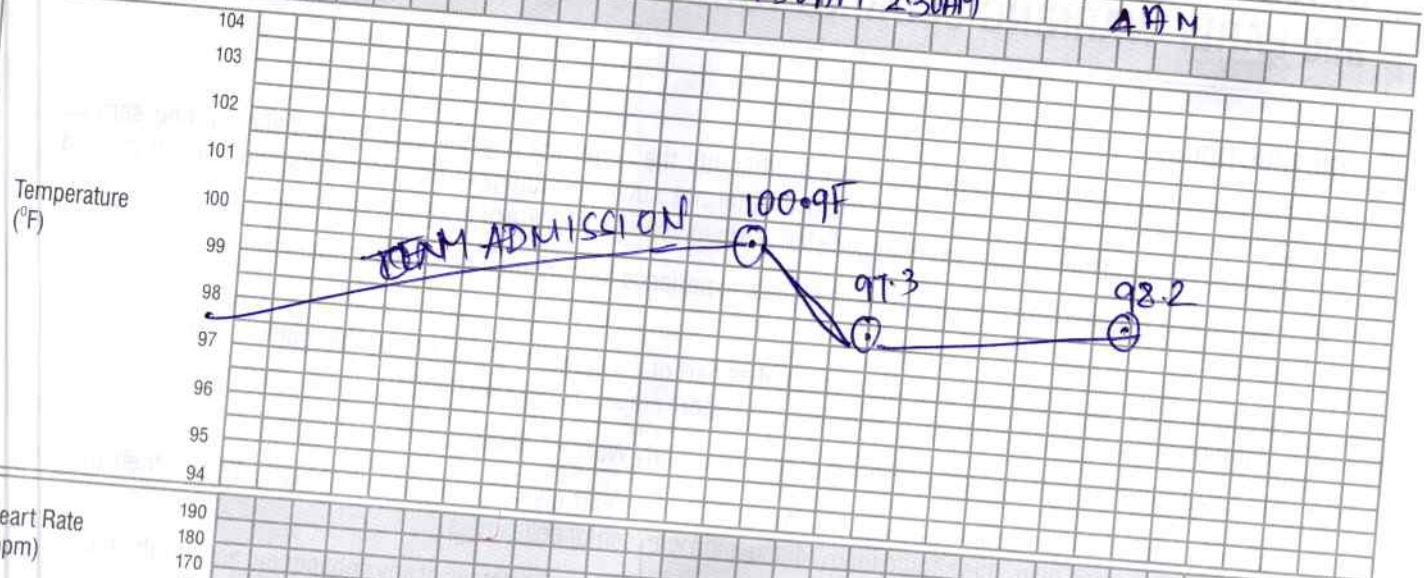


MEDICATION CHART AUDIT CHECKLIST - IP

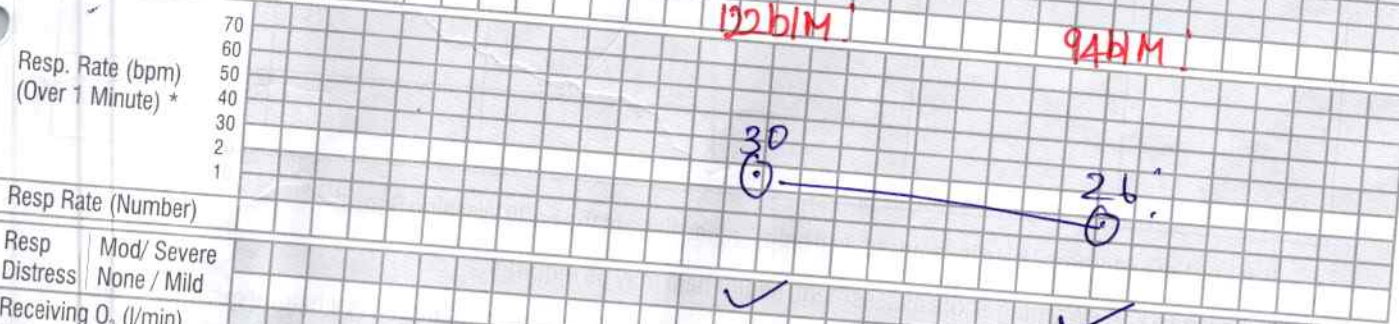
	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	DRUG 6	DRUG 7
DRUG NAME							
FREQUENCY							
DOCTORS							
2 INCORRECT DRUG SELECTION							
2. NO/WRONG DOSE							
3. NO/ WRONG UNIT OF MESUREMENT							
4. NO/ WRONG FREQUENCY							
5. NO/WRONG ROUTE							
6. NO/ WRONG CONCENTRATION							
7. NO/WRONG RATE OF ADMINISTRATION							
8. ILLEGIBLE PRESCRIPTION							
9. NON APPROVED/ERROR PRONE ABBREVIATION USED							
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16. WRONG STRENGTH TRANSCRIBED/INDENTED							
PHARMACIST							
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INTERVENTIONS							
TOTAL NUMBER OF OPPORTUNITIES							

EARLY WARNING SCORE: CHILDREN'S UNIT

Date 26/7/26 Time: 130AM 2:30AM 4PM
 Doctor / Nurse / Family Concern?



1261M **941M**



Heart Rate (Number)	
Resp Rate (Number)	
Resp Mod/ Severe Distress None / Mild	
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	
Conscious Level Normal / Altered	
GCS *	
TOTAL SCORE	
Number of shaded boxes	
Pain Score	
Observer's Initials	

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/4/15 Time: 8am, 12pm, 4pm, 8pm, 12AM, 4AM
Doctor / Nurse / Family Concern?

	8am	12pm	4pm	8pm	12AM	4AM
Temperature (°F)	97.6 F	97.6 F	97.7 F	98.8 F	98.3 F	98 F
Heart Rate (bpm)	100	110	104	96	104	110
Blood Pressure (mmHg) *	100/70	110/70	104/68	96/54	104/50	110/54
Note: BP does not score in early warning scoring						
Heart Rate (Number)	100	110	104	96	104	110
Resp. Rate (bpm) (Over 1 Minute) *	22	22	22	22	20	26
Resp Rate (Number)	22	22	22	22	20	26
Resp Mod/ Severe Distress	✓	✓	✓	✓	✓	✓
Receiving O ₂ (l/min)	100	99	98	99	99	99
O ₂ Saturations (%)	100	99	98	99	99	99
Conscious Level	15/15	15/15	15/15	15/15	15/15	15/15
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	K	K	K	K	K	K

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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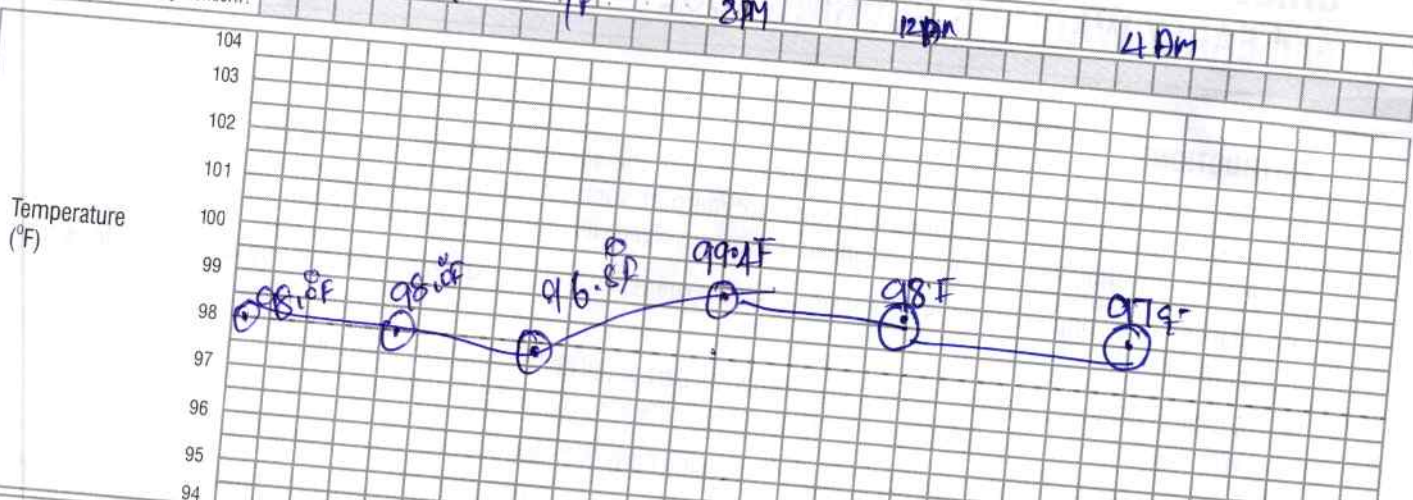
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R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/11/20 Time: 8 AM

Doctor / Nurse / Family Concern?



Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
 BP does not score
 in early
 warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Mod/ Severe
 Distress None / Mild

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

Conscious Level
 Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
 recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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GUC-00094313

IP18-00036619

Master KAVIN MADHAV B

11 Y 3 M 14 D (M)

13-04-2018

Dr. NANDHINI Q



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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

 BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

 Date: 28-1-18 Time: 12:00 PM
 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)

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

Resp Rate (Number)

 Resp Mod/ Severe
Distress None / Mild

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

 Conscious
Level Normal
Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

 NB: Scores 3 should be
recorded overleaf

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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)
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GUC-00094313 IP18-00036619
Master KAVIN MADHAV B
13-04-2018 11 Y 3 M 17 D (M)
Dr. NANDHINI G



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

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

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

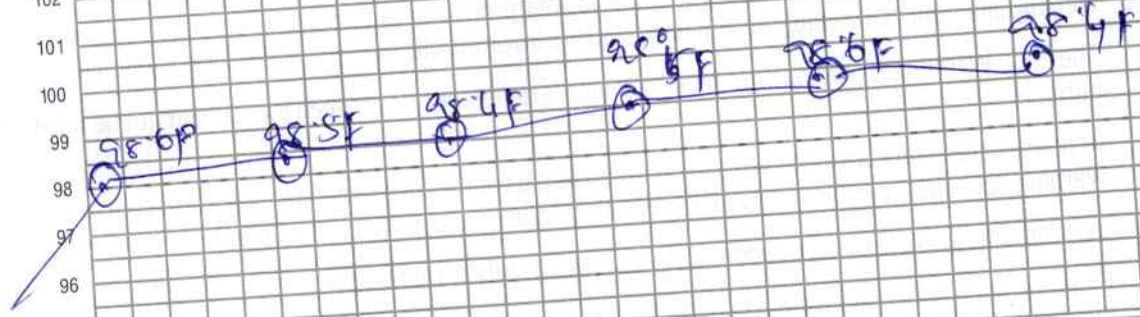
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 09/04/18 Time: 8 AM 12 PM 4 PM 8 PM 12 AM 4 AM
Doctor / Nurse / Family Concern?

Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94



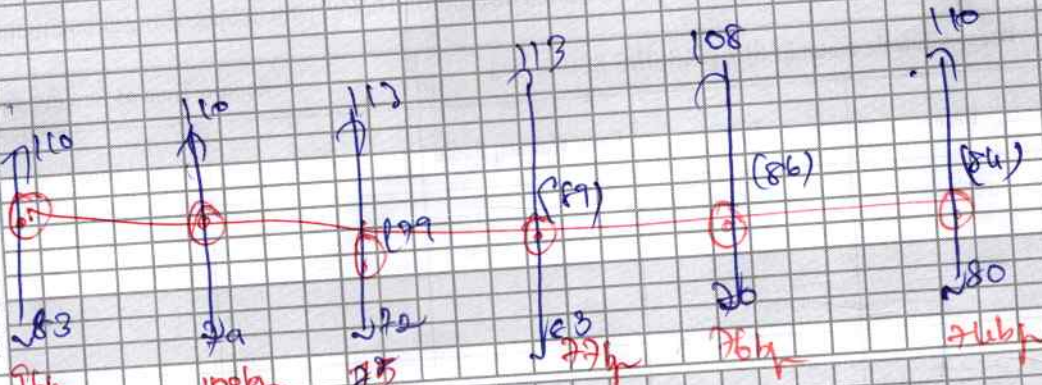
Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

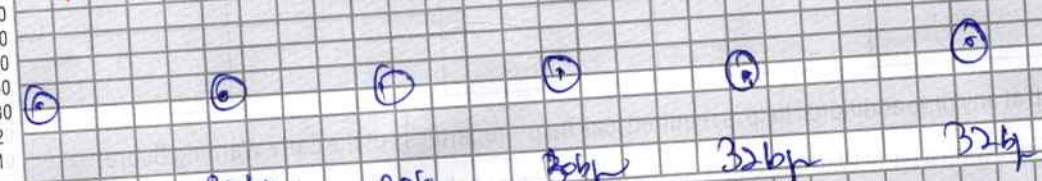
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50



Heart Rate (Number)

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

70
60
50
40
30
20
10
1



Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

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

Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094313 IP18-00036619
Master KAVIN MASDHAV B
13-04-2015 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 26/7/2026

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	N	patient Reamed from 1:30 AM								0	u
	12:00 am	P	1m Pipta								0	u
	01:00 am	0	100									
Total Intake : 100ml						Total Output : Nil						
	02:00 am										0	u
	03:00 am	N	1m Pipta								0	u
	04:00 am		85								0	u
	05:00 am	P	85								0	u
	06:00 am		85								0	u
	07:00 am	0	85								0	u
Total Intake : 525 ml						Total Output : Nil						
Total 24 hrs. Intake			625 ml			Total 24 hrs. Output			Nil			



2

FLUID CHART

Sheet No. : 26/17/86

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	N		85						400	400	SN
	09:00 am	P		85								
	10:00 am	O		85							0	SN
	11:00 am			85ml.								
	12:00 pm										0	RQ
	01:00 pm											
Total Intake :			340ml.			Total Output :			400ml			
	02:00 pm			85							0	SN
	03:00 pm			85							0	SN
	04:00 pm			85							0	SN
	05:00 pm			85							0	SN
	06:00 pm	H2O 5ml.		85						450ml		SN
	07:00 pm			85							0	SN
Total Intake :			5ml. + 510ml			Total Output :			450ml.			
	08:00 pm			85							0	th
	09:00 pm			85							0	th
	10:00 pm			85							0	th
	11:00 pm			85							0	th
	12:00 am			85							0	th
	01:00 am	H2O 5ml		85							0	th
Total Intake :			610 ml			Total Output :			Nil			
	02:00 am			85							0	th
	03:00 am	H2O 5ml		85							0	th
	04:00 am			85							0	th
	05:00 am			85							0	th
	06:00 am	H2O 5ml		85						450ml	0	th
	07:00 am			85							0	th
Total Intake :			585 ml			Total Output :			450ml			
Total 24 hrs. Intake		2050 ml										
Total 24 hrs. Output		1300 ml										

movements: - Nil

FLUID FLOW

Sheet No. 5 of 10

Date	Time	Flow	Pressure	Temp	Remarks
	10:00 am	1.0	1.0	1.0	1.0
	10:10 am	1.0	1.0	1.0	1.0
	10:20 am	1.0	1.0	1.0	1.0
	10:30 am	1.0	1.0	1.0	1.0
	10:40 am	1.0	1.0	1.0	1.0
Total Intake					
	10:50 am	1.0	1.0	1.0	1.0
	11:00 am	1.0	1.0	1.0	1.0
	11:10 am	1.0	1.0	1.0	1.0
	11:20 am	1.0	1.0	1.0	1.0
	11:30 am	1.0	1.0	1.0	1.0
Total Intake					
	11:40 am	1.0	1.0	1.0	1.0
	11:50 am	1.0	1.0	1.0	1.0
	12:00 pm	1.0	1.0	1.0	1.0
	12:10 pm	1.0	1.0	1.0	1.0
	12:20 pm	1.0	1.0	1.0	1.0
Total Intake					
	12:30 pm	1.0	1.0	1.0	1.0
	12:40 pm	1.0	1.0	1.0	1.0
	12:50 pm	1.0	1.0	1.0	1.0
	1:00 pm	1.0	1.0	1.0	1.0
	1:10 pm	1.0	1.0	1.0	1.0
Total Intake					
	1:20 pm	1.0	1.0	1.0	1.0
	1:30 pm	1.0	1.0	1.0	1.0
	1:40 pm	1.0	1.0	1.0	1.0
	1:50 pm	1.0	1.0	1.0	1.0
	2:00 pm	1.0	1.0	1.0	1.0
Total Intake					
	2:10 pm	1.0	1.0	1.0	1.0
	2:20 pm	1.0	1.0	1.0	1.0
	2:30 pm	1.0	1.0	1.0	1.0
	2:40 pm	1.0	1.0	1.0	1.0
	2:50 pm	1.0	1.0	1.0	1.0
Total Intake					
	3:00 pm	1.0	1.0	1.0	1.0
	3:10 pm	1.0	1.0	1.0	1.0
	3:20 pm	1.0	1.0	1.0	1.0
	3:30 pm	1.0	1.0	1.0	1.0
	3:40 pm	1.0	1.0	1.0	1.0
Total Intake					
	3:50 pm	1.0	1.0	1.0	1.0
	4:00 pm	1.0	1.0	1.0	1.0
	4:10 pm	1.0	1.0	1.0	1.0
	4:20 pm	1.0	1.0	1.0	1.0
	4:30 pm	1.0	1.0	1.0	1.0
Total Intake					
	4:40 pm	1.0	1.0	1.0	1.0
	4:50 pm	1.0	1.0	1.0	1.0
	5:00 pm	1.0	1.0	1.0	1.0
	5:10 pm	1.0	1.0	1.0	1.0
	5:20 pm	1.0	1.0	1.0	1.0
Total Intake					
	5:30 pm	1.0	1.0	1.0	1.0
	5:40 pm	1.0	1.0	1.0	1.0
	5:50 pm	1.0	1.0	1.0	1.0
	6:00 pm	1.0	1.0	1.0	1.0
	6:10 pm	1.0	1.0	1.0	1.0
Total Intake					
	6:20 pm	1.0	1.0	1.0	1.0
	6:30 pm	1.0	1.0	1.0	1.0
	6:40 pm	1.0	1.0	1.0	1.0
	6:50 pm	1.0	1.0	1.0	1.0
	7:00 pm	1.0	1.0	1.0	1.0
Total Intake					
	7:10 pm	1.0	1.0	1.0	1.0
	7:20 pm	1.0	1.0	1.0	1.0
	7:30 pm	1.0	1.0	1.0	1.0
	7:40 pm	1.0	1.0	1.0	1.0
	7:50 pm	1.0	1.0	1.0	1.0
Total Intake					
	8:00 pm	1.0	1.0	1.0	1.0
	8:10 pm	1.0	1.0	1.0	1.0
	8:20 pm	1.0	1.0	1.0	1.0
	8:30 pm	1.0	1.0	1.0	1.0
	8:40 pm	1.0	1.0	1.0	1.0
Total Intake					
	8:50 pm	1.0	1.0	1.0	1.0
	9:00 pm	1.0	1.0	1.0	1.0
	9:10 pm	1.0	1.0	1.0	1.0
	9:20 pm	1.0	1.0	1.0	1.0
	9:30 pm	1.0	1.0	1.0	1.0
Total Intake					
	9:40 pm	1.0	1.0	1.0	1.0
	9:50 pm	1.0	1.0	1.0	1.0
	10:00 pm	1.0	1.0	1.0	1.0
	10:10 pm	1.0	1.0	1.0	1.0
	10:20 pm	1.0	1.0	1.0	1.0
Total Intake					
	10:30 pm	1.0	1.0	1.0	1.0
	10:40 pm	1.0	1.0	1.0	1.0
	10:50 pm	1.0	1.0	1.0	1.0
	11:00 pm	1.0	1.0	1.0	1.0
	11:10 pm	1.0	1.0	1.0	1.0
Total Intake					
	11:20 pm	1.0	1.0	1.0	1.0
	11:30 pm	1.0	1.0	1.0	1.0
	11:40 pm	1.0	1.0	1.0	1.0
	11:50 pm	1.0	1.0	1.0	1.0
	12:00 am	1.0	1.0	1.0	1.0
Total Intake					
	12:10 am	1.0	1.0	1.0	1.0
	12:20 am	1.0	1.0	1.0	1.0
	12:30 am	1.0	1.0	1.0	1.0
	12:40 am	1.0	1.0	1.0	1.0
	12:50 am	1.0	1.0	1.0	1.0
Total Intake					
	1:00 am	1.0	1.0	1.0	1.0
	1:10 am	1.0	1.0	1.0	1.0
	1:20 am	1.0	1.0	1.0	1.0
	1:30 am	1.0	1.0	1.0	1.0
	1:40 am	1.0	1.0	1.0	1.0
Total Intake					
	1:50 am	1.0	1.0	1.0	1.0
	2:00 am	1.0	1.0	1.0	1.0
	2:10 am	1.0	1.0	1.0	1.0
	2:20 am	1.0	1.0	1.0	1.0
	2:30 am	1.0	1.0	1.0	1.0
Total Intake					
	2:40 am	1.0	1.0	1.0	1.0
	2:50 am	1.0	1.0	1.0	1.0
	3:00 am	1.0	1.0	1.0	1.0
	3:10 am	1.0	1.0	1.0	1.0
	3:20 am	1.0	1.0	1.0	1.0
Total Intake					
	3:30 am	1.0	1.0	1.0	1.0
	3:40 am	1.0	1.0	1.0	1.0
	3:50 am	1.0	1.0	1.0	1.0
	4:00 am	1.0	1.0	1.0	1.0
	4:10 am	1.0	1.0	1.0	1.0
Total Intake					
	4:20 am	1.0	1.0	1.0	1.0
	4:30 am	1.0	1.0	1.0	1.0
	4:40 am	1.0	1.0	1.0	1.0
	4:50 am	1.0	1.0	1.0	1.0
	5:00 am	1.0	1.0	1.0	1.0
Total Intake					
	5:10 am	1.0	1.0	1.0	1.0
	5:20 am	1.0	1.0	1.0	1.0
	5:30 am	1.0	1.0	1.0	1.0
	5:40 am	1.0	1.0	1.0	1.0
	5:50 am	1.0	1.0	1.0	1.0
Total Intake					
	6:00 am	1.0	1.0	1.0	1.0
	6:10 am	1.0	1.0	1.0	1.0
	6:20 am	1.0	1.0	1.0	1.0
	6:30 am	1.0	1.0	1.0	1.0
	6:40 am	1.0	1.0	1.0	1.0
Total Intake					
	6:50 am	1.0	1.0	1.0	1.0
	7:00 am	1.0	1.0	1.0	1.0
	7:10 am	1.0	1.0	1.0	1.0
	7:20 am	1.0	1.0	1.0	1.0
	7:30 am	1.0	1.0	1.0	1.0
Total Intake					
	7:40 am	1.0	1.0	1.0	1.0
	7:50 am	1.0	1.0	1.0	1.0
	8:00 am	1.0	1.0	1.0	1.0
	8:10 am	1.0	1.0	1.0	1.0
	8:20 am	1.0	1.0	1.0	1.0
Total Intake					
	8:30 am	1.0	1.0	1.0	1.0
	8:40 am	1.0	1.0	1.0	1.0
	8:50 am	1.0	1.0	1.0	1.0
	9:00 am	1.0	1.0	1.0	1.0
	9:10 am	1.0	1.0	1.0	1.0
Total Intake					
	9:20 am	1.0	1.0	1.0	1.0
	9:30 am	1.0	1.0	1.0	1.0
	9:40 am	1.0	1.0	1.0	1.0
	9:50 am	1.0	1.0	1.0	1.0
	10:00 am	1.0	1.0	1.0	1.0
Total Intake					
	10:10 am	1.0	1.0	1.0	1.0
	10:20 am	1.0	1.0	1.0	1.0
	10:30 am	1.0	1.0	1.0	1.0
	10:40 am	1.0	1.0	1.0	1.0
	10:50 am	1.0	1.0	1.0	1.0
Total Intake					
	11:00 am	1.0	1.0	1.0	1.0
	11:10 am	1.0	1.0	1.0	1.0
	11:20 am	1.0	1.0	1.0	1.0
	11:30 am	1.0	1.0	1.0	1.0
	11:40 am	1.0	1.0	1.0	1.0
Total Intake					
	11:50 am	1.0	1.0	1.0	1.0
	12:00 pm	1.0	1.0	1.0	1.0
	12:10 pm	1.0	1.0	1.0	1.0
	12:20 pm	1.0	1.0	1.0	1.0
	12:30 pm	1.0	1.0	1.0	1.0
Total Intake					
	12:40 pm	1.0	1.0	1.0	1.0
	12:50 pm	1.0	1.0	1.0	1.0
	1:00 pm	1.0	1.0	1.0	1.0
	1:10 pm	1.0	1.0	1.0	1.0
	1:20 pm	1.0	1.0	1.0	1.0
Total Intake					
	1:30 pm	1.0	1.0	1.0	1.0
	1:40 pm	1.0	1.0	1.0	1.0
	1:50 pm	1.0	1.0	1.0	1.0
	2:00 pm	1.0	1.0	1.0	1.0
	2:10 pm	1.0	1.0	1.0	1.0
Total Intake					
	2:20 pm	1.0	1.0	1.0	1.0
	2:30 pm	1.0	1.0	1.0	1.0
	2:40 pm	1.0	1.0	1.0	1.0
	2:50 pm	1.0	1.0	1.0	1.0

