GUC-00075840
Ms SANJANA.Y
27-12-2017
Dr. PRAHLAD N
IP18-00036431
8 Y 6 M 16 D (F)

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy		1247					

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: GUC-00075840 IP18-00036431
Ms SANJANA.Y
UHID No: .... 27-12-2017 8 Y 6 M 14 D (F) .... Consultant: .... Dept: ....
Dr. PRAHLAD N
Date of Admission: .... Date of Discharge: .... Time: ....

Room / Bed No: 704 Ward: 7th Floor. Suggested Billable bed type: ....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/07/26	10:50pm.	CR	704.	C.K. [signature] 01107.

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
11/07/26.	CRP, Blood C/S, LFT	26022344	[illegible] 1784
	RR-II		
11/07/26.	procalcitonin	26022351	
11/07/26.	RBS	26022343	[illegible] 1784
	Urine culture	26022349.	[illegible]
12/7/26	RP-2	26022406	P. [illegible] 07260
13/7/26	RP2	26022470	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/7/26	Infusion pump	11PM	13/7/26 [illegible]	1726262	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7/26	IV placement	(1)	1725745	[illegible]
13/7/26	IV Placement	(1)	1726263	[illegible]

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 13/7/26 Time: 12pm Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible] 02/7/25			

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					
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-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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:	12/7/26	13/7/26							
Doctor's Orders	yes	YES							
Carried out or not	yes	YES							
Bed Side									
Structured Handover done	yes	YES							
IV Site	yes	YES							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	yes	YES							
Eye Care	yes	YES							
Mouth Care	yes	YES							
Sterillum Bottle, Stethoscope	yes	YES							
Suction Bottle (Should be clean & empty)	NA	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	~~NA~~	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	yes	YES							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	PBS	Poonam							
Signature :	PBS	Poonam							
Date & Time:	12/7/26 @8PM	13/7/26 @1:30PM							
Hand Over Taken By Name :	Poonam								
Signature :									
Date & Time:	13/7/26 @8AM								

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 : IP18-00036431 **Admit Date** : 11-Jul-2026 **Admit Time** : 07:36 PM **UHID** : GUC-00075840

Patient Details :

Patient Name	: Ms SANJANA.Y	**Age**	: 8 Y 6 M 14 D
Guardian	: Mr YUVARAJ.R	**DOB**	: 27-12-2017
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: no 134 south st tirukovillur Santhapettai Vellore Tamil Nadu INDIA 605757	**Phone No**	: 8489429494
		E-mail	: no@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 103 **Ward Name** : 0F-EMERGENCY

Room No : ER 103 **Admission Type** : First Visit

Contact Details :

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

Contact Address : no 134 south st tirukovillur Santhapettai Vellore Tamil Nadu INDIA 605757 **Phone No** : 8489429494 / 8489429494

Signature T. R. Yuvaraj

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

59831

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:	**Ms SANJANA.Y**	**Age :**	**8 Y 6 M 14 D**
IP No:	**IP18-00036431**	**Sex:**	**Female**
Consultant:	**Dr. PRAHLAD N**	**Ward/Bed No:**	**0F-EMERGENCY/ER 103**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: [signature]

Name: Yuvaraj R
Relationship: Father
Date: 11/07/2026
Time: 7.36
Witness Name: Jeevith
Witness Signature: [signature]

Patient Address:
no 134 south st tirukovillur
Santhapettai Vellore Tamil Nadu INDIA
605757

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : Yuvaraj / Sanjana	UHID Number : GUC-0007584U
Self/Attendant Name : Yuvaraj	Relation : Father
Self/ Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : 8428429494	

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

...ric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: Father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

CKD - NKD - FSGS (Genetics Tre) - TRPC6 Heterozygous mut^n

Post Renal Transplant.

↓

Now c/o fever x 1 day
high grade
Continuous spikes.

c/o throat pain - this morning
painful swallowing (+)

c/o Vomit x 3 episodes
vomitus - food contents.
non-bilious / non-blood stained.

Oral intake / Activity / ↓ed
U.O - good.

