Rainbow Children's Hospital

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 29 D (M)
Dr. GEETHA JAYAPATHY

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

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

Room / Bed No: ..... Ward: ..... pe: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
05/07/26	8.20pm	ER	702	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
05/07/26	OT, PT, Blood cls. RP-2	26024436	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1.	Infusion pump	9:00pm		1422508	607778

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
05/07/21	IV placement	(1)	IT22338	Emil

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 7/7/21 Time: 6am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name:......................................

MRD NO:.. GUC-00076975 Room No.:..................
Master R.V. MUKUNDAN IP18-00036332
08-11-2012 13 Y 7 M 27 D (M)
Age :....... Dr. GEETHA JAYAPATHY Sex: ☐ M ☐ F

Consultant ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 05/07/26 Time: @ 7:30pm

Location : (R) metacarpal

Size : 22 G

Cannula inserted by : S/N Arthi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
05/7/26	7:30pm	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	9:30pm	☐Yes ☑No	☐Yes ☑No	no ivf	[illegible]
	11:30pm	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
6/7/26	1:30pm	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	3:30pm	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	5:30pm	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	7:00pm	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	8 am	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	10 am	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	12 pm	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	2 pm	☐Yes ☑No	☐Yes ☑No	patten	AA
	4pm	☐Yes ☑No	☐Yes ☑No	patten	AA
	6pm	☐Yes ☑No	☐Yes ☑No	patten	AC
	8pm	☐Yes ☑No	☐Yes ☑No	pattn	V.A
	10pm	☐Yes ☑No	☐Yes ☑No	pattn	V.A
7/7	12am	☐Yes ☑No	☐Yes ☑No	pattn	V.A
	2am	☐Yes ☑No	☐Yes ☑No	pattn	V.A
	4 am	☐Yes ☑No	☐Yes ☑No	pattn	V.A
	6am	☐Yes ☑No	☐Yes ☑No	pattn	V.A
	10AM	☐Yes ☑No	☐Yes ☑No	observe	SM
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
5/7	9pm	yes	education about how prevent a child fall	father	no learning barrier	oral	teach family	verbally understands	good	[signature] 6073
5/7/26	8am	IV fluid	Explained about IV fluid maintenance	Mother	nil	oral	nil	yes	good	[signature]
7/7/26	8AM	yes	Explained about IVF maintenance	mother	Nil	oral	None	yes	Good	[signature]

Part - III: CODES

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

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

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

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

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 05/01/26 Time of arrival : @7:15pm

Chief Complaints: c/o fever x 4 days, ↓ intake, cough RBS: 95 mg/dl

Height : ... Weight : 16.6kg BMI : ... Head Circumference (<2 years) .....

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

If yes , identify ... Syp: oxcarbazepine .....

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

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ... Parents .....

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

Time of Initial assessment completed by ER Nurse : ... 30 mins .....

Time	Nursing Notes
7:20pm	child come for emergency DR. Veetha seen in opd advised to admission. vitals maintained in normal limits. s/m DR. Deepak cons written. IV cannulation placed. samples collected and sended to lab. child shift to ward for further management

Samples collected by: J Rishi Time: 7:40 pm

Samples sent by : J Rishi Time: 7:40 pm

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: 92 min BP: 90/55 CFT: 2 sec RR: 26 SPO_2 : 96 % GCS: 15/15 Temperature : 98.3 F Pain Score: 0/10 Repeat RBS (if applicable): -	Shift - out from ER to: TO2 Time of Shift - out: 8:20 PM Handover given to: S/N Nirmala (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation done. Right Mofacampal 22 G1

Name of the Nurse : Rishi Signature of the Nurse : Rishi (020326)

Date & Time : 05/1/26 @ 7:30pm

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Wt - 16.6kg

Patient's Name : Master. R.V. Mukundan Age : 13Y Gender: ☑ Male ☐ Female

Date : 05/7/26 Time of Arrival : @ 7:15pm

Allergies: ☐ No ☑ Yes ☐ Food ☑ Medications ☐ Blood Transfusion ☐ Other (Specify): Syp. carbamazepine ☐ Not known

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.2°F PR: 92 BP: 90/55(66) RR: 26 SpO_2: 96%

Chief Complaints: c/o fever x 4 days, ↓ oral intake, cough.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2 min ago

Communicable Disease Triage Screening

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

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

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

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

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Rishy

Signature of Triage Nurse : .....

