Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

Name of the Patient: IP18-00036704

UHID No: ..... GUC-00094542 Baby PRANAVI 17-12-2022 Dr. RAJKUMAR J 3 Y 7 M 16 D (F)

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 3/12/22	Date: 3/12/22
Time:	Time: 9.45AM	Time: .....

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 17 D (F)
Dr. RAJKUMAR J

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		9:45pm					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00094542
Baby PRANAVI
17-12-2022
Dr. RAJKUMAR J
IP18-00036704
3 Y 7 M 14 D (F)

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

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

Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/7/26	9.30PM	ER	(HOU)	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR J. RAJKUMAR	31/07, 01/08, 02/08, 03/08		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
31/7/26	Blood c/s.	26024560	
3/8/26	CBC	24747	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/8/2026	Infusiopum	10.30pm	3/8/2026 6AM	35739	Alif 19384

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/1/26	IV cannulation	(1)	M35650	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 3/8/26 Time: 7AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
01/3354			

GUC-00094542
Baby PRANAVI
17-12-2022
Dr. RAJKUMAR J
IP18-00036704
3 Y 7 M 16 D (F)

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DISCHARGE TRACKING SHEET

DATE : _____

Name of Consultant :

Floor :

UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time	9.45PM			
2	Arrangement of File by Nurses				
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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 : IP18-00036704 **Admit Date** : 31-Jul-2026 **Admit Time** : 08:40 PM **UHID** : GUC-00094542

Patient Details :

Patient Name	: Baby PRANAVI	**Age**	: 3 Y 7 M 14 D
Guardian	: VINOTH	**DOB**	: 17-12-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO;12/8,SUBRAMANI EAST KOIL STREET, SAIDAPET Saidapet Madras Chennai Tamil Nadu INDIA 600015	**Phone No**	: 7667444237/ 9840927948
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name	: VINOTH	**Relationship**	: Father
Contact Address	: NO;12/8,SUBRAMANI EAST KOIL STREET,SAIDAPET Saidapet Madras Chennai Tamil Nadu INDIA 600015	**Phone No**	: 7667444237

Signature

Doctor Details :

Doctor Name	: Dr. RAJKUMAR J	**Specialisation**	: PEDIATRIC INTENSIVE CARE
Referral Doctor	: self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby PRANAVI**	**Age :**	**3 Y 7 M 14 D**
IP No:	**IP18-00036704**	**Sex:**	**Female**
Consultant:	**Dr. RAJKUMAR J**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: VINOTH

Relationship: FATHER

Date: 31/07/26 Time: 08:40 PM

Witness Name: P. Thanam Selvan

Witness Signature:

Patient Address:

NO;12/8,SUBRAMANI EAST KOIL STREET,SAIDAPET Saidapet Madras Chennai Tamil Nadu INDIA 600015

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 : Baby PRANAVI	UHID Number : 94542
Self/Attendant Name : VINOTH	Relation : FATHER
Self/ Attendant Signature : Vinoth Phone Number :	Name & Signature of Financial Counselor

Rainbow®
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Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ _____

UHID ID: _____ GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J
_____

Department: _____ _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: ______________________ Age/Sex ______________

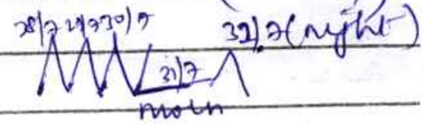
Information given by: ______________________ Relationship ______________

Chief Presenting Complaints & Duration (Chronologically)

- c/o fever x 4 days

History of present illness :

- Apparently well child,
- H/o fever - high grade - Tmax 102°F (D3-D4)
  no chills / rigor
  settled c̄ PCM.



- No cough / cold / coryza / fast breathing
- No abd pain / vomiting / loose stools
- No rash / joint pain
- ↓ intake
- ↓ urine output
- lethargy ⊕

Patient Sticker

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

- H/O admission for syncopal attack → 2½ yrs. evaluated - (N). (agricultural field).

Birth & Neonatal History:

LSCS | Full Term | CIAB | BW - 2.8 kg
No NICU stay

Family Chart

Birth & Socio Economic History:

About Father : } NCM
About Mother : } NCM
Any additional Information :

Developmental History : Dev - (N).

Immunization History : as per NIS. Last vaccine @ 24 months.

Anthropometry :

Head Circum (cms) ________ (Centile ________) Height (cms): 102 cm (Centile) ________)
Weight (kgs) 15 Kg (Centile ________)

On Examination :

Temperature : 100°F Pulse Rate : 112/min B.P. 96/70 (78) SPO2 98%.
Resp.rate and type of breathing : 21/min

dull looking
oral mucosa - dry.
PPNF (+)
CRT < 2 sec
flushed appearance.