↓

Received oral Cefuroxime - fever persistent.

H/o visitors (+) x 3 day
H/o going to school at evening hours / (+)
& going to tuition

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

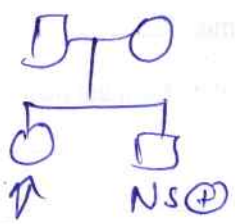
of any previous investigation or treatment)

Multiple admissions for NS/ since 7 yrs of age.
↓ CKD.
Underwent Renal transplant on 8/5/25.
DJ stent removal done on 3/6/25.

Birth & Neonatal History:

Term / NVD / BA wt - 2.6 kgs
CIAB / NO NICU stay

Family Chart



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

Developmental History :

Dev. (N)

Immunization History :

Vaccinated upto 5yrs of age. Received Flu vaccine pre-Transplant

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 120 cm (Centile 3rd - 10th)
Weight (kgs) 22-75 kg (Centile 25th - 50th)

On Examination :

CBG - 40 mg/dl

Temperature : 100°F Pulse Rate : 133/min B.P. 126/87 (>99th centile) SPO2 98%.
Resp.rate and type of breathing :

Dull looking
PPWF
Pulse volume - good
CRT < 2 sec

Rash
Lymphadenopathy
Oedema :
Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : WOB (N)

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

Any addes sounds : –

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection :

Palpation : Soft, non-tender, no organomegaly

Ausculation : Rt kidney palpable (+) CVA.

Spine : (N) External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power >3/5

Co-ordinator :

Posture :

Involuntary Movements :

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

R

DTR

Superficials:

Plantars

Sensory System :

BP centiles - 5th 86/50
50th 95/57
90th 109/72
95th 112/76
99th 120/84

Bladder / Bowel :

Clinical Summary & Diagnostic:

Post Renal transplant c fever ↓ evaluation.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
Dengue NS1 / IgM / OPD
CRP, Procal
Blood cls -
Urine cls -
RP2 -
LFT -

Planned Management

IVF
Inj - CEFTRIAXONE 1g BD
Inj - Pan 20mg iv OD
IV Emeset 8th
Monitor vitals / strict I/O

Signature of the Doctor:

Name of the Doctor: Dr. kavitha

Date & Time: 11/7/26 8.30pm

Signature of the Consultant:

Name of the Consultant: SPBS

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital 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-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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
12/1/20 9.30pm	S/B Dr. Kavitha	
	Child reviewed	
	Tolerated juice	
	No vomit.	
	Headache (+) - Frontal / No blurring of vision	
	O/E - Alert	
	PPWF, pulse volume - good	
	CRT <3 secs,	
	Vitals - BP - 139/101 mmHg	
	HR - 98/min	
	SpO2 - 100%	
	P/A - soft	
	non-tender	
	Rt kidney palpable	
	CNS - GCS 10/15	
	Tone (N) (N)	
	Power >3/5 >3/5	
	Plantar ↓ ↓	
	B/L PERL	
	EOM - full & free.	
		Advice
		T. Nicardia 10mg stat
		T/c others as charted.
		[signature]

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
12/1/26.	S/B Dr. Lavitha	
6.30am		
	Child reviewed.	
	[redacted]	
	Fever spikes - once @ 11pm.	
	No vomit / headache / abd. pain.	
	Tolerated feeds	
	O/E - Alert, active. No oedema	
	PPWF	
	Vitals - [redacted] BP - 140/90 mmHg	
	P/A - Soft, non-tender	
	PX Kidney - palpable	
	Other systems - WNL.	
	U.O - 2.4ml/kg/hr	Advice
		T. NICARDIA 10mg stat
		T/c others as charted
		Monitor vitals.
		Dr. [redacted]