Date & Time : 05/07/26 @ 7:17pm

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

GUC-00076975
Master R.V. MUKUNDAN IP18-00036332
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PEDIATRIC [illegible]CTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. DEEPAK Date : 5/7/12

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

Start Time of Assessment: ..... Weight: 16.6 kg

Allergic History: (-)

Chief Complaints:
fever for past 1 day

Pediatric Assessment Triangle

A Appearance - TICLS : Sleeping

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

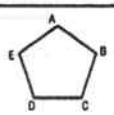
C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

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

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

Significant Past History: K/C/O: Develop Delay / Seizure - Refractory on multiple ASMs
Medication History: On Antiepileptic drugs Movements Abnormality
Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: ..... SpO_2 on FiO_2 96% on RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAEP

Palpation Findings (If necessary) .....

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

Circulation

HR: 92/min

CFT — Central (+) — Peripheral (+)

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

BP: .... mmHg

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

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: [illegible] Alert

AVPU: Pain

Pupils: Responsive ☑ Non-Responsive ☐ (Consistent)

Size — Right .... Left ....

Active Seizures: ☐ Yes ☑ No

Sugars: ....

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Exposure

Temp.: 98.8°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned:	**Treatment Planned:**
	AL Catheter

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

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

Assessment done by

Name of the Doctor: C.DEEPAK

Signature: [signature]

Date & Time: 5/7/20 @ 7:45PM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
DR. Geetha	05/07/26 @ 1.27pm	05/07/26 @ 8.26pm
Transfer Ordered by	**Reason for Transfer**	
DR. Deepak	further Management	
From Unit	**To Unit**	**Information to Attendant**
ER	402	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
10	-	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 ☐

ASw.. Fever ↓ Evaluation

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] (Counsel)	C. DEEPAK

Patient & Clinical Records Received by : S. Nirmala

Date & Time of Patient Received : 5/7/26 at 8.30pm

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

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		11/12 1.30pm			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	5/7	6/7	7/7						
Doctor's Orders	yes	YES	YES						
Carried out or not	yes	YES	YES						
Bed Side									
Structured Handover done	yes	YES	YES						
IV Site	yes	YES.	YES						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	yes	YES	YES						
Eye Care	yes	YES	YES						
Mouth Care	yes	YES	YES						
Sterillum Bottle, Stethoscope	yes	YES	YES						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	5/7/26 @8pm	[illegible]	8/7/26 8pm						
Hand Over Taken By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	6/7/26	6/7/26							

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Laboratory Report

Master R.V. MUKUNDAN	9003054129
13 Y 7 M 27 D	GU26021401
Male	05-07-2026 01:22 PM
2607-002129	05-07-2026 01:53 PM
GUC-00076975	
Dr. GEETHA JAYAPATHY	

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED
HEMOGLOBIN (Colorimetry)	**11.3**	**g/dL**	L	13 - 16
RBC COUNT (DC detection method)	**3.79**	**10^12/L**	L	4.5 - 5.3
PCV/HCT (Calculated)	37	VOL%		36 - 51
MCV (Calculated)	97	fL		79 - 98
MCH (Calculated)	30	pg/cells		25 - 35
MCHC (Calculated)	**31**	**g/dL**	L	32 - 36
RDW-CV (Calculated)	**14.6**	**%**	H	11.5 - 14
PLATELET COUNT (DC Detection Method)	**112**	**10^9/L**	L	150 - 450
Low platelet value to be reconfirmed by pathologist.				
MPV (Calculated)	7.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**17.89**	**10^9/L**	H	4.5 - 13
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	63	%		34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	27	%		25 - 45
MONOCYTES (Microscopy, Leishman stain)	10	%		4 - 10

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Laboratory Report

Master R.V. MUKUNDAN	9003054129
13 Y 7 M 27 D	GU26021401
Male	05-07-2026 01:22 PM
2607-002129	05-07-2026 02:34 PM
GUC-00076975	
Dr. GEETHA JAYAPATHY	

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT ENTERED
CRP (Immunoturbidimetry)	150	mg/L	H <10

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036332 **Admit Date** : 05-Jul-2026 **Admit Time** : 07:27 PM **UHID** : GUC-00076975

Patient Details :

Patient Name	: Master R.V. MUKUNDAN		
Guardian	: Mr R.VENKATESAN	**Age**	: 13 Y 7 M 27 D
Gender	: Male	**DOB**	: 08-11-2012
Occupation	:	**Religion**	:
Address (H)	: 7B SRI HARI NAGAR KATTUPAKKAM Iyyappanthangal Kanchipuram Tamil Nadu INDIA 600056	**Martial Status**	:
		Phone No	: 9003054129
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : 0F-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr R.VENKATESAN **Relationship** : Father