Rash —
Lymphadenopathy —
Oedema : —
Allergies (if any): Not Known.

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+) 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, not tender, no organomegaly

Ausculation : BS (+)

Spine : _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves : _____

Motor System :

Nutriton : _____

Tone: (N) Power 5/5 in all 4 limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Patient Sticker

Reflexes :

DTR 2+ **Superficials:** 1+.

Plantars ↓

Sensory System :

Bladder / Bowel : Acute Febrile illness - DB : DF

Clinical Summary & Diagnostic: A - ? Dengue fever.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP
SGOT | SGPT — OPD basis
RP-2
Dengue NS1

Blood GS /

Planned Management

① IVF 0.9% DNS 50ml/hr

② IV PAN 15mg OD.

Signature of the Doctor: .....

Name of the Doctor: Dr. Gayathri

Date & Time: 31/7/26

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital 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-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

Docu...

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: ..... Department: ..... Shift: .....

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

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/22	S/B Dr. Gayathri	
6am	Δ - Dengue Fever c warning sys.	
	Day 4-5 of illness.	
	Fever spikes (+)	→ 101.4F (2.30am)
		↘ 102.6F (8am.
	lethargy (+).	
	intake ↓	
	UPO - good	
	peripheries - warm, PPNF (+)	
	CRT < 2sec.	
Vitals		
BP - 110/55 (64)		
HR - 120/min		
RR - 28/min		
	2/74.5ml	
	0/400ml	
	UPO: 2.9ml/kg/hr	
	Plan	
	1) Cont IVF 0.9% DNS 50ml/hr	
	2) Cont IV pan	
	3) TC watch / ORS	
	4) Monitor vitals.	
	5) I/O charting	

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

Patient Sticker

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(ID Dr. Rajkumar sir)
1/8/26		S/B Dr. Manoma
10am		
	A - D4 - Dengue fever.	
	fever spike (1)	
	No vomiting / Abd pain	
	Intake - reduced	
	U/o - 2.9ml/16hr	
	O/E	BP - 110/55 mmhg
	Asleep	HR - 120/m
	PP - WF	
	peripheral warm.	
	P/A - soft, Non tender	
	No organomegaly	
	other syst - nm	
	Rx	
	→ 0.9% DNS @	50ml/hr
	- Inj pan IV OD	
	- strict I/O, monitor vitals	
	NIF warning signs	

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26		
4:30pm	S/B Dr. Manasa	
	Dengue fever - febrile phase	
	Reviewed	
	fever spikes ⊕	
	Intake - better. , No vomit / abdominal pain.	
	U/O → 5.7ml/kg/hr.	
	O/E	
	Alert, active	
	PP - HF	
	peripheries warm.	
	P/A - soft, Non tender.	
	No organomegaly	
	other system - nm	
	Rx	
	→ monitor vitals, strict I/O	
	– M/F warning signs	
[signature]		

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

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 15 D (F)
Dr. RAJKUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/12/22 4P	S/B DR J. RAJKUMAR	
	+ Dengue fever	
	- Had history of fever	
	- Intake better	
	- Stable	
	(S/E	
	→ To continue same	
	→ ↓ IVF 50%	

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

GUC-00094542 IP18-00036704
Baby PRANAVI 3 Y 7 M 15 D (F)
17-12-2022
Dr. RAJKUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/8/20 10:00 AM	S/B Dr. DEEPAK	
	D/s: Dengue fever - febrile phase	
	Child Reviewed	
	Child has fever spikes	
	Intake - better	
	O/E:	
	Alert, oriented	
	CVS: S1S2 ⊕	
	RS: NVBS ⊕	
	P/A: Soft	
	CNS: NFND	
		Rx
		To monitor vitals / sensorium
		To monitor fever spikes
		To plan CBC after Dr. Rajkumar sir rounds
		[signature]

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

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 16 D (F)
Dr. RAJKUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/08/24 @ 12P	S/B DR J. RAJKUMAR	
	+ DENGUE FEVER	
	+ FEVER BETTER	
	+ INTAKE OK	
	+ LOOKS BETTER	
	+ VITALS (N)	
	+ SHSC	
	D + Improving	
	S + to [illegible]	
to do		
CBC on 03/08/24		[illegible]