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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
12/7/16 12:45PM.	Dr. Anuyuvaneswari	
	A: Post renal transplant / URTI	
	Child normal	
	fever spikes (+) at yesterday 1pm.	
	No c/o vomiting / Headache / Abdominal pain.	
	No further fever spikes	
	O/E: Alert/Active No edema.	
	BP: 120/70 mmhg	
	PA: SOFT NT, no organomegaly	
	(kidney palpable) - Transplanted (R) iliac fossa	
	Tenderness - (-)	
	O/O = 2.4ml/kg/hr	Advice
		1) T. NICARDIA 10mg - ?-SOS - 10mg
		2) ?? at ??
		3) Tomorrow USG - kidney & Doppler for transplanted kidney
	Lusty 2037	4) To skip medicines - BP <100/70 mmhg.
		5) To trace for PPL

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
12/7/26 9am	S/B Dr. Gayathri	
	4- S/P :- Renal Transplant (May 2025).	
	• Acute Viral Gastritis	
	• ± URI.	
		11/7/26 (1 pm)
	• Child afebrile since ~~admission~~	
	• ~~Pt~~ Alert & awake	
	I 2235 ml	
	O 2190 ml	
	I/o 4 ml/kg/hr	

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
13/7/26	S/B Dr. Gayathri	
9 a.m		
	A - S/P Renal Transplant (8/5/25).	
	. Now i Acute Gastritis & UR,	
	Issues: Hypertension on T. Nicardia TID.	
	child afebrile	I/ 2235ml
	Active & Alert.	O/ 2190ml
	orally tolerating well.	U/O - 4ml/kg/hr.
	No vomiting / headache	
	fever / abd pain	
	Last spike - 11/7/26. (1pm)	
	PPWF (+)	
Labs:	Blood c/s - SPNG.	RP2 (13/7)
	urine c/s -	urea - 20↓
		creat - 0.78↓
	O/E: Active	
	CVS / RS | NAD	BP > 99th centile
	Abd - soft	
	not tender	
	CNS: GCS - 15/15.	
	Plan	
(1)	Cont IVF ↓ 40ml/hr	
	XOW / MMF (D3) | Tac | omnacortal | Magnim	
	T. Nicardia TID 10 - 7.5 - 10.	

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
	- Plan USG Abdomen & KUB	
	for Transplanted Kidney	
	c̄ Doppler	
	- Monitor BP	
	16/7/26	
	Discharge today	
13/7/26 11.30am		
	Δ: Viral fever	
	c̄ some Dehydration	

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

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

1/704

RESULT SHEET

	OPD						
Date	11/7/26	11/7/26	12/7/26	13/7/26			
Time							
Hb	12.9						
PCV	39.4						
RBC	5.23						
WBC	8900						
N/L	61/30						
Platelets	1.69						
CRP	8.1	13					
ESR							
PCT		0.34					
RBS		31	89	70			
Na		130	136	138			
K	3.5	4.3	4.4	3.8			
Cl /HCO3		93/17	100/22	104/23			
i.Ca/Mg		1.14	1.12	1.14			
Phosphate							
Urea		29	25	20			
Creatinine	1.0	1.03	0.83	0.78			
ALP		136					
SGPT		22					
SGOT		37					
T.Bill/Conj		1.3 < 0.9					
T.Protein		7.4					
S.Albumin		4.4					
S.Globulin		3					
A/G Ratio /GGT		1.4/14					
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

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

Culture and Sensitivities : Blood Cl

Urine Cl

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

Docu. No. : RCH /FR

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-00075840
Ms SANJANA.Y
27-12-2017
Dr. PRAHLAD N
IP18-00036431
8 Y 6 M 14 D (F)

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: NIL ☐ Not known any Drug Allergies

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

Shifting From: ER. Shifted to: 704.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	C. PANGRAF	1mg	1	1	11/7/26	☐C ☐DC
2	T-MMF	250mg	1	1	11/7/26	☐C ☐DC
3	T-OMNACORTIL	5mg	1	0	11/7/26	☐C ☐DC
4	T. MAGVION	40mg	1	1	11/7/26	☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. kavitha

Date & Time : 11/7/26 7.50pm

Nurse Name & Signature: CN: Akshaya smith / CN: Manjunath

Date & Time : 11/07/26 @ 9.05pm

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

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 11/7/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. P[illegible]500				Date / Time
Dose: 3.5ml	Route: P/O	Frequency: SOS	Start Date: 11/7/26	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: Orally				

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-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

REGULAR PRESCRIPTIONS

Weight. 22-7/09 Ward. 7th floor.