Contact Address : 7B SRI HARI NAGAR KATTUPAKKAM Iyyappanthangal Kanchipuram Tamil Nadu INDIA 600056 **Phone No** : / 9003054129

Signature

Doctor Details :

Doctor Name : Dr. GEETHA JAYAPATHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Rainbow Website **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 15000.00

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master R.V. MUKUNDAN**		
IP No:	**IP18-00036332**	**Age :**	**13 Y 7 M 27 D**
Consultant:	**Dr. GEETHA JAYAPATHY**	**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.
(Receivers Signature:.....) Y Mukundan

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: Y Mukundan

Name: Mr. Venkatesan
Relationship: Father
Date: 05/07/2026 Time: 07:27 pm
Witness Name: A. Sivasankari
Witness Signature: A. Sivasankari

Patient Address:
7B SRI HARI NAGAR KATTUPAKKAM
Iyyappanthangal Kanchipuram Tamil
Nadu INDIA 600056

BILLING POLICY

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

DECLARATION

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

Patient Name : Mr R.V. MUKUNDAN	UHID Number : CUC-00076975
Self/Attendant Name : Venkatesan. N	Relation : Father
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: ______________________ Age/Sex ______

Information given by: ______________________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/O: fever intermittent for past 4 days
↓
settled c̄ para
C/O: Occasional cough

NO C/O: runny nose
loose stools
crying during urination

Child was initially treated as OPD & Evaluated
c̄ TC - 17,890
CRP - 130
hence advised Admission for further treatment & Evaluation

Patient Sticker

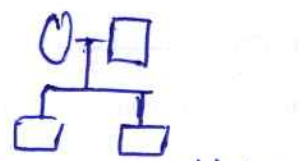
Past History : (Including details of any previous investigation or treatment)

Multiple Admission for Seizure in outside Hospital
Admitted for Seizure 2025
Admitted for Allergy of Oxycarbazepine.

Birth & Neonatal History:

NVD / Term / 3.300kg / CIAB / NNICU stay

Family Chart



Birth & Socio Economic History:

About Father : Jr

About Mother :

Any additional Information :

Developmental History :

Develop delay

Immunization History :

upto date IAP schedule

Anthropometry :

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

Weight (kgs) 16.6kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 92/m B.P. 90/55 (66) SPO2 96%

Resp.rate and type of breathing : (r)

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : (n)

Air entry & breath sounds : VBS(+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (n)

Heart Sounds : S_1S_2(+)

Any murmur : (-)

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

Per Abdomen :

Inspection : (n) / Soft

Palpation : Soft

Ausculation : BS(+)

Spine : (n) External Genitelia : (n)

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Pain.

Cranial Nerves :

Motor System :

Nutriton :

Tone: (n) Power Cannot be assessed

Co-ordinator :

Posture :

Involuntary Movements : (-)

Patient Sticker

Reflexes :

DTR (+)

Superficials:

Plantars Extensor / Withdrawl

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Dr. Fever ↓ Evaluating

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
Dengue NS1
} as OPD

SHOT, SGPT
RP-2
Blood C/S

TO trace
Urine C/S
Given as OPD
in outside lab

Planned Management

Inj. Ceftriaxone 800mg IV Q12H
+
Regular meds
Syp. Epilex 5ml Q12H
Syp. Levepil 3.5ml Q12H
T. Lobazam 0-0-5mg
T. TOPAMAX 25mg Q12H
Syp. CANEVRA 0.5ml-0-0-2ml
T. MITOCR 1-0-0

Signature of the Doctor: .....

Name of the Doctor: C. DEEPAK

Date & Time: 5/7/26 @ 7:45pm

Signature of the Consultant: .....

Name of the Consultant: Dr. Geetha 1881

Date & Time: 5/7/26 @ 10.30 pm

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

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

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

   ☐ Needs Assistance In: Remarks

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

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

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

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00076975
Master R.V. MUKUNDAN IP18-00036332
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
05/07/26	7:30pm	95mg/dl	-	[signature]

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/24 11:30pm		S/R Dr. Mazanna
	Reviewed	
	Afebrile	
	Intake - fair	
	No other complaints	OT, PT - (N)
	U/o - adequate	
	O/E	
	Asleep	
	PP - LF	
	R conducted sounds (B)	
	⊕+	
	Rx	
	- Continue, Regular medication	
	- trace c/s.	
1558 hr		