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 16 D (F)
Dr. RAJKUMAR J

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
3/8/26 9:15 am	S/R Dr. Manasa	
	Δ - Dengue fever	
		31/7 → 3/8
	Reviewed	Hb - 12.7 → 13.2 ↑
	last fever spike < 24 hrs back	TC - 3920 → 4920 ↑
	Afebrile x 24 hrs	PCV - 37 → 39 ↑
	No vomiting / abdominal pain	Plt - 2.19 → 1.10 ↓
	U/O - 3.9 ml/kg/hr.	
	Intake better.	
	No bleeds	
	O/E	
	Afebrile	
	PR - LF	
	peripheries warm.	
	CRT < 3 sec	
	P/A - soft, Non tender, No distension	
	Other systems - NAD	
	R	
	- 0.9% DNS @ 25 ml/h	
	- Inj pantoprazole 15 mg IV OD	
[signature]		
	Improving	to Rev to clinic on 04/08/2026

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

Baby Pranav

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(OPD)

RESULT SHEET

Date	31/7	3/9/26				
Time						
Hb	12.7	13.2 ↑				
PCV	37	39 ↑				
RBC	4.74	4.88				
WBC	3980	4980 ↑				
N/L	42/53	28/65				
Platelets	2.19 L	1.10 ↓				
CRP	<5					
ESR						
PCT						
RBS						
Na	101					
K	4.1					
Cl	136					
Ca/Mg	1.18					
Phosphate /HCO_3	19					
Urea	17					
Creatinine	0.37					
ALP						
SGPT	27					
SGOT	70					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : Dengue NS1 → positive.

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 4041)

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature]

Date & Time : 31/7/21 1633hrs.

Nurse Name & Signature: M. Aarthi [signature]

Date & Time : 31/7/21 9:00pm

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

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DRUG CHART

Date of Admission: 31/7 Drug Allergies: ——— ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Syp. P-250				Date / Time	1/8	2/8
Dose	Route	Frequency	Start Date		2:30 AM	2:30 AM
4.5ml	P/O	SOS	31/7		PSA RJ	PSA RJ
Doctor's Signature	Valid Period	Pharm.		8:30 am	DM BL	
[signature]						
Additional Instructions: (T>100°F)					9pm PSA RJ	

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 ....

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REGULAR PRESCRIPTIONS

Weight. 18 Kg. Ward. ....

DRUG : Inj. PAN.

Dose	Route	Frequency	Start Date
15mg	I.V	Q24H	31/7

Date / Time	31/7 (?)	1/8	2/8	3/8
9.00 pm	[illegible]			
6AM		BSA / RJ	BSA / RJ	BSA / RJ

Name & Signature of the Doctor Starting the Drugs: Dr. Gayathri 165589

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. ..... Ward. .....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby PRANAVI
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15kg.

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = mg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/7	8.45pm	IVF 0.9% DNS	I.V	50ml per hr		PSA	1/8/26 @ 9pm		
1/8/26	9pm.	0.9% DNS		25 ml/hr					

Signature .....

VERIFIED BY : Name .....

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Rainbow Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9\17\26 Time:	9 pm	12 AM	2:30 AM	4 AM
Doctor / Nurse / Family Concern?				
Temperature (°F)	98.8°F	98.2°F	101.4°F	97.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	109/50 (82)	92/52 (62)		93/61 (71)
Heart Rate (Number)	106 b/mt	96 b/mt		106 b/m
Resp. Rate (bpm) (Over 1 Minute) *	26	24		24
Resp Rate (Number)	26 b/mt	24 b/mt		24 b/m
Resp Distress: Mod/ Severe / None / Mild	✓ (None / Mild)	✓ (None / Mild)		✓ (None / Mild)
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	99%		98%
Conscious Level: Normal / Altered	✓ (Normal)	✓ (Normal)		✓ (Normal)
GCS *	15/15	15/15		15/15
TOTAL SCORE Number of shaded boxes	0	0		0
Pain Score	0	0		
Observer's Initials	[illegible]	[illegible]		[illegible]