DRUG : Inj-CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	i.v	q12h	11/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7		12PM	13PM
	9:35 pm	9 am	P.K S.M	P.K E.S
		9 pm	SS KH	

DRUG : Inj. PAN

Dose	Route	Frequency	Start Date
20mg	i.v	q24h	11/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7		12PM	13PM
	8:30 pm	10 am	SS KH	SS KK

DRUG : O. PANGRAF

Dose	Route	Frequency	Start Date
1mg	P/O	q24h	11/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7		12PM	13PM
	9:30 pm	9 am	P.K S.M	P.K E.S
		2 pm	S.N VA	
		10 pm	SS KH.	

DRUG : T. MMF

Dose	Route	Frequency	Start Date
250mg	P/O	q12h	11/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	11/7		12PM	13PM
	9:30 pm	9 am	P.K S.M	P.K E.S
		9 pm	SS KH.	

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 22.7 Ward 7th floor

DRUG: T. OMNACORTIL				Date	11/7	12/7	13/7
Dose	Route	Frequency	Start Dt.	Time	9:30 pm	10 am	
5mg	P/O	OD	11/7/26		[signature]	P.U / S	ES
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: T. MAGVION				Date	11/7	12/7	13/7
Dose	Route	Frequency	Start Dt.	Time	9:30 pm	9 am	
400mg	P/O	q12h	11/7/26		[signature]	P.U / S	ES
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:						9 pm	SS / KH
Daily Doctor's Endorsement by a Sign							

DRUG: Inj. EMESET				Date	11/7	12/7	13/7
Dose	Route	Frequency	Start Dt.	Time	10:30 pm	6 am	
2.5mg	i.v	q8h	11/7/26		[signature]	SS / KH	NW
Name & Signature of the Doctor Starting the Drugs: [signature]						2 pm	S.N / KA
Additional Instructions:						10 pm	N / N
Daily Doctor's Endorsement by a Sign							

stop
88 / 165 / 30

DRUG: T. NICARDIA				Date	11/7	12/7
Dose	Route	Frequency	Start Dt.	Time	9.40 pm	7am
10mg	P/O	q12h	11/7/26		[signature] 6 am	SS / KH.
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: Inform BP before giving					8 pm	
Daily Doctor's Endorsement by a Sign						

changed

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

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: ..... Weight 22.7kg Ward .....

Signature .....

VERIFIED BY : Name .....

DRUG : T. NICARDIA	Dose	Route	Frequency	Start Dt.	Date / Time
	10mg	PO	1-0-1	12/7	12/7 7am SS 10pm KH
Name & Signature of the Doctor Starting the Drugs: Lokesh					
Additional Instructions: 10mg (7AM - 10PM)					
Daily Doctor's Endorsement by a Sign					

DRUG : T. NICARDIA	Dose	Route	Frequency	Start Dt.	Date / Time
	7.5mg	PO	0-1-0	12/7	12/7 3PM NS VA
Name & Signature of the Doctor (3PM) Starting the Drugs: Lokesh 10 PM					
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					

GUC-00075840 IP18-00036431
Mr SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

Weight 22.7kg Ward 7th floor.

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/1/26	8.15pm	Inj. 10 U.D	11.5ml	i.v		

Signature
VERIFIED BY : Name

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

I.V. FLUIDS CHART

Weight. 22.7 kg Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
11/7/26	8.20 pm	INF 0.9% DNS	I.V	65ml/hr ↓			12/7/26 @ 10.00 AM		P.K S.M
12/7/26	10.15 AM	I.V F 0.9% NS		60ml ↓		P.K S.M	12/7/26 @ 1.30 PM		P.K S.M
				50ml ↓		8PM	13/7/26 @ 10AM		P.K E.P
13/7/26	11.00 AM			40ml/hr		P.K E.P			