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/24 1.30am	S/B Dr. Deepam	
	Ask: Fever ↓ Evaluation	
	Child reviewed	
	Child no new concerns	
	No fever spikes	
	O/E: Child is sleeping	
	CVS: S1S2 ⊕	
	RS: VBS ⊕	
	P/A - soft	
	CNS: BPGR ⊕	
		Rx
		To continue as per chart
		To monitor vitals / accessory
		To trace Blood C/S
		urine C/S
		[signature]

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/20 8 am	S/B Angelle	
	Fever & evaluation Background - genetic epilepsy on multiple ASD's afebrile since admission. episodes of excessive sleepiness. No seizures last night. passed urine / accepted oral liquids.	
	Asleep. Temp 95.6 F PP-WF HR - 36/min / peripherals warm on RR - 80/min WOB ⓝ comp Chest clear Abd - soft.	
	BC c/s & Ur c/s awaited.	Adv Cont Tone ASD's
	Reassess sensorium.	IVF to taper if in take better.
	decide on CXR / by noon USG abd	
		JRM.

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 9.15am	S/B Dr. Kavitha	
	Temperature - normalized - 96.5°F HR improved to 102/min. Had breakfast, sat for a while & has started sleeping again. ↓	
	O/E - Asleep Peripheries - cold Core - warm CRT < 3secs PPWF, pulse volume - good. Vitals - Temp - 96.5°F HR - 102/min BP - 95/65 mm Hg SpO2 - 100%. CVS / RS / NAD P/A - Soft, non-tender. CNS - Asleep Tone (N) to ↓ed / (N) to ↓ed ~~DTR~~ 2+ / 2+ Plantar ↑ / ↑	
	To do - CBC, CRP, Ammonia tomorrow at 6am	Advice Monitor sensorium cont. as charted, w/f fever spikes.

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

Kavitha 7/7/26

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/20 5pm	S/B Dr. Chandrakala.	
	Child seizure free.	
	no fever spikes	
	no further episodes of seizures.	
	Activity } Improved.	
	oral intake }	
	O/E	
	Afebrile	
	CVS - S1 S2 (+)	BP - 94/62 mm Hg
	RS - BL AE (+)	PR - 120/min.
	P/A - Soft.	
	Sensorium (N)	
	Tone (N) to ↑ in all (4) limbs.	
	Plantar - Extensor.	
	Adv	
	- monitor vitals,	
	- W/F fever spikes, fall in sensorium	
	- continue ceftriaxone & AED as per	
	- Inform SOS	chart
	19/7/20	

Patient Sticker

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26. 10.40pm	S/B Dr. Gayathri	
	Child reviewed	
	Asleep, but got up in the middle. & was awake.	
	WOB - (N), No fever	
	peripheries - warm	
	CRT < 2sec	
	PPWF (+) pulse volume - good.	
	vitals - stable.	
	O/E: CVS / RS NAD Abd - soft	
	chest - clear.	
BP 94/62	Tone → ↓/↓ ↓/↓	
SpO₂ → 98%		
HR - 108/min (during sleep)	DTR → 2+	
	B/L plantar → ↑	
	Plan	
	1) Cont the same	
	2) CBC, CRP, Ammonia T/m day	
	1153 (Dr. Gayathri)	

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 29 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/11/20 9AM.	S/B/O Dr-Chandiralega.	
	Child examined:	
	Alert, Responds to oral commands.	
	Tolerating oral feeds well.	
	No fever spikes.	
	Adequate urine output - good.	
	stools passed.	
	No new complaints.	
	O/E	
	Afebrile	PR-110/min
	CVS-S_1S_2 (+)	
	RS - B/L AE (+)	
	P/A - Soft.	PBWF, CRT < 3Secs.
	CNS - (N) Sensorium	
	B/L Pupil RTL	
	DTR 2+ 2+.	
	B/L Plantars - extensors.	
	Adv	
	— monitor vitals.	
	- W/F fever spikes, ↓ sensorium	
	- TO trace CBC, CRP, Ammonia reports	
	- continue ceftriaxone	
	- RBS as per chart	
	- Inform (SOS)	
14/11/20		

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 11am	B/B Angelette.	
	Clinical sepsis -	
	Mild GER.	
	afebrile since admission	
	drowsiness }	
	intake } better -	
	activity }	
	Clinically well.	
	Urine c/s - done outside (N)	
	Bl c/s - (N)	All AED's
	(D) today after Dr. padma rounds.	(1) Syp. Augmentin DDS 4ml — 0 — 4ml x 5 days
	CBC - 6800	(2) Nexpro junior
	Lymph. 48	sachet 0 — 1 — 0 x 1 month
	CRP - 45	(1/2 hr BF)
	NH_3 - 43	
	[signature] 7.55 pm	