FLUID CHART

Sheet No. : 3

27/7/2026

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

8/1/20		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	A.G N.G							
	08:00 am	N		Inj. Pamp 100				✓			0	SL
	09:00 am	P		DC	76cm		✓			350	0	SL
	10:00 am	O		Inj. Malsol 100ml			✓	✓			0	SL
	11:00 am	Tenax	50	85			✓	✓			0	SL
	12:00 pm	H2O	10	DC				✓			0	SL
	01:00 pm	NPO		DC							0	SL
Total Intake :			60 + 285 = 345ml			Total Output : 350ml						
	02:00 pm	N		85								
	03:00 pm			85			✓			✓	0	SL
	04:00 pm	P		85	76cm							
	05:00 pm			100	Inj. Pamp						0	SL
	06:00 pm			85	Inj. Malsol							
	07:00 pm	H2O 10		85			✓			✓	0	SL
Total Intake :			100ml + 226ml			Total Output :						
	08:00 pm			85						✓	0	SL
	09:00 pm			85							0	SL
	10:00 pm	NPO		85	76cm		✓			✓	0	SL
	11:00 pm			85							0	SL
	12:00 am			85	Inj. Pamp						0	SL
	01:00 am			85	100					✓	0	SL
Total Intake :			440 ml			Total Output :						
	02:00 am			85						✓	0	P.G
	03:00 am			85							0	P.G
	04:00 am	NPO		85	76cm		✓			✓	0	P.G
	05:00 am			85							0	P.G
	06:00 am			85							0	P.G
	07:00 am	H2O 5ml		85						✓	0	P.G
Total Intake :			580 ml			Total Output :						

Total 24 hrs. Intake

1751 ML

Total 24 hrs. Output

9+ times urine passed.
Loose stools - 7 times

Form No. 1

Date: 10/10/2019

Page No. 1

1. Name of the patient: Mr. A. B. C.

Sl. No.	Name of the patient	Age	Sex	Religion	Marital Status	Occupation	Address	Signature of the patient
1	Mr. A. B. C.	45	M	Hindu	Married	Teacher	123, Main Road, New Delhi	
2	Mr. D. E. F.	35	M	Muslim	Single	Student	456, Park Road, New Delhi	
3	Mr. G. H. I.	25	F	Hindu	Single	Student	789, Main Road, New Delhi	
4	Mr. J. K. L.	55	M	Sikh	Married	Retired	101, Main Road, New Delhi	
5	Mr. M. N. O.	65	M	Hindu	Married	Retired	202, Main Road, New Delhi	

Total number of patients: 5

Sl. No.	Name of the patient	Age	Sex	Religion	Marital Status	Occupation	Address	Signature of the patient
1	Mr. A. B. C.	45	M	Hindu	Married	Teacher	123, Main Road, New Delhi	
2	Mr. D. E. F.	35	M	Muslim	Single	Student	456, Park Road, New Delhi	
3	Mr. G. H. I.	25	F	Hindu	Single	Student	789, Main Road, New Delhi	
4	Mr. J. K. L.	55	M	Sikh	Married	Retired	101, Main Road, New Delhi	
5	Mr. M. N. O.	65	M	Hindu	Married	Retired	202, Main Road, New Delhi	

Total number of patients: 5

Sl. No.	Name of the patient	Age	Sex	Religion	Marital Status	Occupation	Address	Signature of the patient
1	Mr. A. B. C.	45	M	Hindu	Married	Teacher	123, Main Road, New Delhi	
2	Mr. D. E. F.	35	M	Muslim	Single	Student	456, Park Road, New Delhi	
3	Mr. G. H. I.	25	F	Hindu	Single	Student	789, Main Road, New Delhi	
4	Mr. J. K. L.	55	M	Sikh	Married	Retired	101, Main Road, New Delhi	
5	Mr. M. N. O.	65	M	Hindu	Married	Retired	202, Main Road, New Delhi	

Total number of patients: 5

Sl. No.	Name of the patient	Age	Sex	Religion	Marital Status	Occupation	Address	Signature of the patient
1	Mr. A. B. C.	45	M	Hindu	Married	Teacher	123, Main Road, New Delhi	
2	Mr. D. E. F.	35	M	Muslim	Single	Student	456, Park Road, New Delhi	
3	Mr. G. H. I.	25	F	Hindu	Single	Student	789, Main Road, New Delhi	
4	Mr. J. K. L.	55	M	Sikh	Married	Retired	101, Main Road, New Delhi	
5	Mr. M. N. O.	65	M	Hindu	Married	Retired	202, Main Road, New Delhi	

Total number of patients: 5

Sl. No.	Name of the patient	Age	Sex	Religion	Marital Status	Occupation	Address	Signature of the patient
1	Mr. A. B. C.	45	M	Hindu	Married	Teacher	123, Main Road, New Delhi	
2	Mr. D. E. F.	35	M	Muslim	Single	Student	456, Park Road, New Delhi	
3	Mr. G. H. I.	25	F	Hindu	Single	Student	789, Main Road, New Delhi	
4	Mr. J. K. L.	55	M	Sikh	Married	Retired	101, Main Road, New Delhi	
5	Mr. M. N. O.	65	M	Hindu	Married	Retired	202, Main Road, New Delhi	

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4	Mr. J. K. L.	55	M	Sikh	Married	Retired	101, Main Road, New Delhi	
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Total number of patients: 5

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3	Mr. G. H. I.	25	F	Hindu	Single	Student	789, Main Road, New Delhi	
4	Mr. J. K. L.	55	M	Sikh	Married	Retired	101, Main Road, New Delhi	
5	Mr. M. N. O.	65	M	Hindu	Married	Retired	202, Main Road, New Delhi	

Total number of patients: 5



FLUID CHART

Sheet No. : 4

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

		Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	AGT N.G								
28/7/20	08:00 am	N		85							0	SL	
	09:00 am	P		100							0	SL	
	10:00 am	O		94					200		0	SL	
	11:00 am			85	75cm		✓		200		0	SL	
	12:00 pm	Juke 50		85			✓				0	SL	
	01:00 pm	TC water 100		85							0	SL	
Total Intake :			50 + 534 = 684ml			Total Output : 400ml							
	02:00 pm			85					✓		0	SL	
	03:00 pm			85							0	SL	
	04:00 pm			85							0	SL	
	05:00 pm			100	75cm		✓		✓		0	SL	
	06:00 pm			94	75cm						0	SL	
	07:00 pm	H2O 50ml		85ml							0	SL	
Total Intake :			50ml + 534 = 584ml			Total Output : 200ml							
	08:00 pm	Paquet milk 150ml		85							0	SL	
	09:00 pm	H2O 20ml		85							0	SL	
	10:00 pm			85 + 100 = 185ml					200ml		0	SL	
	11:00 pm			85							0	SL	
	12:00 am			85	75cm						0	SL	
	01:00 am			800ml							0	SL	
Total Intake :			120ml + 575 = 695			Total Output : 200ml							
	02:00 am			85							0	SL	
	03:00 am			85					200ml		0	SL	
	04:00 am			85							0	SL	
	05:00 am			85							0	SL	
	06:00 am			100ml	75cm						0	SL	
	07:00 am			NC							0	SL	
Total Intake :			490 ml			Total Output : 200ml							
Total 24 hrs. Intake		433 ml											
Total 24 hrs. Output		800ml											
mohd - 3 am													

FLUID CHART

Sheet No. : 5

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
29/7/26	08:00 am										0	sl
	09:00 am	H ₂ O 50		100			✓			200	0	sl
	10:00 am			100							0	sl
	11:00 am	H ₂ O 50									0	sl
	12:00 pm	H ₂ O 100					✓			200	0	sl
	01:00 pm	H ₂ O 50									0	sl
Total Intake :			250+194=444ml			Total Output :			400ml			
	02:00 pm	H ₂ O 100								✓	0	sl
	03:00 pm										0	sl
	04:00 pm	H ₂ O 150								✓	0	sl
	05:00 pm	H ₂ O 50									0	sl
	06:00 pm	H ₂ O 100								✓	0	sl
	07:00 pm	H ₂ O 100ml									0	sl
Total Intake :			500ml			Total Output :			319ml			
	08:00 pm	H ₂ O 20ml									No	sl
	09:00 pm											sl
	10:00 pm									100ml	sl	sl
	11:00 pm	Slurpie										sl
	12:00 am										li	sl
	01:00 am											sl
Total Intake :			20ml			Total Output :			1hr - 100ml			
	02:00 am										No	sl
	03:00 am	Slurpie										sl
	04:00 am										sl	sl
	05:00 am										sl	sl
	06:00 am										li	sl
	07:00 am	H ₂ O 30ml										sl
Total Intake :			30ml			Total Output :			Nil			
Total 24 hrs. Intake		994 ml										
Total 24 hrs. Output		500 ml										

motion - 2 times

①



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>Acute Appendicitis</u>					
BACKGROUND		Surgery / Procedure:					
ASSESSMENT		Any Infection: ☐ Yes ☒ No ☐ Not Known					
RECOMMENDATIONS		If Yes Specify: <u>All 1</u>					
		Post OP Day: <u>Day - 1</u>					
		26/7/26	26/7/26	26/7/26	27/7/26	27/7/26	27/7/26
		N	M	E	N	M	E
Date							
Medical Condition (Any special condition to be noted):		Noted	Noted	Noted	Noted	Noted	Noted
Diet:		NPO	NPO	NPO	NPO	NPO	NPO
Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Ventilation (RA, NP, NIV, VENTI):		RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Vital Signs:							
Temp:			97.6F	98.6F	98.8F	98.0F	97.7F
Res:		28b/m	26b/m	26b/m	22b/m	30b/m	22b/m
SpO ₂ :		100%	100	98%	98%	99%	97%
Pulse:		89b/m	82	90b/m	87b/m	86b/m	82b/m
BP:		110/64	110/70	100/68	96/54/64	100/64	105/68
LOC:		conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:		0/10	0/10	2/10	8	8	8
Pain Score:		0/10	1/10	2/10	1/10	1/10	1/10
Skin Integrity		Intact	Intact	Intact	Intact	Intact	Intact
Safety Needs:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Physiotherapy:							
Others Specify:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Special Diet:							
Critical Lab Test / Values:		NPO	NPO	NPO	NPO	NPO	NPO
Other Special Orders / Medications:		YES	YES	YES	YES	YES	YES
PU Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
DVT Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
ADL (Dependent / Non Dependent):		Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:							
Handed Over By Name :		Pouyan	Simu	Simu	Pouyan	Simu	Simu
Signature / ID :							
Date:		02/8/25	26/7/26	09/8/25	02/8/25	26/7/26	09/8/25
Time:		7:30AM	8PM	8PM	7:30PM	2PM	8PM
Taken Over By Name :		Simu	Simu	Simu	Simu	Simu	Simu
Signature / ID :							
Date:		26/7/26	26/7/26	26/7/26	27/7/26	27/7/26	27/7/26
Time:		8PM	9PM	7:30PM	8AM	8AM	7:30PM