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

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7/96. Time:				
Doctor / Nurse / Family Concern?	11.10pm.	2am.	3.30am.	6.30am.
Temperature (°F)	100.5°F	99.6°F.	98.3°F	96°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	132 (106) 98	130 (95) 85	125 (88) 77	130 (103) 94
Heart Rate (Number)	125bpm.	126bpm	126bpm	114bpm
Resp. Rate (bpm) (Over 1 Minute) *	①	①	①	①
Resp Rate (Number)	26bpm	26bpm	26bpm	26bpm
Resp Distress (Mod/ Severe / None / Mild)	RA.	RA	RA	RA
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%.	98%.	100%
Conscious Level (Normal / Altered)	15/15	15/15	15/15	15/15
GCS *	0	0	0	0
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	DJ.	DJ.	DJ.	DJ.

Note: BP does not score in early warning scoring

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-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/7/25 Time: 9am . . . 12P 3pm 6P 8pm 10pm. 12am. 4am. 6am

Doctor / Nurse / Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild								
Receiving O_2 (l/min)			RA				RA	RA	
O_2 Saturations (%)			98%				100%	98%	
Conscious Level	Normal / Altered								
GCS *									
TOTAL SCORE									
Number of shaded boxes									
Pain Score									
Observer's Initials									

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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. : 01

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.

11/7/26.

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											
	10:00 pm	← on admission →										
	11:00 pm											
	12:00 am										0	dy
	01:00 am										0	dy
Total Intake :						Total Output :						
	02:00 am	H20	15ml							250		
	03:00 am										0	dy
	04:00 am									250ml		
	05:00 am										0	dy
	06:00 am	H20	300									
	07:00 am									230ml	0	dy
Total Intake :		315ml				Total Output :				710ml.		

Total 24 hrs. Intake	315 ml.

Total 24 hrs. Output	710 ml.

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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)

TOTAL 3.71 ml/kg/hr.

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: 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			DC								
	09:00 am			65ml						150ml	0	P.V
	10:00 am	H2O	200	60ml							0	P.V
	11:00 am			60ml						220ml	0	P.V
	12:00 pm	H2O	200	60ml						200ml	0	P.V
	01:00 pm	H2O	100	60ml							0	P.V
Total Intake : 500+305ml = 805ml										180ml	0	P.V
Total Output : 750ml												
	02:00 pm	H2O	100	50						180	0	SN
	03:00 pm			50							0	SN
	04:00 pm	H2O	100	50							0	SN
	05:00 pm	H2O	100	50							0	SN
	06:00 pm	H2O	100	50							0	SN
	07:00 pm	H2O	100	50						230	0	SN
Total Intake : 500ml + 300ml = 800ml										150	0	SN
Total Output : 550ml												
	08:00 pm									180		
	09:00 pm	H2O	50ml								0	SN
	10:00 pm			50ml						200ml		
	11:00 pm	H2O	50ml	50ml							0	SN
	12:00 am			50ml								
	01:00 am	H2O	50ml	50ml							0	SN
Total Intake : 150 + 200ml												
Total Output : 380ml												
	02:00 am			50ml						200ml		
	03:00 am			50ml							0	SN
	04:00 am			50ml								
	05:00 am	H2O	30ml	50ml							0	SN
	06:00 am			50ml								
	07:00 am			DC.						200ml	0	SN
Total Intake : 30ml + 250ml												
Total Output : 510ml												

Total 24 hrs. Intake	2,235ml.

Total 24 hrs. Output	2,190ml

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 11/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	11pm @	maintain good nutritional status.	11.30 pm	maintained good nutritional status.	monitored strict I/O chart	Reassessment done	Sowjanya

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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