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 29 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

7/7/2026. S/B Dr Padma

Reviewed
mukundan / male (13½ yrs)
GUC-76975

Adm for febrile illness
afebrile
- BG - DD / seizure
No jerks / seizure - no ...
→ awake
↓
sleepiness - lost, more awake

Consultant :

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

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

Suggest

① continue - Syp Eptoes [illegible] - 5 ml

Syp Levipil 3.5 - 3.5

T. Lorazepam 0 - 2.5 mg

T. Topamac (25) 1 - 1

S. [illegible]

0.5 - 0.7 ml.

T. [illegible] 0 - 1 - 0.

② Physiotherapy.

7/7/2026

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MUKUNDAN

RESULT SHEET

Date	5/7/26					
Time						
Hb	11.3					
PCV	37					
RBC	3.79					
WBC	17.89 ↑					
N/L	63/27					
Platelets	1.12 ↓					
CRP	150 ↑					
ESR						
PCT						
RBS						
Na	136					
K	4.0					
Cl	103					
Ca/Mg	1.17					
Phosphate / HCO_3^-	/24					
Urea	16					
Creatinine	0.50					
ALP						
SGPT	8					
SGOT	19					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	6/7/20					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	–					
CUE - RBC Cells	0 - 2					
CUE Leukocyte nitrate	negative					
Stool Pus Cell						
OVA / Cyst						–
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Docu. No. : RCH /FRM

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: 602

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	SYRUP EPILEX	5ml	P/O	Q12H		☐C ☐DC
2	SYR. LEVIPIL	3.5ml	P/O	Q12H		☐C ☐DC
3	T. LORAZAM	1Omg	P/O	0-0-1		☐C ☐DC
4	T. TOPAMAC	25mg	P/O	Q12H		☐C ☐DC
5	Sy. CANEURA	0.5ml -0-0.7ml	P/O	Q12H		☐C ☐DC
6	T. MITOQ7	1	P/O	1-0-0		☐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 : C

Date & Time : 5/7/26 @ 8:00PM

Nurse Name & Signature: Rishi

Date & Time : 05/07/26 @ 7:30PM

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

Patient Stick

GUC-00076975
Master R.V. MUKUNDAN IP18-00036332
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

UG CHART

Date of Admission: 05/07/26 Drug Allergies: Syp. oxcarbazepine ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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: SYRUP P250mg				Date / Time
Dose	Route	Frequency	Start Date	
5ml	P/O	SOS		
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: If T>100°F Q6H				

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:				

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

REGULAR PRESCRIPTIONS

Weight. 16.6 kg Ward. 7th / 1007

				Date/Time	5/7	6/7	7/7
DRUG: Inj XONE					9AM	SS / PK	B / AD
Dose: 800mg	Route: IV	Frequency: Q12H	Start Date: 5/7				
Name & Signature of the Doctor Starting the Drugs: C. [signature]							
Additional Instructions:					9pm	NS / AW	N.S / VB
Daily Doctor's Endorsement by a Sign					D1	D2	

				Date/Time	5/7	6/7	7/7
DRUG: Syp. EPILEX					9AM	SS / PK	B / AD
Dose: 5ml	Route: P/O	Frequency: Q12H	Start Date: 5/7				
Name & Signature of the Doctor Starting the Drugs: C. [signature]							
Additional Instructions: SODIUM VALPROATE (200mg/5ml) (24mg/kg/day)					9pm	NS / AW	N.S / N.A
Daily Doctor's Endorsement by a Sign							

				Date/Time	5/7	6/7	7/7
DRUG: Syp. LEVEPIL					9AM	SS / PK	B / AD
Dose: 3.5ml	Route: P/O	Frequency: Q12H	Start Date: 5/7				
Name & Signature of the Doctor Starting the Drugs: C. [signature]							
Additional Instructions: (42mg/kg/day) (100mg/ml) LEVETIRACETAM					9pm	NS / AW	N.S / V.A
Daily Doctor's Endorsement by a Sign							

				Date/Time	5/7	6/7	7/7
DRUG: T-LOBAZAM							
Dose: 10mg → 1/2	Route: P/O	Frequency: 0-0-1/2	Start Date: 5/7				
Name & Signature of the Doctor Starting the Drugs: C. [signature]					10pm	NS / AW	N.S / V.A
Additional Instructions: 10mg - 1/2 (CLOBAZAM) (0.3mg/kg/day)							
Daily Doctor's Endorsement by a Sign							

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MRC-00076975 IP18-00036332
MUKUNDAN (M)
08-11-2012 Y 7 M 27 D
Dr. GEETHA JAYAPATHY

REGULAR PRESCRIPTIONS

Weight 16.6 kg Ward 7th floor

Sheet No: ....