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NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>Acute APRENTITIS</u>						Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify: <u>N.M.</u>	
BACKGROUND		Surgery / Procedure:						Post OP Day: <u>POD-3</u>	
Date	Shift	27/7/26		28/7/26		28/7/26		29/7/26	
		N	M	N	M	N	M	N	M
Medical Condition (Any special condition to be noted):		NOTES		NOTES		NOTES		NOTES	
Diet:		NPO		NPO		clear liquid diet		clear liquid diet	
Allergy:		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No	
Ventilation (RA, NP, NIV, VENTI):		RA		RA		RA		RA	
Tubes/Drains/Catheter:		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No	
Vital Signs:		Temp: 97.9F		98.2F		97.6F		98.0F	
Res:		20b/m		22b/m		20b/m		20b/m	
SpO ₂ :		100%		98%		100%		98%	
Pulse:		90b/m		86b/m		86b/m		92b/m	
BP:		104/68		114/65		120/70		104/68	
LOC:		conscious		conscious		conscious		conscious	
Fall Risk Score:		1		1		1		1	
Pain Score:		0/10		0/10		0/10		0/10	
Skin Integrity		Intact		Intact		Intact		Intact	
Safety Needs:		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No	
Physiotherapy:		-		-		-		-	
Others Specify:		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No	
Special Diet:		NPO		NPO		clear liquid diet		clear liquid diet	
Critical Lab Test / Values:		NO LAB		NO LAB		NO LAB		NO LAB	
Other Special Orders / Medications:		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No	
PU Prophylaxis:		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No	
DVT Prophylaxis:		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No		☐ Yes ☒ No	
ADL (Dependent / Non Dependent):		Dependent		Dependent		Dependent		Dependent	
Post Operative Procedure Special Orders:		-		-		-		-	
Handed Over By Name :		Domyank Sanyal		Shashi		Simoney		Domyank Sanyal	
Signature / ID :		021875		021875		021875		021875	
Date:		28/7/26		28/7/26		29/7/26		29/7/26	
Time:		7:30AM		2PM		2PM		7:30PM	
Taken Over By Name :		Harini		Shashi		Simoney		Domyank Sanyal	
Signature / ID :		86		021875		021875		021875	
Date:		28/7/26		28/7/26		29/7/26		29/7/26	
Time:		7:30AM		8PM		2PM		2PM	

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 Dr. KARTHIK NARAYANAN R



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/7/2026

- 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							
Night	1:30 AM	HYPERTHERMIA Related to Acute pain of Abdomen	2 AM	Ensure the monitor vital and pain scale Used 2/10	im: para Opier. and. provide comfortable positioning	Re Assessment Done vitals stable	

patient Admission from 1:30 AM

NURSING CARE RECORD

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BirthRight
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Your Right to a Safe Delivery

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

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify Nil

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

- ☒ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Date: 26/7/2018

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning						
8am	Assess the general condition Vital signs to be checked & Record Maintain AIO chart	10am	Assessed the general condition Vital signs are checked & Record Maintained AIO chart	Vital signs are stable	Reassessment done	So Drew
Afternoon						
2pm	Maintain good nutritional status.	2-30 pm.	Maintained good nutritional status.	Maintained input and output chart.	Reassessment done	Saiy 01/10/18
Night						
8PM	Imbalanced volume related to surgical team Related NPO.	10PM	Child Reined After OT IVF OAGNS 85ml Maintains today NPO.	Maintains IVF 85ml and maintain vitals	Re Assessment done	20 02/12/18



NURSING CARE RECORD

Date: 27/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the child condition monitor vital signs maintain I/O chart	1PM	Assessed the child condition monitored vital signs maintained I/O chart.	vitals are stable.	Done	S. Suresh 60353
Afternoon	2PM	maintain good nutritional status.	2:30 PM	Maintained good nutritional status.	Reassessment done.	Baby clinically stable	DR a
Night	2PM	Acute pain related to surgical site	10PM	SST reacted to pain management IM: parq 500mg 68H hourly	IM: parq 500mg opies	Reassessment Done	DR a

NURSING CARE RECORD

Date: 28/06/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Assess the child condition maintain good Nutritional Status.	8:30 am.	maintained good nutritional Status.	Breastfeed Oral Intake	Reassessment done	Donny Olsen
Afternoon	2pm	Maintain good nutritional status.	2:30 pm	Maintained good nutritional status.	Engage oral Intake.	Reassessment done	Donny Olsen
Night	8pm	Assess the child condition maintain good nutritional Status.	7:30 pm	Maintained good nutritional Status.	Engage oral Intake	Reassessment done	Donny Olsen

AUC-00004313

IP18-00036619

Master KAVIN MADHAV S
Dr. KARTHIK NARAYANAN R

1 NURSES NOTES

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BirthRight
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☐ No Known Drug Allergies

☐ Drug Allergies

NM

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Recurring Notes 26/17/2026	
	1:30AM	patient Reamed from ER to 7th floor came chf. emphysema vomiting 10 times per day Abdominal pain yesterday patient on Reimig Hemodialysis unstable. the vitals Temp: 100.1 F and HR 126 BP: 108/60 SpO2: 100% Maintains on Reimig ER IV line placed and Blood samples - CBC, CRP. Blood C/S. PT. APTT. INR. Urea. creatinine. Electrolytes Blood grouping Send lab investigation to following CRP values: 144 Inform to Dr. Deepak Sir and yuvraj sir he said IV Antibiotics started i.e. piptaz and metronidazole IV medicine given JVF 0.9 DNS 85ml on Flow. Rechecked the vitals Temp: 97.1 F Maintains Pt on NPO for further Orders. intervention	021875
	2AM		
	3AM		

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☒ No Known Drug Allergies

☐ Drug Allergies

NA

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	4 AM	pt plan Hepatectomy Px Pre Anesthesia opium	
	6 AM	Inform to OT staff M.S. Gunning Dose medications opium as per the Drug chart	
	7:30 pm	Child still NPO IVE 85ml DNR on Flow and pt conditions and details handed over to morning duty staff	
	10 AM	← Morning duty on 26/10/2017 patient kept being due to (no) drug staff	POD 2017
	8 am	patient was conscious & oriented was being noisy & screaming was maintained on on NPO to feed a flow General condition fair	
	10 am	feels very nervous may Administer Oxi 200 mg as per order	
	10 am	pt shift to BDR child was conscious & oriented, was awake patient is vitals are stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(2)

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

NK

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT shifting note	
26/7/20	10:20 AM	The child received from 7th floor to pre-operative area. child is conscious & oriented. vital signs are stable. In line present. consent signature done.	BS607721
	10:30 AM	child shifted to OT-II. In fluid connected. vital signs are monitored	BS607721
	10:40 AM	GA given. positioning done.	
	10:50 AM	painting and draping done.	
	10:55 AM	skin incision given. vital signs are stable. In fluids on flow. no active bleeding is present. procedure started. Specimen taken and sent to lab.	BS607721
	11:55 AM	procedure done. no active bleeding is present. vital signs are stable.	
	12:00 PM	Suctionation done. child vitals are stable. In fluid discontinued.	BS607721
	12:20 PM	child shifted to recovery room. child assessed and no complaints of pain.	
	2:10 PM	child shifted to 7th floor. Hand over given to 7th floor staff.	BS607721

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

NK

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
		Receiving Notes-							
26/7/26	2.25pm	Handover received from OT Staff. Child is alert and oriented. IV line reagent. Patient NPO till over night. Pt Baby Request cups of water only. allowed. IVF - 0.4. DRS - some hrs on flow.	Soumya 0955						
	4pm	Checked vital sign and Recorded. <table border="1"><tr><td>PP</td><td>CP</td><td>QT</td></tr><tr><td>11</td><td>11</td><td>100</td></tr></table>	PP	CP	QT	11	11	100	Soumya 0958
PP	CP	QT							
11	11	100							
	5pm	Administered two medication PNF - piptaz 4.5gm. given as per chart and recorded.							
	6pm.	PNF - metronidazole 470mg given as per chart and Recorded.	Soumya 0958						
	7pm.	monitored input and output chart and Recorded. given	Soumya 0958						
	7.30pm	Handover received to Night Duty Staff.	Soumya 0958						
26/7/26	7.30pm	Night duty ON 26/7/2026. patient Condition and details handing over taken from Evening duty Staff Nurse. Pt on Today Acute Appendicitis Surgery done.							

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(3)

NURSES NOTES

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☒ No Known Drug Allergies

☐ Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		on Reviewing OT to 7th Floor 225pm pt on NPO. IVE: DNE 85ml/h on ylow pt is Conscious Oxygenated on 15/5 maintained Orals sups of Water given 8pm child vital signs are Monitored and Recorded done clinically Stable PP CP CFT / Temp: 98.8 F + + 3 sec	021875
	10PM	Done Medications as per as per the drug chart To Following Monitor pain Assessment 6th	
	12 AM	Recheck the vital signs hourly H-D stable Monitor & Recorded	021875
	1 AM	IV Antibiotics will be Given as per the drug chart	
	1:30AM	patient pain complaints improve Dr. Chemoraleve Mamm 1m per 500mg Given and continue monitor	
	3 AM	patient is sleeping well	
	4 AM	Rechecked vitals clinically Stable and monitored & Recorded done	021875
		4 AM CP PP CFT + + 2.5 sec	021875
	6:30AM	patient said Surgical site pain Complaints improve	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

NI

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	7 AM	to Dr. Chandrasekhar Mann he said my para 500mg IV 7:30 AM given Today my para ^{500mg} TDS kindly reviewing the drug chart informed the morning duty staff nurse. 7:30 AM patient clinically moderate and continue monitoring and pt details hand over given to morning duty staff nurse morning duty	<i>[Signature]</i> 02/8/15
	7:30 AM	child details hand over taken from night duty staff, child vital signs checked and recorded, child IVE 500mg enflow, IV Antibiotics continue, still have NPO for child, inj. para 500mg IV Q4Hly, child IV line patency →	<i>[Signature]</i> 02/8/15
	8 AM	child vital signs checked and recorded. vitals are stable, maintained. Ichart, due medication given as per order →	<i>[Signature]</i> 02/8/15
	9 AM	child Attended Clo vomiting x1 episode in greenish inform to Dr. Chandrasekhar Mann AB DLW Dr. Nandhini Mann, AB AG Q4Hly, child clo pain to given inj. Buscopan 0.5ml IV given now. →	<i>[Signature]</i> 02/8/15

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



4

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/16	9:10AM	Child Abt - Fbcu Inform to Dr. Chandrashekharam AB, Abt B4M6 continue.	→ Suf 607353.
	10AM	child vitals are stable. maintained Ilo chart, maintained Ilo chart. Due medication given as per order.	→ Suf 607353.
	10:10AM	Inj. Busipran 0.5ml IV slow IV given as per order. Maintained Ilo chart.	→ Suf 607353.
	11AM	Dr. Parthick sir come and seen assessed the child condition, IV F continue, Child attendes cto child Abdominal pain, Inj. Ketalar long IV given as per order.	→ Suf 607353.
	12pm	Inj. Ketalar long IV given as per order. maintained Ilo chart.	→ Suf 607353.
	12:30pm	child complaints pain Inform to Dr. Nandhini nam phone call order NPO now, X-ray pelvis supine.	→ Suf 607353.
	12:45pm	child shifted to X-ray room X-ray done, Dr. Nandhini nam phone call order, USG Abdomen taken.	→ Suf 607353.