NURSING CARE RECORD

Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Assess the child condition monitor vitals maintain I/O administer medication	12pm	Assessed the child condition monitored vitals maintained I/O administered medication	child vitals stable	child feel comfortable	P.[illegible] 60726
Afternoon	2pm	Assess the general condition vital sign to be checked & Recorded Maintain I/O chart	4pm	Assessed the general condition vital sign are checked & Recorded maintained I/O charts	Child active well	Vital sign are stable	[illegible]
Night	8pm	maintain good nutritional status.	8:20 pm.	maintained good nutritional status.	Encourage oral intake.	Monitored input and output chart.	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
11/7/26	11pm.	Handover Received from. ER staff. Baby is active and oriented. IV line present. c/o fever, hyperventilation vomiting. IVF: 0.9% DNS - 65ml/hr.	Souji OU
	11.10pm	checked vital sign and Recorded. T - 100.5°F. BP - 137/98 (106). Inform Dr. Kavitha mam advice to T-para 250 mg 1½ tab need to given.	Souji OU
	12am	checked vital sign and Recorded. BP - 130/84 (95). T - 99°F Temperature Reduced. Patient strict I/O charting.	Souji
	2am	IVF - 0.9%. DNS - 65ml/hr on flow	OU
	3:30am	checked vital sign and Recorded. T - 98.3°F. BP - 125/77 (88).	Souji OU
	4am	Baby sleeping well. there is no other complaint. checked vital sign and Recorded	Souji OU
	6am	Administered due medication as per chart	Souji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26	6.30am	Checked vital sign and Recorded. BP - 130/94 (103). Dr. Kavitha mam advice to T-plan Nicardia 10mg given.	Group OW
	7.30pm.	Handover given to Morning duty staff	Group OW.
		Morning duty	
13/7/26	7.30am	Child details taken over from night to morning duty staff. child on IVline@ IVF - 65ml/hour, Dengue NS1 Negative OPD, Admission fever spike, CRP-13, Strict I/O Chart T. Nicardia 6.30am - 10mg.	→ P. Kaviraj 60926
	8.00am	child vitals Checked and Recorded.	

8am	CP	PP	CFT
	++	++	<2sec

→ P. Kaviraj 607261

9.30am	child due Medications Inj. Zone 1gm given and child Routine Medications taken and Recorded.	→ P. Kaviraj 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

NURSES NOTES

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

☐ No Known Drug Allergies
☐ Drug Allergies ......NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26	10.00 Am	Dr. prahlad sir phonecall	
		order Tommorrow USG	
		Transplant kidney with	
		Doppler, T. Nicardia	
		time change 7Am - 10mg,	
		3Pm - 7.5mg, 10Pm - 10mg	
		L100	70 skip, IVF - 60ml/hrs	
		Reduce, RP-2 send to 12pm →	P. Kanmozi 607261.
	12.00Pm	Child RP-2 sample take	
		and send to lab bill	
		Raised.	→ P. Kanmozi 607261
	12:30Pm	Child vitals checked and	
		Recorded. BP-120/75 Reports	
		Explain by Dr. Sudy [illegible]	
		sir, Intake / output Maintained	
		12.30Pm / CP ++ / PP ++ / CFT <2Sec	→ P. Kanmozi 607261.
	1.30Pm	child details handover	
		given to Evening duty	
		staff, prahld sir phone call →	P. Kan 607261
		order Tommorrow 6Am RP-2 Repeat	
		← Evening duty on 12/7/26 →	
	1^30 pm	child Reports [illegible] [illegible] From	
		(M) duty staff	[signature]
	2pm	Child was on afternoon [illegible]	
		Orally & [illegible] was [illegible]	
		sign are checked & Recorded	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/1/26		Maintained Pco charm general condition is fair	[signature]
		CP ++ / PP ++ / CRT <3sec	
	3pm	Bp - 125/52 mmHg Inf to Dr. [illegible] Sir Advised to [illegible] Tab Nicardia 7.5 mg P/O given as per orders -	[signature]
	6pm	Vital sign are checked & Record maintained Pco charm has no specific complaint or problem general condition is fair -	[signature]
	7:30 pm	Pt Report handover given to (N) duty staff -	[signature]
		Night Duty Notes.	
	7:30pm	Handover Received from evening Duty Staff. child is active and oriented. IVF: 0.9% DNS 50ml/hr on flow. Tomorrow plan USG Doppler transplant Kidney. C/M 6am PPs.	[signature]
	8pm	Checked vital sign and Recorded. PP ++ / CP ++ / CRT <3sec	[signature]
	9pm.	Administered due medication as per chart.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

Age :................ ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 11/07/26. Time: 8:15pm

Location : ① anesthetic line.