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

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

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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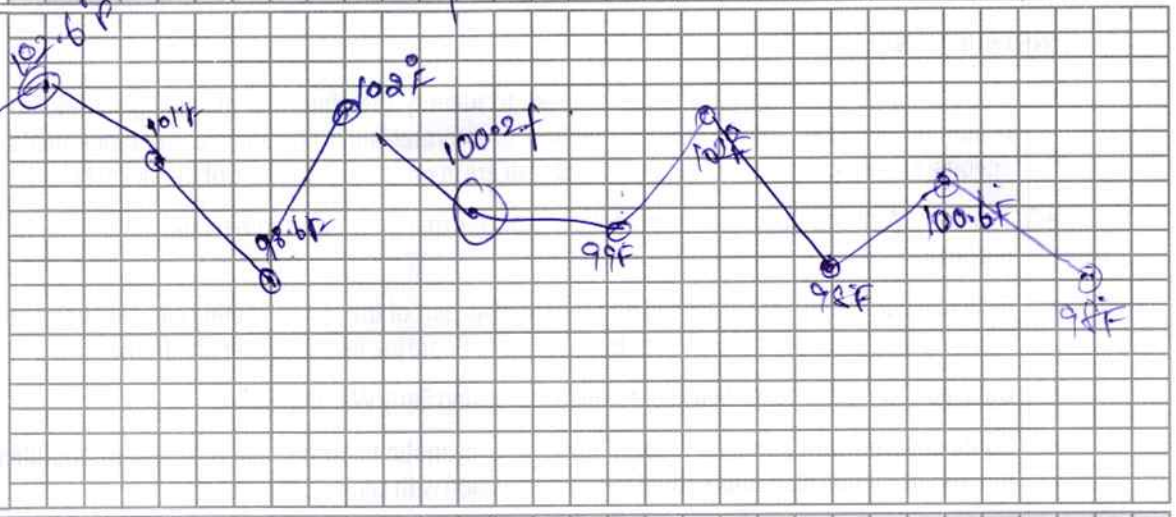
EARLY WARNING SCORE: CHILDREN'S UNIT

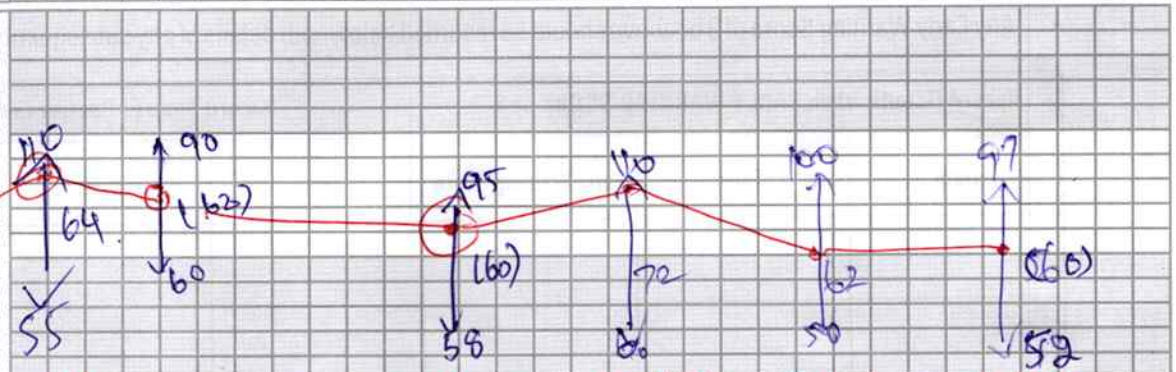
Date : 11/8/26 Time:	8am	10am	12pm	3:15pm	4:30 pm	8PM	9PM	12PM	3 AM	5 AM	
Doctor / Nurse / Family Concern?											

Temperature (°F)

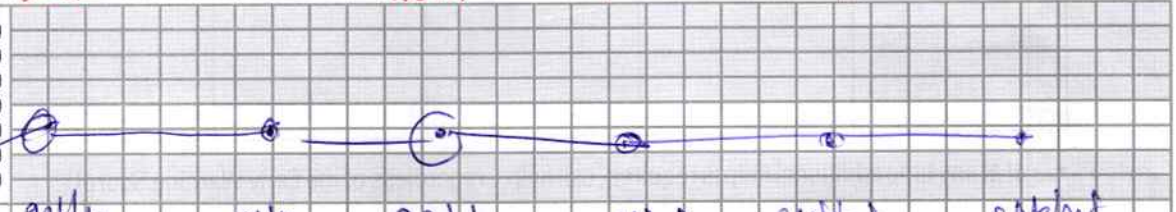


Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	126b/m		110b/m	126b/m	90b/m	100b/m
Resp. Rate (bpm) (Over 1 Minute) *						



Resp Rate (Number)	28b/m	28b/m	28b/m	28b/m	24b/m	28b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	99%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	PM	M	R	RS	FS	KS