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies N/A

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	1pm	child shifted to 7th Floor, child condition is good. IVF 85ml/h on flow	
	1.30pm	child details Handover given to Evening duty staff.	→ <u>Sul</u> 20/3/3
	1.30pm	Accept Evening Duty notes. Handover received from morning duty staff. Child is alert and oriented. IV line present - IVF - 0.9% DNE - 85ml/hr on flow. Patient APO today. 0 W	→ <u>Sul</u> 20/3/3
	2pm	Inf - para not given Baby is sleeping NO pain complaint alterably 11.30am Inf - ketorol 10mg given.	→ <u>Sul</u> 20/3/3
	4pm	checked vitals 8pm and Recorded PP CP CPT AB - 76cm. IT IT L2sec	
	5pm	Consume for 6th hourly AB Administered, also medication Inf - piperaz 4.5mg am IV. As per chart entry Recorded. Patient Comp (Caring Stream Rain Perform Dr. Mucy Vignesh & discuss with researcher from a dvt.	<u>Sul</u> 20/3/3

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

Li

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		to keep NPO. T. Tymore/fort	
		TDS TDS addol. TOMORROW	
27/7/26	5pm	USG Scrotum. continue Succinyl-D Pnj-metronidazole 470mg. given as per chart and recorded.	Sony
	7pm	monitored input and output chart and recorded	Sony
	7:30pm	Handover from to night Duty Staff.	Sony
		night duty ON 27/7/2026.	
	7:30pm	patient details handover taken from evening duty staff Nurse Pt on conscious. Ordered for diet - NPO IV line patiens	
	8pm	patient vital signs are monitored & recorded done. H.D. Stable CP PP CFT ++ ++ Blue:	
	9:30pm	patient said line Compuls removed line at 9:30pm.	
	10:30pm	New (2F) Anesthesia line placement done by S/N Muthu.	
	11pm	Abdomen growth checked TTCM maintained	
	12AM	checked the vitals H.D. stable and recorded done.	
	1AM	Medication 1m: pure given dm	102187

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies 251

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
28/7/26	2 AM	Antibiotics will be done							
	3 AM	pt sleeping pattern is good.							
	4 AM	Rechecked the vital signs and hemodynamic stable							
	6 AM	Rechecked Abdominal growth							
		Today ABCM.							
		Medication given as per the							
	7 AM	Drug chart to follow.							
	7:30 AM	Pt details handed over given to morning duty Staff Nurse							
		Morning Duty Notes							
	7:30 AM	Handover received Night Duty staff. child is awake and oriented. IV line present.							
		IVF - 0.9% DVS - 85ml/hr on flow.							
	8 AM	Checked vital signs and Recorded.							
		<table><tr><td>PP</td><td>CP</td><td>CRT</td></tr><tr><td>++</td><td>++</td><td>12 sec.</td></tr></table>	PP	CP	CRT	++	++	12 sec.	
PP	CP	CRT							
++	++	12 sec.							
	9 AM	Pnj - ppi 4.5gm given as per drug chart order.							
	10 AM	Pnj - Motronedol 15mg given as per drug chart							
		IVF - 0.9% DVS - 85ml/hr on flow.							
	10:30 AM	Dr. Nandini nm came and seen the patient advise to take USG section. Continue IV							

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(6)

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/20	10:30am	Antibiotic, T-Chymoral fort- Start clear liquid now →	Sul 607383
	11am	Dr. Kaarthik Sir came and soon assessed the child condition AB, Followed by Dr. Handani mam order →	Sul 607383
	12pm	child shifted to USG Scintiscan plan, Ultra Sound room, USG done shifted toward. →	Sul 607383
	1:30pm	Child details Hand over given to Evening duty staff. →	Sul 607383
	1:30pm	Evening Duty Note. Handover received from morning duty staff, child is active and oriented. IV line Present, I/F 0.9, D/S - 85ml/hr. On flow.	Sul 607383
	2pm	Administered due medication as per chart and recorded.	Sul 607383
	4pm	Checked vital signs and Recorded	Sul 607383
	6pm	Administered due medication as per chart and recorded.	Sul 607383
	7pm	monitored input and output Recorded.	Sul 607383
	7:30pm	Handover given to Night Duty Staff	Sul 607383

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
08/19/16	7:30 PM	night duty notes child Hand over from evening duty staff. child on conscious and Alert GCS 15/15, RR-24, Vitals are stable. Do chart monitoring. IV line present ported.	
	8 PM	Don- 6th Hourly, liquid diet child Vitals are checked and recording Do chart monitoring.	Behi 08/19/16
	10 PM	child is conscious and oriented. Administered IV Antibiotics and analgesia as per doctor's order.	Wells 08/19/16
	12 AM	child was sleeping well. vitals are stable, encouraged early ambulation as tolerated to prevent complication.	Behi 08/19/16
	1 AM	due medication given as per order.	Behi 08/19/16
	3 AM	Ty. meto 4 mg given as per order.	Behi 08/19/16
	4 AM	vitals are checked and recording Do chart monitoring.	Behi 08/19/16
	6 AM	morning medication given as per order.	Behi 08/19/16

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

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

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

☒ No Known Drug Allergies

☐ Drug Allergies *fi!*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7	12P	Child Hand over given to next duty staff <i>_____</i> Morning duty	<i>[Signature]</i>
	7:30am	child details Hand over taken from Night duty staff. vitals are stable. child Abn 264/96, child have clear liquid diet, child Anti Biotic Continue, child IVF 85ml/hr iv line pattern, <i>→</i>	<i>[Signature]</i> 607383.
	8am	child vital signs checked and recorded. vitals are stable. maintained Ib chart. <i>→</i>	<i>[Signature]</i> 607383.
	9am	child due medication given as per order. <i>inj. ptepar 415g IV.</i> <i>→</i>	<i>[Signature]</i> 607383.
	10am	child vitals are stable. <i>inj. metax</i> <i>47mg IV</i> given as per order. maintained Ib chart. <i>[Table]</i> <i>→</i>	<i>[Signature]</i> 607383.
	10:30am	Seen by Dr. Nandhini Man for to start <i>inj. Suroline</i> stop <i>Tas Emer</i> to continue <i>inj. Dose</i> continued the <i>freem. Ampy</i> to continue do <i>Antibiotic</i> the <i>Discharge</i> As <i>Cham</i> stop <i>Plan</i> discharge on <i>Friday</i> if <i>Clinical</i> stable.	<i>[Signature]</i> 607383.
	12pm	<i>with 88g. line</i> <i>Cham</i> & <i>Review</i> <i>Maintained</i> <i>inj. name</i> <i>has no</i>	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies

N/L

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
29/1/18	1:30pm	child details Hand over given to Evening duty staff. → Evening Duty Notes.	Sel 10/1/18						
	1:30pm	Handover received from morning duty staff. Child is active and oriented. IV line present. Oral medication changed by Dr. Nandhini mam add antibiotic only IV.	Srinu 09/01/18						
	2pm.	Administered oral medication T-paal 500mg, T-emaset 4mg. op T-Vitamin C tablets given. Wound not healed. Inform Dr. Deepak S.O. told came right drug chart orderly.. Syb-sucril - 0.1ml given.	Srinu 09/01/18						
	4pm.	checked vital signs and Rechecked. <table border="1"><tr><td>PP</td><td>CP</td><td>CR</td></tr><tr><td>TR</td><td>TR</td><td>TR</td></tr></table>	PP	CP	CR	TR	TR	TR	Srinu 09/01/18
PP	CP	CR							
TR	TR	TR							
	5pm.	Baby is well out Inform Dr. Nandhini mam advise. No need IV line. Tomorrow plan discharge on case. Patient vomiting need to put new IV line. discharge oral.	Srinu 09/01/18						

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



OPERATION NOTES

Surgeon : <u>Dr. Nandhini</u>		Asst. Surgeon : <u> </u>	
Anesthetist : <u>Dr. senthil / Mr. shyam</u>		OT Nurse : <u>SN Sangeetha / SN Agaly</u>	
Pre-Operative Diagnosis:			
Surgical Procedure : <u>Anti appendicitis</u>			
Weight : <u>47.7 kg</u>	Date : <u>26/7/26</u>	Start Time : <u>10:55am</u>	End Time : <u>12:00pm</u>
Post Operative Diagnosis:			
<u>Anti appendicitis.</u>			
Peri-Operative Complications:			
Operation Notes: <u>- 5mm x 3 port</u>			
Findings: <u>- inflamed retrocaecal appendix</u> <u>Thick locul pus of sat around</u> <u>& omental wrap.</u>			
Procedure Notes: <u>- cecum resect / pus removed</u> <u>- mesoappendix coagulated & cut</u> <u>- appendix removed in toto</u> <u>- rest of viscera @</u> <u>- Thorough peritoneal lavage given</u>			
Amount of Blood Loss:		Blood Transfused (in ML) <u>2 IIR saline</u>	
Name and Number of Surgical Specimen sent for examination: <u>- par site closed & spec for hist</u>			

POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

Adv

1/ mpo today

Wound Care:

2/ Irr h cath

Drain /Special Lines/Catheters:

3/ IV Abt h
Cath

Special Patient Positioning and Requirements:

4/ IV paracip soon tds

Nutritional Instructions:

5/ IV ent 44 tds

When to Start Mobilization:

6/ N pa pon h/

Special Referrals:

7/ mat whe /up

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:

PHLEBITIS ASSESSMENT

CANNULA 1

Date: 26/7 Time: 12.40AM
Location: @ Metacampal
Size: 22G
Cannula inserted by: S/N Iman

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
26/7	12.50 AM	☐ Yes ☒ No	☐ Yes ☒ No	Pattem	300
	1 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	3 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	5 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	7 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	9 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	10 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	2 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	4 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	6 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	8 PM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	10 PM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
27/7	12 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	2 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	4 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	6 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	8 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	10 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	12 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	2 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	4 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	6 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	8 PM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
		☐ 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: 9 PM
RX any initiated: ☐ Yes ☒ No ☐ NA If Yes specify
Phlebitis score: 115

Patient's Name:

MRD NO: GUC-00094313 IP18-00036619

Age: Master KAVIN MASDHAV B 13-04-2015 11 Y 3 M 13 D (M)

Consultant: Dr. KARTHIK NARAYANAN R M ☐ F

CANNULA 2

Date: 27/7/2026 Time: 10.30PM
Location: @ Anesthesia Line
Size: 22G
Cannula inserted by: S/N MUTHU

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/7	10.30 PM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	12 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	2 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	4 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	6 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	8 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	10 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	12 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	2 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	4 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	6 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	8 PM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	10 PM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	12 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	2 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	4 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	6 AM	☐ Yes ☒ No	☐ Yes ☒ No	paten	30
	8 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	10 AM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	12 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	2 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	4 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	6 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
	8 PM	☐ Yes ☒ No	☐ Yes ☒ No	Obser	30
		☐ 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: 5.00 PM
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.