DRUG: T. TOPAMAC

Dose	Route	Frequency	Start Dt.	Date	5/7	6/7	7/8
25mg	P/O	Q12H	5/7	Time	9am	SS / PK	S / SV
					9pm	NS / [illegible]	N.S / VA

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

Additional Instructions: (1.5 mg/kg/day)

Daily Doctor's Endorsement by a Sign

DRUG: SYRUP CANEURA

Dose	Route	Frequency	Start Dt.	Date	5/7	6/7
	P/O	1-0-1	5/7	Time	9am	SS / PK.
					9pm	NS / [illegible]

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 0.5ml — 0 — 0.7ml (CANNABIDIOL)

changed [illegible]

Daily Doctor's Endorsement by a Sign

DRUG: T. MITO Q7

Dose	Route	Frequency	Start Dt.	Date	5/7	6/7	7/8
1	P/O	1-0-0	5/7	Time	8am	NS / [illegible]	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: SYP. CANNABIDIOL (CANVERA)

Dose	Route	Frequency	Start Dt.	Date	6/7	7/7
0.5ml	P/O	q12h	6/7/26	Time	9am	[illegible]
					9pm	N.S / V.A

Name & Signature of the Doctor Starting the Drugs: [illegible] NSG

Additional Instructions: 6 mg/kg/day (100mg/ml)

Daily Doctor's Endorsement by a Sign

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

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

Sheet No: ....

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose | Route | Frequency | Start Dt. | Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose | Route | Frequency | Start Dt. | Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose | Route | Frequency | Start Dt. | Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose | Route | Frequency | Start Dt. | Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

Weight. 16.6 kg Ward. .....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 27 D (M)
Dr. GEETHA JAYAPATHY

I.V. FLUIDS CHART

Weight. 16.6kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/7	9a 8am	0.9% DNS	IV	45ml/kg/day		NS / AA	06/7/26 at 5.30pm		Sm / AA
6/7/26	5.30pm		IV	↓ 20ml/hr		Sm / AA			

Signature .....

VERIFIED BY : Name .....

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

c. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
BirthRight BY RAINBOW HOSPITALS

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	8pm	12am	4am
Date : 5/7/26 Time:	8pm	12am	4am
Doctor / Nurse / Family Concern?			
Temperature (°F)	95°2F	95°9F	95°6F
Heart Rate (bpm) and Blood Pressure (mmHg) *	98/60 (84)	96/60	96/50 (64)
Heart Rate (Number)	80bpm	80bpm	
Resp. Rate (bpm) (Over 1 Minute)	30	30	30
Resp Rate (Number)	30bpm	36bpm	36bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) / O_2 Saturations (%)	99%	99%	99%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (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 : 6/7/24 Time: 8am 12pm 4pm 8pm 12am 4am

Doctor / Nurse / Family Concern?

Temperature (°F): 96.5F, 96.9, 98.6F, 96.6F, 98.6F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 108 bpm, 108 bpm, 100 bpm, 110 bpm, 110 bpm

Resp. Rate (bpm) (Over 1 Minute)

Resp Rate (Number): 28 bpm, 20 bpm, 28 bpm, 30 bpm, 30 bpm

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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. : 1

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

5/7/21 Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	420	60ml	45								
	10:00 pm			45							0	SN
	11:00 pm			45							0	
	12:00 am			45							0	SN
	01:00 am			45						Bed wet	0	SN
Total Intake : 60 ml + 450 ml = 470						Total Output :						
	02:00 am			45							0	SN
	03:00 am			45							0	
	04:00 am			45							0	SN
	05:00 am			45							0	
	06:00 am			45							0	SN
	07:00 am			45							0	
Total Intake : 225 ml						Total Output : - Nil						

On Admission 5/6/21 at 8pm →

Total 24 hrs. Intake	695 ml	Total 24 hrs. Output	Nil

GUC-00076975
Master R.V. MUKUNDAN IP18-00036332
08-11-2012 13 Y 7 M 28 D
Dr. GEETHA JAYAPATHY (M)