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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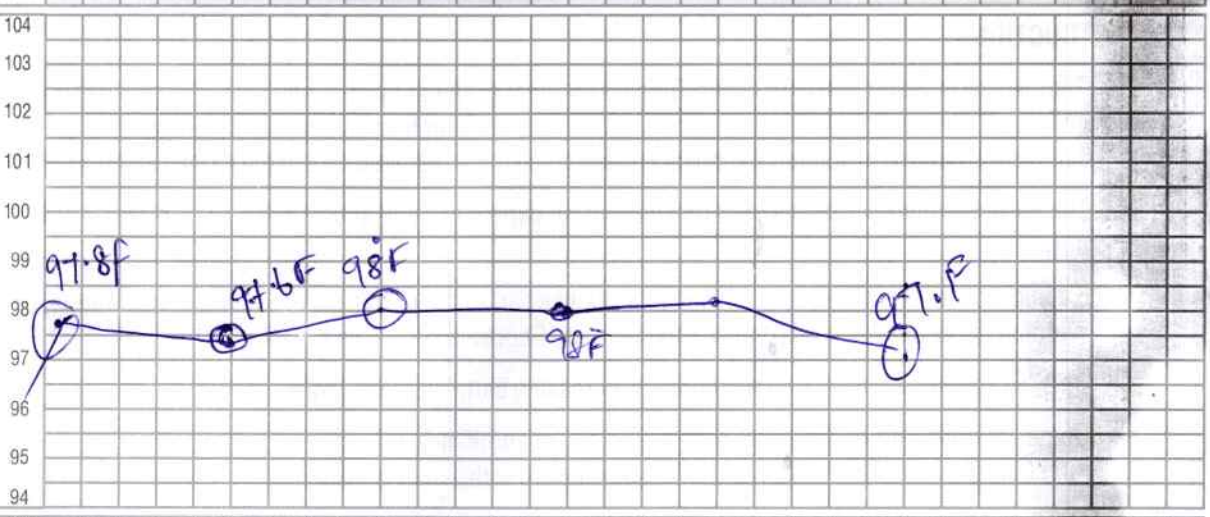
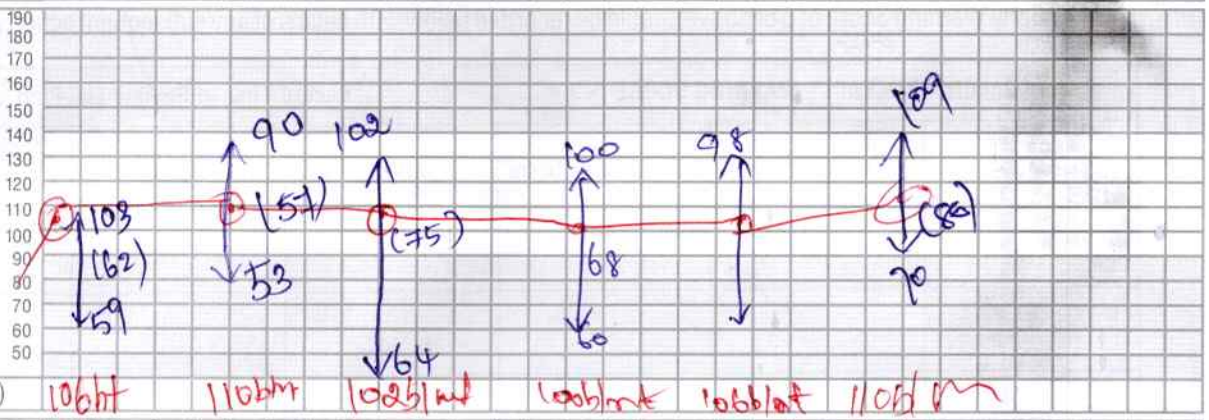
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/8/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor / Nurse / Family Concern?





Heart Rate (Number): 106/mt | 110b/m | 102b/mt | 100b/mt | 106b/mt | 110b/m

Resp Rate (Number): 28/mt | 26b/m | 26b/mt | 24b/mt | 22b/mt | 26b/m

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

ACTIONS
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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.
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3 Y 7 M 14 D (F)

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FLUID CHART

wt - 15kg

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake – Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/7/26												
	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	child		Received		from	ER	@	9 30 PM			
	09:00 pm	H2O	100ml	DNS 50ml							0	RF
	10:00 pm			50ml							0	RF
	11:00 pm	H2O	75ml	50ml							0	RF
	12:00 am			50ml							0	RF
	01:00 am			50ml						100ml	0	RF
Total Intake :		175ml + 250ml				**Total Output :**				100ml		
	02:00 am			50ml							0	RF
	03:00 am	H2O	20ml	50ml						210ml	0	RF
	04:00 am			50ml							0	RF
	05:00 am			50ml							0	RF
	06:00 am			50ml							0	RF
	07:00 am			50ml						90ml	0	RF
Total Intake :		20ml + 300ml				**Total Output :**				300ml		