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Time:

Location :

Size :

Cannula inserted by :

CANNULA 4

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

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

[illegible]

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

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

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

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

GUC-00094313

IP18-00036619

Master KAVIN MASDHAV B

13-04-2018

11 Y 3 M 13 D

(M)

Dr. KARTHEK NARAYANAN R



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IE HUMPTY DUMPTY SCALE

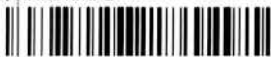
PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			M	E	N	M	E
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1	2	2	2	2	2
Gender	Male	1					
	Female	4					
Diagnosis	Neurological Diagnosis	3					
	Alterations in Oxygenation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

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

High Risk Humpty Dumpty Score = 12 or above

Intervention:

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify						
Nurse's Name:		Ravi	Ravi	Ravi	Ravi	Ravi
Signature:		Ravi	Ravi	Ravi	Ravi	Ravi
Date:		26/7/20	26/7/20	26/7/20	26/7/20	26/7/20
Time:		7:30 pm	9 pm	7:30 pm	8 pm	9 pm



THE HUMPTY DUMPTY SCALE

27/7 28/7 28/7 29/7 29/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			N	N	N	M	E
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					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	3	3	3
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3			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			10	10	10	10	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11, 10

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Praveen	Praveen	Praveen	Praveen	Praveen
Signature:		Praveen	Praveen	Praveen	Praveen	Praveen
Date:		27/7	28/7	28/7	29/7	29/7
Time:		1:30 PM	8:00 PM	8:00 PM	8 AM	2 PM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE N	DATE M	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2			
	13 years old and above	1					
Gender	Male	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			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1/10	1/10			
Total							

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓			
Call device within reach		✓	✓			
Wheels Locked		✓	✓			
Room free of clutter		✓	✓			
Adequate lighting		✓	✓			
Wheel chair support		✓	✓			
Other Intervention(s) Specify		✓	✓			
Nurse's Name:		Kavin	6/1			
Signature:		P. 6/9/15	1st			
Date:		29/3	30/4			
Time:		8 PM	8 PM			

GUC-00094313 IP18-00036619
Master KAVIN MASDHAV B
13-04-2018 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

		Date : 26/7/2018			
		Time : M E N M			
Mobility	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.	1 1 1 1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 4 4 4
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
FRICION-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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	1 1 1 1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4 4 4 4
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE
Docu. No. : RCH/FRM/CLINICAL/119					Evaluator's Name

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

GUC-00094313

IP18-00036619

Master KAVIN MADHAV B

13-04-2015

11 Y 3 M 14 D

(M)

Dr. NANDHINI G



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	27/7	27/7	28/7	28/7
				Time :	2	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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	1	1	1	1
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
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								
					TOTAL SCORE			
					25 25 25 25			
					Evaluator's Name			
					[Signatures]			

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



BRADEN 'Q' SCALE

					Date :	25/4	26/4	27/4	27/4
					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	
'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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	2	2	2	2	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	26	26	26	26
Docu. No. : RCH/FRM / CLINICAL / 119					Evaluator's Name	Dr. S. S.	Dr. S. S.	Dr. S. S.	Dr. S. S.

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)
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GUC-00004313 IP18-00036619
Master KAVIN MADHAV B
13-04-2018 11 Y 3 M 17 D (M)
Dr. NANDHINI G



BRADEN 'Q' SCALE

3

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

		Date: 30/7 Time: M			
Mobility	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.	
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Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
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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					
TOTAL SCORE					26
Evaluator's Name					SD

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
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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/7/26	2AM	2/10	full body	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	im' para given ER	RD 028175
26/7/26	8am	2/10	midline abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☒ Decreasing	☒ Yes ☐ No	im' para 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th	RD 028175
26/7/26	10am	1/10	-	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	posture 2nd	RD 028175
26/7/26	2pm	1/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	N/C	RD 028175
26/7/26	8PM	1/10	-	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	parietal the patient	RD 028175
27/7/26	2am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	N/C	RD 028175
27/7/26	8am	1/10	surgical site	☒ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	psychological support	RD 028175
27/7/26	2pm	0/10	N/C	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	N/C	RD 028175
27/7/26	8PM	0/10	Surg	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	im' para	RD 028175
28/7/26	2AM	1/10	surgical site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	N/C	RD 028175

Re-assessment Frequency:

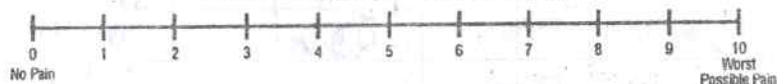
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours.
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/16	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nic	Boy
28/7/16	9pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Lil	Boy
28/7/16	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Lil	Boy
29/7/16	12pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Boy
29/7/16	6pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nic	Boy
29/7/16	12pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Boy
29/7/16	6pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nic	Boy
30/7/16	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	Boy
30/7/16	6am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Boy
30/7/16	10pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	nil	Boy

Re-assessment Frequency:

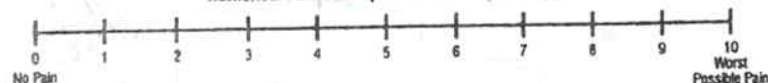
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours
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 - Within 30 - 60 minutes after pain relief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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

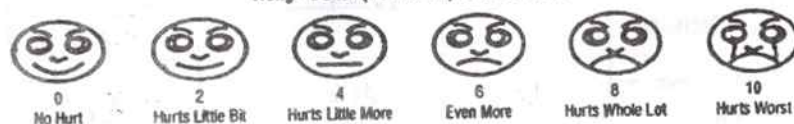
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
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Wong - Baker (Pediatrics) Above 7 Years



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00094313 IP18-00036619
Master KAVIN MASDHAV B
13-04-2015 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R

nbow®
children's
spital
let us treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Healthcare Literacy: Yes ☒ No ☐

Part - I.

Patient's / Learner Language: Tamil

Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak

Willin...

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet

10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
26/7/26	2AM	YES	Explained the Pain Management	Mother	Tamil NO	Tamil	NO	YES	good	[Signature]
27/7	8AM	YES	Explained the Pain Management	Mother	NO	oral	none	verbal	good	[Signature]
27/7	8AM	YES	Explained about IV Antibiotics frequency	Mother	NO	oral	none	verbal	good	[Signature]
29/7	8AM	YES	Explained about pain management	Mother	NO	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

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

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

10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify)

7. Other, Specify

ПРОЦЕДУРА РАБОТЫ С ЗАДАЧАМИ

№ задачи	Условие	Решение	Проверка	Оценка
1	Дано: $a=3, b=4, c=5$. Найти: S .	$S = \frac{a+b+c}{2} = \frac{3+4+5}{2} = 6$	$3+4+5=12, 12:2=6$	5
2	Дано: $x=2, y=3$. Найти: xy .	$xy = 2 \cdot 3 = 6$	$2 \cdot 3 = 6$	5
3	Дано: $a=1, b=2, c=3$. Найти: $a^2+b^2+c^2$.	$a^2+b^2+c^2 = 1^2+2^2+3^2 = 1+4+9 = 14$	$1^2=1, 2^2=4, 3^2=9, 1+4+9=14$	5
4	Дано: $x=4, y=5$. Найти: $x+y$.	$x+y = 4+5 = 9$	$4+5=9$	5
5	Дано: $a=2, b=3, c=4$. Найти: $a-b+c$.	$a-b+c = 2-3+4 = 3$	$2-3=-1, -1+4=3$	5
6	Дано: $x=3, y=4$. Найти: x^2-y^2 .	$x^2-y^2 = 3^2-4^2 = 9-16 = -7$	$3^2=9, 4^2=16, 9-16=-7$	5
7	Дано: $a=1, b=2, c=3$. Найти: $a+b-c$.	$a+b-c = 1+2-3 = 0$	$1+2=3, 3-3=0$	5
8	Дано: $x=2, y=3$. Найти: x^2+y^2 .	$x^2+y^2 = 2^2+3^2 = 4+9 = 13$	$2^2=4, 3^2=9, 4+9=13$	5
9	Дано: $a=3, b=4, c=5$. Найти: $a+b-c$.	$a+b-c = 3+4-5 = 2$	$3+4=7, 7-5=2$	5
10	Дано: $x=4, y=5$. Найти: x^2-y^2 .	$x^2-y^2 = 4^2-5^2 = 16-25 = -9$	$4^2=16, 5^2=25, 16-25=-9$	5

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Family Patient / Learner Literacy: ☐ Read ☐ Write ☒ Speak

Identified Education Needs:

- | | | |
|-----------------------|--|---------------------------------|
| 1. Diagnosis | Plan | 6. Discharge Medication |
| 2. Treatment and Care | 3. Pain Management | 7. Infection Control Measures |
| | 4. Informed Consent | 8. Diagnostic Test / Procedures |
| | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/12/20	3pm	Yes	Explain about pain treatment	Mother	NO	oral	None	Worked Great		Self

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

Understanding:

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

GUC-00094313 IP18-00036619
Master KAVIN MADHAV B
13-04-2016 11 Y 3 M 17 D (M)
Dr. NANDHINI G



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Healthcare Literacy: ☒ Yes ☐ No

10. Risk Education
11. Safe use of Medical Equipment / Implantable Devices
12. Patient's / Family Rights
13. Risk / Safety

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SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Nandhini

Asst. Surgeon: _____

Anaesthetist: Dr. Senthil Kumar

Scrub Nurse: Mr. Raju, Shalini

Age: _____ Gender: _____

Child No.: _____ Surgery Name: Lap Appendectomy

Date: 26/7/18 In-time: 10:30am Out-time: 12:20pm



Before Induction of Anaesthesia >>

SIGN IN

Time: 10:35

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: Dr. Senthil Kumar

Name: Dr. Senthil Kumar

Before Skin Incision >>

TIME OUT

Time: 10:40am

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: Dr. Nandhini

Name: Dr. Nandhini

Before Patient Leaves Operating Room

SIGN OUT

Time: 12:20pm

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

Signature: Dr. Senthil Kumar

Name: Dr. Senthil Kumar

PATIENT TRANSFER FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094313

IP18-00036619

Master KAVIN MADHAV B

13-04-2018

11 Y 3 M 13 D

(M)

Dr. NANDHINI G



Date & Time of Admission

26/7/26 @ 12:02 AM

Date & Time of Transfer Order

26/7/26 @ 2:10 PM

Treating Consultant Name

Dr. Nandhini

Transfer Ordered by

Dr. Senthil Kumar

Reason for Transfer

For further management

From Unit

OT

To Unit

7th floor

Information to Attendant

Yes ☒ No ☐

Number of Sheets in Clinical File

1 Ip file

Number of Imaging Films

Personal belongings including clinical documents. If any handed over to attendant.

Yes ☐ No ☒

If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.

Item Name

Quantity

1.

2.

3.

4.

5.

Shifting Summary / Notes Written by Doctor :

Yes ☒

No ☐

Name & Signature of Person who is Transferring

[Signature]

Name of Person Ordered Transfer

Dr. Senthil Kumar

Patient & Clinical Records Received by :

[Signature] @ 2.25 PM.

Date & Time of Patient Received :

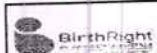
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT'S DETAILS		DATE		TIME	
NAME	AGE	DAY	MONTH	HOUR	MINUTE
Mr. S. S. S.	45	10	10	10	10
Address		Village		Taluk	
District		State		Country	
Occupation		Religion		Caste	
Marital Status		No. of Children		No. of Siblings	
Education		Literacy		Illiteracy	
Previous Illnesses		Present Illness		Cause of Illness	
History of Present Illness		Examination		Diagnosis	
Treatment		Prognosis		Remarks	



Rainbow
Children's
Hospital

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 26/7/28 @ 2:10pm OT TRANSFERRED TO: 7th 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	NA	
3 Circulation & Hemodynamic Stability		
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	Yes	
4 Pain Assessment		
a. Pain score assessed & analgesia given	Yes	
b. Reassessment done	Yes	
5 Wound, Dressings & Drains		
a. Surgical dressing intact	Yes	
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)	Yes	
7 Equipment Safety & Transport Preparedness		
a. Oxygen cylinder full & ambu bag at bedside	NA	
b. Bed/side rails up and brakes applied	Yes	
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		
	Yes	
12 Documentation		
a. Documentation completeness	Yes	
Transferring Nurse:		
Receiving Nurse:		
Signature of Incharge:		

For
Rising
Groom

Informed Consent for Surgery or Special Procedure

GUC-00094313 IP18-00036619
Master KAVIN MADHAV B
13-04-2018 11 Y 3 M 13 D (M)
Dr. NANDHINI G

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).....