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. : ②

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
6/7/26		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			45Ml.								
	09:00 am	H2O	50ml.	45ml						Diaper [illegible]	O	[signature]
	10:00 am			45Ml.								
	11:00 am										O	[signature]
	12:00 pm	H2O	50m	45M / 45M								
	01:00 pm			45ML						Diaper [illegible]	O	[signature]
Total Intake : 370 ML						Total Output : [illegible] 2 time						
	02:00 pm			45								
	03:00 pm	H2O	30	45							O	AA
	04:00 pm			45						Diaper Charg	O	AA
	05:00 pm	H2O	30	20			✓				O	AA
	06:00 pm			20						Diaper Charg	O	AA
	07:00 pm	H2O	30	20						Diaper Changed	O / O	AA / AA
Total Intake : 90 + 195 = 285ml						Total Output : 3times Diaper changed.						
	08:00 pm	H2O	50	20							O	SD
	09:00 pm			~~20~~								
	10:00 pm	H2O	50	20						Diaper	O	SN
	11:00 pm			20							O	SD
	12:00 am			20							O	SD
	01:00 am			20						Diaper	O / O	SD / SN
Total Intake : 100 + 120 = 220						Total Output : 2 time						
	02:00 am			20								
	03:00 am			20							O	SD
	04:00 am			20						Diaper	O	SD
	05:00 am			20							O	SN
	06:00 am	H2O	100	20							O	SD
	07:00 am	Water		20						Diaper out	O / O	SD / SN
Total Intake : 100 + 120 = 220						Total Output : 2 time						

Total 24 hrs. Intake	1095ml

Total 24 hrs. Output	9 time

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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 .... Att Syp Oxacarbazepine

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		RECEIVING NOTES	
5/7/26	8:00pm	pt received from ER @ 8:20pm. child was in IV clear. no other complaints IV fluids were connected vitals were checked and recorded. no other complaints	607778
	9:00pm	medication and fluid was connected as per drug order	607778
	10:00pm	Child was in deep sleep no other complaints	
6/7/26	12:00am	Vitals were checked and recorded maintain I/O chart no other complaints	607778
	2:00am	Baby on sleep regular in pattern. IVF 45ml/hr no other complaints	607778
	4:00am	vitals were checked and recorded maintain I/O chart	607778
	6:00am	Child was sleep well no other complaints	607778
	7:00am	maintain I/O chart and maintained recorded	607778
	7:30am	pt details handing over given by morning duty staff	607778

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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 ... SYP. OXACARBAZEPINE.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty Notes.	
6/7/26.	7.30am.	Handover Received from Night	
		Duty staff. Baby is alert.	Soniya
		IVF: 0.9% DNS 4ml/hr on flow.	D1am
		Tomorrow: CBC, CRP, ammonia.	
	8am.	Checked vital sign and	
		Recorded.	
	9am	Administered due medication	Soniya
		as per chart and Recorded.	D1/SS
		IVF - 0.9% DNS - 45ml/hr.	
		On flow. Dr. Deepthi mam advice	
	1.	to Reassessment at 12pm.	
	12pm	Checked vital sign	
		and Recorded.	
		Monitored input and	Soniya
		output chart	D1/SS
	1:30PM	Baby Details handing	
		Over given to Evening duty	
		Staff Nurse.	Sho
		Evening duty Notes:	
6/7/26	1.30PM.	Baby Details handing Over	
		taken from Morning duty Staff	Ashwini
		Bed Side Assessment done.	
		Conscious & Oriented. IV line (+)	
		pattern. patient taken diet.	
		Baby Urine & Motion Passed.	
		No any Other complaints.	Ashwini 02nd