Total 24 hrs. Intake	745ml	Total 24 hrs. Output	400ml

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

2.9ml/kg/hr

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FLUID CHART

Sheet No. : 2

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

11/8/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	Water	100ml	50ml							0	
	09:00 am	Water	25ml	50ml							0	
	10:00 am	Water	75ml	50ml							0	
	11:00 am	Water	190ml	50ml						264ml	0	
	12:00 pm	RCH	80ml	50ml							0	
	01:00 pm	Juice	50ml	50ml						249ml	0	
Total Intake :		480ml + 300ml				Total Output :				513 ml		
	02:00 pm	water	125ml	50ml						254ml	0	
	03:00 pm	Water	100ml	50ml			motion passed				0	
	04:00 pm	water	175ml	50ml							0	
	05:00 pm	water	60ml	50ml						273ml	0	
	06:00 pm	water	10ml	50ml						141ml	0	
	07:00 pm			50ml							0	
Total Intake :		470ml + 300ml				Total Output :				668ml + 1 time passed		
	08:00 pm	H2o	70ml	25ml						283ml	0	
	09:00 pm	H2o	50ml	25ml							0	
	10:00 pm			25ml						194ml	0	
	11:00 pm	H2o	125ml	25ml							0	
	12:00 am			25ml						164ml	0	
	01:00 am			25ml							0	
Total Intake :		255ml + 150ml				Total Output :				615ml		
	02:00 am			25ml							0	
	03:00 am	H2o	20ml	25ml							0	
	04:00 am			25ml						260ml	0	
	05:00 am			25ml							0	
	06:00 am			25ml							0	
	07:00 am			25ml							0	
Total Intake :		20ml + 150ml				Total Output :				260ml		

Total 24 hrs. Intake	2125ml	Total 24 hrs. Output	2056ml

5.4 ml per kg.

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Baby PRANAVI
17-12-2022 3 Y 7 M 15 D (F)
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FLUID CHART

Sheet No. : 3

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.

2/8/26.		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			25ml						132ml	0	Ay
	09:00 am	water	50ml	25ml							0	Ay
	10:00 am	water	50ml	25ml							0	Ay
	11:00 am			25ml							0	Ay
	12:00 pm	water	125ml	25ml						260ml	0	Ay
	01:00 pm			25ml							0	Ay
Total Intake :		225ml + 150ml				Total Output : 392ml.						
	02:00 pm	water	50ml	25ml						101ml	0	Bali
	03:00 pm	water	125ml	25ml							0	Bali
	04:00 pm	water	100ml	25ml						209ml	0	Bali
	05:00 pm	water	125ml	25ml							0	Bali
	06:00 pm	water	125ml	25ml							0	Bali
	07:00 pm			25ml						255ml	0	Bali
Total Intake :		525ml + 150ml				Total Output : 565ml						
	08:00 pm	H2o	150ml	DC							0	Ref
	09:00 pm	H2o	100ml	DC						115ml	0	Ref
	10:00 pm	H2o	100ml	25ml							0	Ref
	11:00 pm			25ml							0	Ref
	12:00 am			25ml						156ml	0	Ref
	01:00 am			25ml							0	Ref
Total Intake :		350ml + 100ml				Total Output : 371ml						
	02:00 am			25ml							0	Ref
	03:00 am			25ml							0	Ref
	04:00 am			25ml							0	Ref
	05:00 am			25ml						100ml	0	Ref
	06:00 am	H2o	100ml	25ml							0	Ref
	07:00 am			25ml							0	Ref
Total Intake :		100ml + 150ml				Total Output : 100ml						

Total 24 hrs. Intake	1750ml

Total 24 hrs. Output	1428ml

3.9ml/kg/hr

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NURSING CARE RECORD

Date: 31/7/24

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	8pm 6pm	→ To maintain fluid balance of the child	1AM	→ Assessed the fluid balance of the child → Monitored vital signs → maintained the chart → Administered IV fluids as per ordered	Improving & Maintaining fluid balance	Child was stable Reassessment was done	03:45

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Date: 11/8/22

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	7-30AM	TO Prevent infection.	8am	TO Asses the general condition. TO monitor vitalsigns TO maintain hand hygiee.	Infection will be prevented.	Reassessment was done.	Nigar 021897
Afternoon	1.30 Pm	maintain fluid volume	2pm	Assessed child condition monitored vitals maintained I/o chart Encourage oral intake	maintained fluid volume	Reassessment Done	Nigar 021897
Night	30 7PM	→ To maintain good nutritional status of the child	11pm	→ Assessed the nutritional status → monitored vital sign → maintained I/o chart → Administered IV fluids @ prescribed	→ Improved and maintain good nutritional status	Reassessment was done	RJ 03749