Size : 22 G

Cannula inserted by : S/N Akshay prith

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
11/7/26	8:15pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	10 pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
12/7/26	12 am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	2 am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4 am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	8 AM	☐Yes ☑No	☐Yes ☑No	observe	P.L
	10AM	☐Yes ☑No	☐Yes ☑No	observe	P-L
	12PM	☐Yes ☑No	☐Yes ☑No	observe	P-L
12/7/26	2pm	☐Yes ☑No	☐Yes ☑No	Observe	SW
	4pm	☐Yes ☑No	☐Yes ☑No	Observe	SW
	6pm	☐Yes ☑No	☐Yes ☑No	Observe	SW
	8 pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	10 pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
13/7/26	12am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	2am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	8 AM	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	observe	P.L
	12Pm	☐Yes ☑No	☐Yes ☑No	observe	P.L
		☐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-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

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

11/7 12/7 12/7 13/7

PARAMETER	CRITERIA	SCORE	DATE N	DATE M	DATE E	DATE N	DATE M
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	
	13 years old and above	1					3
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		8	8	8	8	8

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	NA	X	X	NA	NA
	Other Intervention(s) Specify					
	Nurse's Name:					
	Signature:					
	Date:	11/7	12/7	12/7	12/7	13/7
	Time:	9am	8am	8pm	8pm	11

Patient Sticker

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-00075840 IP18-00036431
Ms SANJANA.Y 8 Y 6 M 15 D (F)
27-12-2017
Dr. PRAHLAD N

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

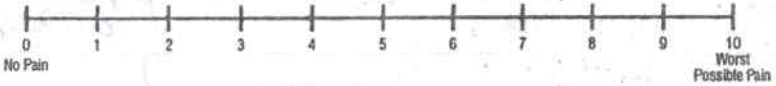
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	11pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
12/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
12/7/26	10am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
12/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
12/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[illegible]
13/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
13/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[illegible]
				☐ 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.

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

Patient Sticker

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

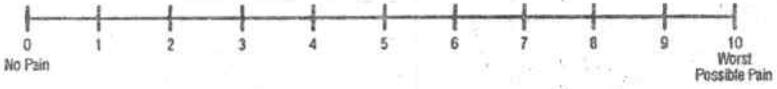
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp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

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-00075840 IP18-00036431 : F/HW/BRD-Q/NSG/04
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

Patient Name : .....

Age..... Gen .....

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	Date :	11/7	12/7	14/7	13/7
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift 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	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	27	27	28	28
					Evaluator's Name				

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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

Patient .....

Age..... No. : .....

					Date :	13.7			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.					
"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.		2			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		3			
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		3			
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 lift 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.		4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4			
					TOTAL SCORE	20			
					Evaluator's Name				

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

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 15 D (F)
Dr. PRAHLAD N

Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices 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					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
11/7	11am	Fluid Manag	Explained about fluid Management.	Mother	Nil	oral	Nil	Yes	good	Dey
12/7	1pm	yes	Explain about blood Investigation	Mother Father	Nil	oral	Nil	yes	Good	Dey
13/7	6AM	YES	Explain the hypertension	Mother Father	Nil	Oral	Nil	yes	good	Dey

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-00075840 IP18-00036431
Ms SANJANA.Y 8 Y 6 M 15 D (F)
27-12-2017
Dr. PRAHLAD N

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: post transplant follow evaluations

Arrival Time: 11am Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NIL Body Weight: 22.7kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
K/C/O CKD.	post transplant CKD.	Renal transplant @

Family History: NIL

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

If yes please list, ...

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

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

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

Observations: Weight: 22.7kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 100.5°F HR: 125/m RR: 26 BP: 132/98 (106)

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

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

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

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

(P.T.O)

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?) .....