Lap appendectomy

(Name of the Patient).....upon

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.

Mealy / 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 : *[Signature]*

Name: *SHARATI KUMAR M.S.*

Date & Time:

Relative

Signature : *[Signature]*

Name: *ANITA*

Relationship with patient: *Mother*

Witness:

Signature :

Name:

Date & Time:

Signature : Name of Doctor: *[Signature]*

Date & Time:

[Signature]

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: KAVIN MASDHAY. B Age: 11y 3m Sex: MALE UHID.No: 9UC-00094313
Date: 26/7/26 Time: 7:50am Proposed Operation: LAPAROSCOPIC APPENDICECTOMY

Diagnosis: ACUTE APPENDICITIS ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
B.P / CRT: 13/76 H.R: 80/min Weight: 47.7kg

Laboratory Data:
Hgb: 13.9 Glucose: 22 Protein: 0.79 HbS Ag: --- X-Ray: ---
PCV: 34.1 Urea: 0.79 Alb: 3.9 HCV: --- ECG: ---
WBC: 12,390 Creat: 134 Total Bil: --- Blood group: --- 2D Echo: ---
Plate: 367000 Na: 134 Dir. Bil: --- T3: --- Stress/Angio: ---
PT: 18.7 K: 3.9 LDH: --- T4: --- Other: ---
PTT: 26.1 Ca++: --- Alk phos: --- TSH: ---
INR: 1.37 Mg++: --- Amylase: --- SGOT/SGPT: ---

Allergies: NKDA

Medical History: CVS: vomiting x 1 day (bilious / non-projectile) Diabetes: ---
RESP: Abdominal pain + fever
CNS: Term / Born by LSCS / CIAB / BW: 3.4kg / NO NICU stay
Renal: Current medications: PARACETAMOL 500mg
Hepatic / GE: PIPTAZ 4.5g Physical Activity: METRONIDAZOLE 400mg
Others: DNS on flow

Past Anaesthetic History: ---
Physical Exam: Playful, active, alert / Vaccinated till 5 years Neck: --- Teeth: 1 loose tooth
Airway: MF 1 2 3 4 Mouth Opening: >3fb Mento-hyoid Distance: ---

Lungs: Chest clear
Heart: NOVS / S1 S2 @ - NO murmurs
CNS: NGND / GCS: 15/15 / normal Development
Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: 22G Spine Exam for regional: ---

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: Water / ORS 2 Hours Others 6 Hours
2. NIL ORAL: ---
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: Continue to keep NPO
Continue IV Medication as charted

Signature: Shyja Name: Dr. Shyama

Patient Sticker

ANAESTHESIA CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Physical Status:

☒ Patient Identified

Fasting Status:

ADEQUATE

☒ Consent Present

☒ Chart Reviewed

H.R.:

100/min

B.P./CRT:

110/70 mmHg

SpO₂:

100%

R.R.:

22/min

Last Feed:

clear liquid

Pre-OP Diagnosis:

ACUTE APPENDICITIS

Surgeon:

Dr. Nandhini

Operation:

LAPAROSCOPIC APPENDICECTOMY

Date: 26/7/26

Time: 10:30 pm

Technician: Mr. SHYAM

Anaesthesiologist: Dr. SHYAMA / Dr. SENTHIL

TIME

N/O /AIR /O, LPM

HALO /SO /SEVO

Drugs:

FENTANYL

PROPOFOL

ATACURUM

METRONIDAZOLE

EMESET

DEXAMETHASONE

PARACETAMOL

FIO₂ / SaO₂ETCO₂

ECG

Temperature

Urine Output

Fluids

Blood

B.P.

V Systolic

A Diastolic

X Mean

• Heart Rate

Tourniquet on Time

Tourniquet off Time

Throat Pack In

Throat Pack Out

LAB Values

☒ Equipment Checked and Functional

☒ BP

☐ Cuff Site:

☐ Art Site:

☐ EKG Lead

☐ Temp Site

☒ FIO₂ Monitor

☒ Agent Monitor

☒ Pulse Oximeter

☒ Capnograph

☒ Ventilator

☐ Nerve Stimulator

Position:

☒ Pressure Points Checked

Eye Care:

☐ Oint

☒ Tape

☐ Padding

☐ Awake

Temp:

☒ HME

☐ Cling Film

☒ Hugger's

☐ Other

☐ Fluid Warmer

☐ OH Warmer

☐ Cotton Wool

Times:

Anaes Start:

10:31 am

OP Start:

10:55 am

OP End:

Leave OR:

Anaesthesia:

☒ GA

☐ Monitored Anaesthesia Care

☐ Regional

Line (Size & Location)

☐ CVP

☐ ART

☐ IV: 22G - LM

☐ IV:

☐ IV:

Induction

☒ IV

☐ Pre O₂
☐ Others

☐ Mask

☒ Airway

☐ SG

☐ Oral

☐ Nasal

☐ Tracheostomy

☐ Topical

☐ Drug:

☐ Awake

☐ Video Laryngoscopy

☐ Fiberoptic

☐ Blade # 3

☐ Attempts: 1

☐ Difficulty Why?

☐ Bilal = BS

☐ Semi-Closed Circle

☐ Closed Circle

☐ Other

Regional:

☐ Extremity

☐ Spinal

☐ Others: TAP

☐ Position: SUPINE

☐ Site:

☐ Needle Size:

☐ Parasthesia: Yes ☒ No

☐ Catheter at skin: cm

☐ Drug Name & Conc: 0.2% ROPIVACAINE

☐ Bolus: 10ml each side

☐ Infusion:

☐ Block Level:

☐ Comments:

☐ Transportation to:

☒ PACU

☐ ICU

☐ Relaxant Reversed: Yes ☐ No ☐ NA

☐ Name of the Doctor: Dr. Shyama

☐ Signature of the Doctor:

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Risne

Time Received : 12:20 pm Time Discharged : 2:10 pm

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 BLOOD PRESSURE	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO₂	IV Cannula Site : _____ ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway			
		Vomiting : ☐ Yes ☐ No NG Tube : ☐ Yes ☐ No Drain : ☐ Yes ☐ No Urinary Catheter : ☐ Yes ☐ No Chest Tube : ☐ Yes ☐ No Nil Oral : ☐ Yes ☐ No IV Fluids : _____ Oral Feeds : _____			
250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 PULSE		250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 RESP			
POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES	OUT	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:
			30 60 90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0		ACTIVITY			2
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION			2
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0		CIRCULATION			2
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS			2
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0		COLOR			2
TOTAL					10

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : Dr. Sanyal

Anaesthesiologist Signature : [Signature]

Date & Time : 26/7/16

PACU Nurse Name : Risne

PACU Nurse Signature : [Signature]

Date & Time : 26/7/16

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): Yth floor

Date & Time : 26/7/16 @ 2:10 pm

Patient Sticker

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)

[illegible]

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 :

PATIENT TRANSFER FORM

GUC-00094313 IP18-00036619

Master KAVIN MASDHAV B

13-04-2015 11 Y 3 M 13 D (M)

Dr. KARTHIK NARAYANAN R



Date & Time of Admission 26/7/26 at 12 ⁰² am		Date & Time of Transfer Order 26/7/26 at 9 ²⁰ am
Treating Consultant Name Dr. Karthik	Transfer Ordered by Dr. Deepa	Reason for Transfer Further management
From Unit T ¹⁵ FLOW	To Unit OT	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File file	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring S/M Aswathi		Name of Person Ordered Transfer Nirmala Onkar
Patient & Clinical Records Received by : Resna Gotan		
Date & Time of Patient Received : 26/7/26 10:20 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

file

PATIENT INFORMATION

100-100000-100000

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SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	Yes
2	Decolonize surgical patients with skin antiseptic (Chlorhexidine bath /wipes)	Yes
3	Antibiotic prophylaxis given within 60mts prior to skin incision	Yes
4	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	1
	INTRAOPERATIVE	
5	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	Yes
6	Maintain normothermia during the surgical procedure (>36 deg C)	Yes
	POSTOPERATIVE	
7	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl	NA
8	Application of incisional negative pressure wound dressing	NA

GUC-00084313 IP18-00036619

Master KAVIN MASDHAV B
13-04-2016 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R

RCR/GDY/FRM/CLINICAL/598

PATIENT TRANSFER NURSING HANDOVER CHECKLIST

TRANSFERRED TO :

REMARKS

Date & Time of Transfer:

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

RCR/GDY/FRM/CLINICAL/598

CONSENT FORM FOR ANAESTHESIA

Patient Name : KAVIN MASDHAY Age : 11y 3m Gender : Male ☒ Female ☐
UHID NO : GUC-00094313 Surgeon Name :
Anaesthesiologist : Operative procedure planned : LAPAROSCOPIC APPENDICECTOMY

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 and 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 Acidosis |
| ☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : <u>PAEDIATRIC AGE GROUP</u> | | | |

- 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 anaesthesia.

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 anaesthesiologist 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 : [Signature]
Name : ANITA . H
Relationship with Patient : Mother
Date & Time : 26/7/26

Witness :

Signature : [Signature]
Name : BLAKATH KUMAR M.S.
Date & Time : 26/7/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Shyama

Date & Time : 26/7/26



2000

2000

1/2000

MAIN WARDEN

QNC-0004913

LABORATORY

PRELIMINARY

2/1/2000

2/1/2000

2/1/2000

2/1/2000

2/1/2000

2/1/2000

2/1/2000

2/1/2000

2/1/2000

GUC-00094313
Master KAVIN MASOHAV B
13-04-2015 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1:30 AM Mode of Arrival: wheelchair Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction

Body Weight: 17.7 Kg

Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u> </u>	<u> </u>	<u> </u>

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: 17.7 Kg Length: Head Circumference (< 2 years):

Temp: 100.1 HR: 126 RR: 26 BP: 108/72

Pain Score: 2/10 Specify Site: Abdomen (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☒ Yes ☐ No Score: 11 (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: 2/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

Character of Pain Location Abdomen Frequency Acute 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: 26/7/2026 (Date/Time): 1:30 A.M.

Social History: Lives With

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

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

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☒ Yes ☐ No

Waste Disposal Explained: ☒ Yes ☐ No

Infusion Pump : ☒ Yes ☐ No

Hand hygiene Explained: ☒ Yes ☐ No

☐ Others

Patient Rights & Responsibilities: ☒ Yes ☐ No

Information given to

Nurse's Name: E. Panyanki Date: 26/7/2026 Time: 1:30 AM Signature

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 25/1/26 Time of arrival: 11:47pm
Chief Complaints: cl abdominal pain x 1 month Vomiting. RBS: 105.
Height: — Weight: 47.7kg BMI: — Head Circumference (<2 years) —
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —
If yes, identify —
Pain Screening: ☐ Yes ☒ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker
☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

- ☒ If Patient is > 6 years

Assess the below parameters

History of Falling: within past 3 months

☐ Yes ☒ No

Ambulatory Aids:

- Wheelchair
- Uses furniture for support

☐ Yes ☒ No

☐ Yes ☒ No

Gait/Transferring:

- Bedrest / immobile
- Weak
- Impaired

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

Mental Status: Forgets limitations

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): 25/1/26 @ 11:15pm

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse: 11:55pm

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

Time	Nursing Notes
1AM	Pt come to ER @ Complaints of fever @ Abdominal pain @ vomit @ - All vitals checked & recorded. ER Dr. assessed the child & Admitted ↓ Dr. Karthik & Dr. Nandhini. - IV line done & Bld sample collected - Pt in on NPO. Shifted to ward.

Samples collected by:

Samples sent by:

Iman

Time:

Time:

12.45 AM.

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 126 BP: 108/72 CFT: 43 Sec RR: 26 SPO ₂ : 98 GCS: 15/15 Temperature: 100.9°F Pain Score: 0/10 Repeat RBS (if applicable):	Shift - out from ER to: 709 Time of Shift - out: @ 1.20 AM Handover given to: S/N - Karimudezhi (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

IV line done

24 @ Metacarpal

Name of the Nurse:

Iman

Signature of the Nurse:

Das

Date & Time:

26/7 @ 1 AM.