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NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies .... NOT known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/12/22	9.30 PM	Receiving note	
		child Received from ER to	R...
		4th floor 404 via with mother	020749
		while feeding, child is conscious	
		oriented and afebrile, ...	
		skin assessment done, IV line is	
		present and patent, on IVF DNS	
		@ 30ml/hr on flow, no pain	
		or redness	
	9.45 PM	vitals checked and recorded	R...
		all are hemodynamically stable.	020749
		CP ++ / PP ++ / CRT <3 sec	
	10 PM	Regarding child has dengue NS1	R...
		+ve informed from lab, report	020749
		sent to Dr. Rajkumar & Dr. Ajay...	
	12 AM	vitals checked and recorded	
		all are hemodynamically stable	
		CP ++ / PP ++ / CRT <3 sec	
	2 AM	child slept well, no specific complaints	R... 020749
	4 AM	vitals checked and recorded, all are	
		stable CP ++ / PP ++ / CRT <3 sec	
	6 AM	Due medication given as per drug chart	R 020749

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/8/26		← Continue notes →	
	9AM	Strict I/O chart maintained	
	7:30 AM	child details handed over to morning duty staff nurse using ISBAR method.	02749
		Morning Duty note.	
	7:30 am	Child details handing over taken from night duty s/n. child consious & oriented child activity are good IV line site no swelling & pain.	
	8.00 am	vital signs checked & recorded Vitals are stable now	
		CP ++ | PP ++ | CRT <2s.	
	10.00 am	Dr. Rajkumar sir seen by child advised by continue the same.	
	12pm	vital signs checked & recorded vitals are stable now.	
		CP ++ | PP ++ | CRT <2s	NS/01507
		I/O chart was maint.	
	1:00 pm	The child details handing over given to afternoon Duty staff	NS/01984

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GUC- 94542

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
1/8/26		Evening Duty (01/8/26)
	1.30pm	The child details handing over taken from morning duty staff. Child is conscious and active child is on room air. IV line present. IV line pattern. Basi 021893
	2pm	Due medications are given as per Doctor's order. No any other fresh complaints child is stable. Basi 021893
	4pm	vital signs are checked and recorded vital signs are stable
		CP: ++ / PP: ++ / CRT: <3sec. Basi 021893
	5pm	I/O chart is maintained. No any other complaints
	6pm	Dr. Manmonmani adv! to ↓ IVF - 25ml/hr
	6pm	Administes the medication as per doctor's order. IV fluid 0.9% NS @ 25ml/hr on flow
	7.30pm	the child details handover given to night duty staffs. 015760
1/8/26	7.30pm	Night Duty notes on 1/8/2026. child details taken over from evening 021449

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
01/8/26		← continue notes →
		duty staff nurse using ISBAR method,
		on assessment, child is conscious, oriented
		and afebrile, ale - 15/15. Skin assessment
		done, IV line is present and patent, no pain
		of redness on IVF ... @25 ml/hr on
		flow
	8pm	vitals checked and recorded. all
		are hemodynamically stable.
		[signature] 02999
		CP ++ / PP ++ / CRT <3sec
	9pm	child temperature - 102F, syp. PCM
		4.5ml given as per doctor's order
	11pm	vitals rechecked. T - 98F [signature] 02999
	12am	vitals checked and recorded. all are
		hemodynamically stable
		CP ++ / PP ++ / CRT <3sec
	2am	child slept well, no specific complaints
	4am	vitals checked and recorded. all are
		hemodynamically stable
		CP ++ / PP ++ / CRT <3sec [signature] 02999

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies .... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/8/26		← continue notes →	
	6pm	Due medication given as per the	
		drug chart	
	7.30pm	Child details Handing over	Rugs
		given to the Morning duty S/N.	019354
		→ Morning duty On:- 2/8/26 ←	
	7.30am	Child details hand Over taken	
		from night duty Staff —	
		Child is conscious & Oriented —	dy
		Child IV cannula pattern —	018900
	8am	vital sign's checked and	
		Recorded vital are stable	
		CP ++ | PP ++ | CRT <3sec —	dy 018900
		IV fluid DNS 25ml per on flow	
		Child intake was good —	
		I/O chart maintained —	dy
		No any complaint's —	018900
	12pm	vital sign's checked and	
		Recorded vital are stable	
		CP ++ | PP ++ | CRT <3sec —	
		Continue same medication	dy
		I/O chart Maintained —	018900
		No any Complaint's —	