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

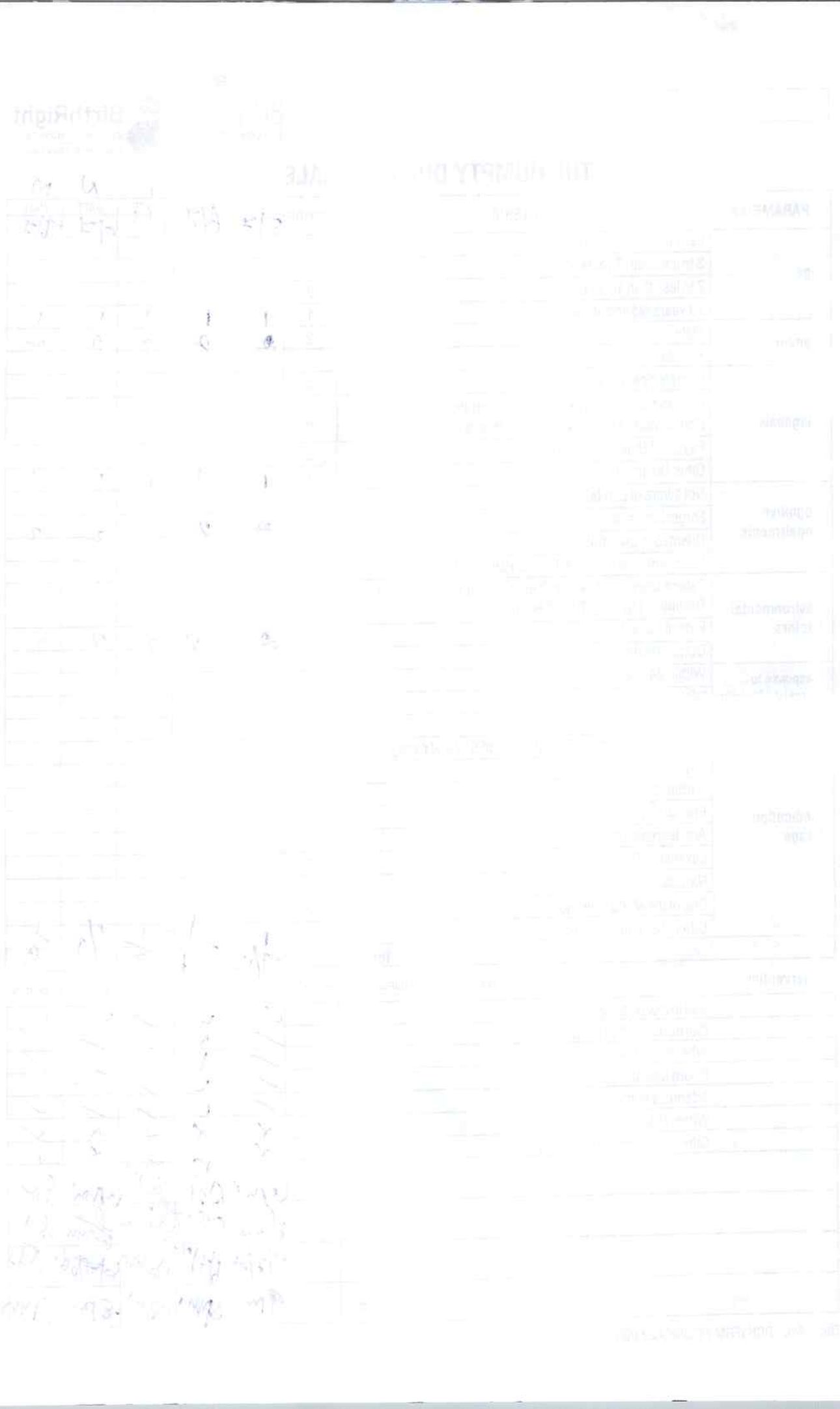
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 5/7	DATE 6/7	DATE E 6/7	DATE N 6/7	DATE M 7/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	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	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9/1	9	9	9	9

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

	Bed in low position		✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓
	Wheel chair support		✓	✓	✓	✓
	Other Intervention(s) Specify		✓	✓	✓	✓
	Nurse's Name:					
	Signature:					
	Date:		5/7/20	6/7/20	6/7/20	7/7
	Time:		9pm	8pm / 2pm	8pm	8am



GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date : 5/7	6/7	6/7	6/7
					Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	26	26	26	26
				Evaluator's Name				

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

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

2

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 :	7/7				
				Time :	M				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	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.	3				
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4				
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4				
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4				
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3				
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4				
				TOTAL SCORE	26				
				Evaluator's Name	SV				

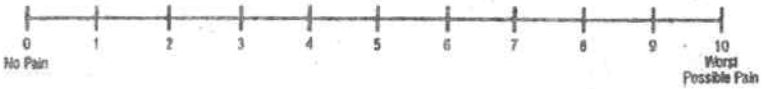
Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

Rainbow Children's Hospital
It takes a lot to beat the Bias.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

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

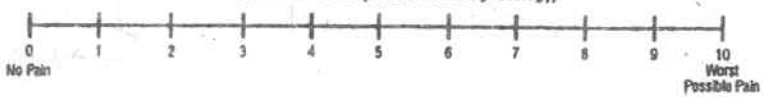
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00076975 IP18-00036332
Master R.V. MUKUNDAN
08-11-2012 13 Y 7 M 28 D (M)
Dr. GEETHA JAYAPATHY

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
6/7/26	2AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
6/7/26	8AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
6/7/26	8PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
6/7/26	4PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
6/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
7/7/26	12AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
7/7/26	4AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
7/7/26	10AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)