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☐ Yes ☐ No

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

Nurse's Name: ..... Date: ..... 11/7/26 ..... Time: ..... 11:10 pm ..... Signature .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

	Date & Time of Admission	Date & Time of Transfer Order
	11/07/26 @ 11:30 pm	11/07/26 @ 10:50 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. prahald	Dr. Kavitha	Futher mangmt
From Unit	**To Unit**	**Information to Attendant**
ER	701	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
9	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	10% D - 500ml	1
2.	Intraflow	0
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Post Renal Transplant c fever for evaluation.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
CC. Akshaya mithi, CC. [signature] Sonowy.	Dr. Kavitha

Patient & Clinical Records Received by : Sowji 01 11pm.

Date & Time of Patient Received :

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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
11/07/26	8:15pm	90mg/dl	IVF: D10X. - 115 ml/hr	
11/07/26	9:20pm	138 mg/dl	DNS	

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

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prahlad Date : 11/7/26

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

Start Time of Assessment: 7.20pm Weight: 22.75 kgs

Allergic History: .....

Chief Complaints:
c/o fever
vomit

Pediatric Assessment Triangle

A Appearance - TICLS Dull looking
Irritating & pacify

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

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

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

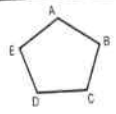
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 25/min SpO_2 on RA 98%

Rhythm: regular

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: equal

Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation

HR: 133/min CFT Central ..... Peripheral 1 sec

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 126/87 mmHg

Pulse Volume: Central ..... Peripheral Good

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: .....

Pupils: Responsive ☐ Non-Responsive ☐

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

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

Signs of Neurological compromise .....

.....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 100°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes Para

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: .....

Mantoux

Treatment Planned: .....

inside

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

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

Assessment done by

Name of the Doctor: Dr. Kavitha

Signature: .....

Date & Time: 1/2/26 7.40 pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

wt. 22.75 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Ms. Sanjana .Y. Age : 8yrs. Gender: ☐ Male ☑ Female

Date : 11.07.2018. Time of Arrival : 7.30 pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101.0°F PR: 133b/m. BP: 126/84 (99) RR: 24 br. SpO_2: 98%RA

Chief Complaints: fever, since yesterday morning, vomiting, 3 episodes. Throat pain.

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

R. Yuvaraj
Signature of Parent / Guardian

Triage Completion Time : 2min

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

Name of Triage Nurse : Godwin Savio

Date & Time : 11.07.2018 @ 7.35pm

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).

Signature of Triage Nurse : .....

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

GUC-00075840 IP18-00036431
Ms SANJANA.Y
27-12-2017 8 Y 6 M 14 D (F)
Dr. PRAHLAD N

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 : 11/07/26 Time of arrival : 6:45 pm

Chief Complaints: fever x since morning, vomiting x 3 episodes. RBS: .....

Height : - Weight : 22.7 kg BMI : - Head Circumference (<2 years) .....

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

If yes , identify NIL

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

☐ Character - ☐ Location - ☐ Frequency - ☐ Duration -

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NIL

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: NIL (Date/Time): -

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 6:50 pm

(P.T.O.)

Time	Nursing Notes
7:40 pm.	patient came for ER with the complaints of fever x since yesterday, vomiting x 2 episodes. Dr. prahlad sir advised to put an IV line. placement done. Samples are collected, RBS - 44 mg/dl. 10% Dextrose - 115 ml - IV stat given. DNS maintenance - 65 ml/hr, started, vitals are stable, shifted to ward.

Samples collected by: S/N Akshay prith Time: 8:15 pm.

Samples sent by: S/N Ajith Time: 8:17 pm.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:50 pm.	10% Dextrose	IV	115 ml		[signature]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 130/min BP: 126/87 CFT: <3 sec	Shift - out from ER to: F011
RR: 24/min SPO$_2$: 98%	Time of Shift - out: 10:50 pm.
GCS: 15/15 Temperature: 99.2°F	Handover given to: (Nurse's Name) Soumya
Pain Score: 0/10	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done in (L) anesthetic line 22 G is placed.

Name of the Nurse: A. Ajith Signature of the Nurse: [signature]

Date & Time: 11/7/20 @ 7:40 pm