17894

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor :

Date : 26/7/26

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

Start Time of Assessment:

Weight: 47.7 kg

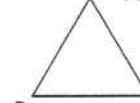
Allergic History:

Chief Complaints:

Ch. Vomiting &
Abdominal pain
x 1 day

Pediatric Assessment Triangle

A Appearance - TICLS



B

C Circulation

Breathing

☐ ↑ WOB

☐ ↓ WOB

☒ Normal

☐ Gasping / Apnea

☒ 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: 20/min SpO₂ on FiO₂ 98% @ RA

Rhythm:

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR

☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry:

Palpation Findings (If necessary).....

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

**Circulation**HR: 90/minCFT ☐ Central ☒ Peripheral 3 secAny urgent interventions needed: ☐ Yes ☒ No

If Yes

BP: 1 / mmHgPulse Volume: ☐ Central
☐ PeripheralIf in Shock: ☐ Compensated
☐ HypotensiveMuffled Heart Sound: ☐ Yes ☐ NoEngorged Neck Veins: ☐ Yes ☐ NoMurmurs: ☐ Yes ☐ No

Liver Span:

ECG:

Any Signs of
Heart Failure: ☐ Yes ☐ No**Disability**GCS: 15/15AVPU: 15/15Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Pupils: ☒ Responsive ☐ Non-Responsive
Size ☐ Right
☐ LeftActive Seizures: ☐ Yes ☐ No Sugars:

Signs of Neurological compromise

ExposureTemp.: 37.2Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Any Rash: ☐ Yes ☐ No,

If yes describe the rash

Active bleed

Lacerations ☐ Abrasions ☐ bruises ☐

Describe:

Final Physiological Status:☐ Respiratory Distress☐ Respiratory Failure☐ Respiratory Arrest☐ Shock - Compensated ☐☐ Hypotensive ☐☐ Cardiopulmonary Arrest☒ Hemodynamically Stable**Secondary Assessment:**

Head to toe examination with positive findings:

Labs Planned:as charted med**Treatment Planned:**Need for Oxygen: ☐ Yes ☒ Noif yes Low Flow ☐High Flow ☐PPV ☐Final Diagnosis with possible Differential Diagnosis (If necessary): Acute appendicitis

Assessment done by

Name of the Doctor: T. YumarySignature: T. YumaryDate & Time: 26/7/26 2.1 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:

PATIENT TRANSFER FORM

GUC-00094313 IP18-00036619
Master KAVIN MASDHAV B
13-04-2015 11 Y 3 M 13 D (M)
Dr. KARTHIK NARAYANAN R



Treating Consultant

Dr. Karthik

Date & Time of Admission

26/7
@ 12.20 AM

Date & Time of Transfer Order

26/7
@ 1.20 AM

Transfer Ordered by

Dr. Yuvaraj

Reason for Transfer

treatment

From Unit

BR

To Unit

700

Information to Attendant

Yes ☒ No ☐

Number of Sheets in Clinical File

11

Number of Imaging Films

—

Personal belongings including clinical documents. If any handed over to attendant

Yes ☐ No ☐

If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

? Acute Appendicitis

Name & Signature of Person who is Transferring

Dr. Yuvaraj / sman

Name of Person Ordered Transfer

Dr. Yuvaraj

Patient & Clinical Records Received by :

Dr. Yuvaraj 02/07/2015

Date & Time of Patient Received :

26/7/2026 at 1.30 AM

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

Unavailable Bed

Nurse not Available

Available Bed not ready



NPO-10PM

EMERGENCY ROOM TRIAGE FORM

Wt: 47.7 kg

Patient's Name: Master. Kavin Madhav Age: 11y Gender: ☒ Male ☐ Female
Date: 25/7/26 Time of Arrival: 11:45 PM
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: 100.4°F PR: 136 BP: 108/72(84) RR: 28 SpO₂: 97
Chief Complaints: c/o abdominal pain x 1 month vomiting

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

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: [Signature]
Triage Completion Time: 2 min

Communicable Disease Triage Screening

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

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

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

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☒ No
If yes, State Location:
- Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☒ No

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

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

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

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

Name of Triage Nurse: Sman

Signature of Triage Nurse: [Signature]

Date & Time: 25/7 @ 11:50 PM

Elect -
PT, APT
Plw.
Kw!

r. KARTHIK NARAYANAN R



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[illegible]

GUC-00094313 IP18-00036619
Master KAVIN MADHAV B
13-04-2018 11 Y 3 M 13 D (M)
Dr. NANDHINI G



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 26/7/2016
Patient Name : Master Kavin Madhav Date of Birth : 13/4/2016 Age : 11/4
Gender : M Ward : OT UHID No : 94313
Date of Surgery : 26/7/2016 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery : Lap. Appendectomy

Time In : 10:30 am

Time Out : 12:20 pm

	NAME	AMOUNT
1. Surgeon	Dr. Nandhini	
2. Anaesthetist	Dr. Senthil Kumar / Dr. Shyam	
3. Assistant Surgeon		
4. OT Technician	Mr. Shyam	
5. Circulating Nurse	Chel Rine	
6. Assistant Nurse	Srl Surgeonthe / Srl Agalya	

(10:55am - 11:55am) 173329

Special Equipment: ☒ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No :

Order by :

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

Record finalized done

Signature of Agalya
02433

Lap Appendix

Patient Sticker

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

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Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff : Rein Technician : Shyur Date : 26/7/26 Time :

Anaesthesia Disposables		Qty	Surgical Disposables		Qty	Disposables (Baby Side)		Qty
Issued	Used		Issued	Used		Issued	Used	
ET tube <u>5.5 CUFFED (w/ke)</u>		1	Major Pack <u>minor pack</u>		1	Inj Vit.K		
LMA			Sutures <u>3/0 vicryl 2437</u>		1	Cord Clamp		
ECG leads <u>A/P/N</u>		3				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringes : 10 cc <u>✓</u>		2+3				Vacuum Suction Set		
05 cc <u>✓</u>		3	Gloves <u>P.F. 6.5</u>		1	Surgical Gloves		
02 cc <u>✓</u>		4	<u>P.F. 5.5</u>		2	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade 11		1	Surgical Blade # 20		
IV set <u>✓</u>		1	NG tube			Koochies (S)		
RL <u>✓</u>		1	Cautery pencil			Blackboard		2
NS : 10ml / 100ml / 500ml / 1000ml		2	Keechies <u>TURP set</u>		1	<u>N95 mask</u>		2
<u>VEIN-O-LINE 10cm</u>		1	Ointments			<u>D. water 10ml</u>		4+2
<u>AMNEPRESA 100ml</u>		1	Suction Catheter			<u>Ryles 12 FR</u>		1
Fentanyl <u>✓</u>		1	Cap, Mask <u>Cranze P10</u>		2	<u>Cath plush</u>		1
Morphine			Gauze Pack <u>plain</u>		2+1	<u>VASOCON</u>		1
Ketamine			Mop Pack		1	<u>Three way 100cm</u>		1
Propofol <u>✓</u>		1	Steristrip			<u>ET 6.0 CUFFED</u>		1
Rocuronium			Underpad		1	<u>Tru loop</u>		02
Glycopyrolate			Draw sheet			<u>D-water 1000ml</u>		01
Myopyrolate <u>✓</u>		1	Abgel			<u>02 mask (#3)</u>		1
<u>Ondansetron PNDORIND</u>		1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>DOPIN 0.25</u>		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vacuum Suction set		1+1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		1			
<u>Isoflurane</u>		1	Microshield					
<u>Dexamethasone</u>		1	Cotton Balls					
<u>Dressing Pad 10x10</u>		1	Latex Gloves		10p			
			Ramdone Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. :

Ordered by :

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

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 IP18-00036619 Ward 8F-OT COMPLEX
Patient Name Master KAVIN MADHAV B Bed Name PRE OP 806
Age/Sex 11 Y 3 M 13 D / Male Order No 18-0001733259
Date 26/07/2026 14:14 Prescription No PRIP18-0629268
Payor SELF PAY Dispensed Date 26/07/2026 14:14
UHID GUC-00094313

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AMNEPARA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
2	CATH FLUSH INJ 10 IU 2ML	Troika Pharmaceuticals Ltd	H	1Q26001	12/28	1	22.07	22.07
3	DEXAMETHASONE INJ 2 ML	PENTA PHARMA	H	VDDUI008	10/27	1	10.78	10.78
4	DRESSING PADS 40X40(2 NOS)12 PLY STERILE	Bapuji Surgicals		0M2544O23	03/29	1	418.00	418.00
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	5	28.13	140.65
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B12K44	01/31	4	11.25	45.00
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	1	2.58	2.58
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	5	2.58	12.90
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	20326S08G	05/28	3	32.34	97.02
11	ET TUBE -5.5 CUFFED (WELCO LIFE)			2909131	08/28	1	891.00	891.00
12	ET TUBE - 6.0 MM WITH CUFFED-HELMIER		GENERAL	G26A010216	12/30	1	399.00	399.00
13	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
14	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	1	69.10	69.10
15	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350487	11/27	1	140.20	140.20
16	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
17	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
18	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	1	69.84	69.84
19	ROPIN INJ 0.2 % 20 ML	Neon Laboratories Ltd		1435130	12/27	1	189.30	189.30
20	RYLES TUBE 12 POLYMED	Polymed	GENERAL	02316280M	10/28	1	75.00	75.00
21	THREE WAY EXTENSION 100 CM (B.D)	BECTION DICKINSON (BD)	GENERAL	K26D010689	03/31	1	464.00	464.00
22	VASOCON INJ 1MG1ML	NEON LABORATORIES LTD		KP85439	02/27	1	13.04	13.04
23	VEIN-O-LINE 10CM ROMSONS		GENERAL	K26E010512	04/31	1	460.00	460.00
Total :							4,980.49	5,244.88

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy Chennai Tamil Nadu INDIA
600015
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INPATIENT ISSUES AGAINST ORDERS



IP No 1P18-00036619
Patient Name Master KAVIN MADHAV B
Age/Sex 11 Y 3 M 13 D / Male
Date 26/07/2026 14:14
Payor SELF PAY
UHID GUC-00094313

Ward 8F-OT COMPLEX
Bed Name PRE OP 806
Order No 18-0001733260
Prescription No PRIP18-0629269
Dispensed Date 26/07/2026 14:15

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	D WATER IV 1000 ML BOTTLE	Aculife Health Care Pvt.Ltd(Nirilif	H	1D262317	03/29	1	107.61	107.61
2	Encore Microptic gloves- 6,5		H	2603019005	03/29	1	128.00	128.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	3	100.00	300.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645010	03/29	2	123.00	246.00
5	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26D010015	03/31	1	532.00	532.00
6	MINOR OT PEDIATRIC DRAPE			20260715	07/29	1	1,800.00	1,800.00
7	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T6003	12/30	1	997.00	997.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF029	03/30	1	949.00	949.00
9	N95 MASK KARE-ROMSONS	ROMSONS		G26B036120	12/30	2	57.00	114.00
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
11	NS 1000 ML ACCULIFE-EH	Aculife Health Care Pvt.Ltd(Nirilif	H	2C260723	02/29	2	105.22	210.44
12	RAMADINE SOLUTION 10% 100 ML	RAMAN & WEIL PVT LTD		RC126036	04/28	1	103.00	103.00
13	SGLOVE 5.5 SIGNATURE			250905391T	09/28	2	117.00	234.00
14	SURGICAL BLADE 11	Surgeon	GENERAL	O030925	08/30	1	7.10	7.10
15	TRULOOP 2215	Sutures India		A260121	01/31	2	791.00	1,582.00
16	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
17	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010296	03/31	2	811.00	1,622.00
Total :							6,957.93	9,637.15

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature
Pharmacist Name : GRACE PAUL RAJAN