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Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 2/8/26 ←	
2/8/26	1:30pm	child details hand over given to evening duty Staff	[illegible] 018900
		Evening duty Notes on 2/8/26	
	1.30pm	The child details handover taken from the morning duty staffs the child is conscious and active	[illegible]
	2pm	Administer the medication as per doctor's order	
		IV fluid 0.9% NS @ 25ml/hr on flow	
	4pm	Vitals are checked and recorded temp is normal	
		FP ++ / CP ++ / CRT <2s	[illegible]
	5pm	I/O chart is maintained No any other complaints	
	6pm	Administer the medication as per doctor's order	
	7.30pm	The child details handover given to night duty staffs	[illegible]
2/8/26	7.30 PM	Night Duty notes on 2/8/26	
		Child details taken over from evening duty staff nurse [illegible] [illegible] [illegible]. On Assessment, Child is	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE 31/7	M DATE 1/8	E DATE 1/8	N DATE 1/8	M DATE 1/8
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
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	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1	*				
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	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		12	12	12	12	12

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	NA	NA	NA	—
Other Intervention(s) Specify		NA	NA	NA	NA	—
Nurse's Name:		Joeee	NISHA	Sani	Jeev	Angel
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		31/7/26	1/8/26	1/8/26	1/8	2/8
Time:		@ 9pm	@ 8am	@ 2pm	8pm	2pm

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BRADEN 'Q' SCALE

					Date : 31/7	1/8	1/8	1/8
					Time : N	M	E	N
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction . Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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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. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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		
31/7/22	9.30 pm	fluid management	Explained about the importance of fluid management	Father	No	Oral	None	verbalizes understand	Good	[signature] 02741
1/8	9am	Treatment & care	explain about treatment & care	father	no	oral	None	Verbalize understand	good	[signature]
2/8	9am	hand hygiene	Explain about hand hygiene and handwashing tech	Father	No	Oral	None	Verbalizes understanding	good	[signature] 01890

Part - III: CODES

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

6-30pm. T 103.1
Inj. Dolo 250 mg

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Wt: 15 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Pranavi Age : 3yrs 7m Gender: ☐ Male ☑ Female

Date : 31/7/26 Time of Arrival : 7.20pm

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: 102°F PR: 147 BP: 96/70(88) RR: 26 SpO_2: 98%.

Chief Complaints: Fever x 3 days, Vomiting x 1 episode

78-RBS

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7.30pm.

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

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

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Sripal

Signature of Triage Nurse : Sripal

Date & Time : 31/7/26 at 7.32pm

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

IVF 50 ml/hr.
pan
emeset

CBC, RP-2, CRP
OT/PT
NS1, IgM
OT/PT.
Blood C/S.

18
17
15
10 4 40
5 2 10

GUC-00094542 IP18-00036704
Baby PRANAVI
17-12-2022 3 Y 7 M 14 D (F)
Dr. RAJKUMAR J

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 31/7/26 Time of arrival : 7.20PM.

Chief Complaints: fever x 3 days & vomitings 1episod. RBS: 78mg/dl

Height : 102cm Weight : 15.kgs BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:
- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:
- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:
- ☑ Escort while ambulating
- ☑ Assist Patient
- ☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected
- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

—

—

Nutritional Screening: ☑ No Abnormalities Detected
- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Parents.

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

Time of Initial assessment completed by ER Nurse : 7:35pm

(P.T.O.)

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

Time	Nursing Notes
8:30pm	Baby came to ER c/o of fever x 3 days. & vomitings x1 episode. c/b Dr. Rajkumar. Advice for Admission. IV line placement done. OP Bari Blood Sample collected. Checked vital sigs & relived. Baby shift to ward. OP file given to parents.

Samples collected by: Imran Time: 9:00pm.

Samples sent by : S/N: Anju Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 142 b/m BP: 96/70(85) CFT: 1 Sec	Shift - out from ER to: 404
RR: 30 b/m SPO_2 : 98%.	Time of Shift - out: @ 9.30 PM
GCS: 15/15 Temperature : 100.0°F	Handover given to: S/N - Anuja. (Nurse's Name)
Pain Score: 01/10	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV line placement done.

① Metacarpal 20G 21/7/26 @ 9:00pm

Name of the Nurse : M. Afshi Signature of the Nurse :

Date & Time : 31/7/26 @ 9:00pm.

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Gayathri Date : 31/7/22.

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

Start Time of Assessment: ..... Weight: 15 Kg.

Allergic History: .....

Chief Complaints: .....
c/o fever - D4.
No other focus

Pediatric Assessment Triangle — dull looking

A Appearance - TICLS .....

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

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

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

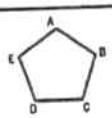
Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 26/min SpO_2 on FiO_2 98%
Rhythm: .....
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: .....
Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation HR: 112/min CFT [Central ..... Peripheral .....]

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: ..... mmHg

Pulse Volume: [Central ..... Peripheral .....]

If in Shock: [Compensated ..... Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability GCS: 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.: 102°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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

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

.....

Labs Planned: .....

.....

.....

.....

.....

.....

.....

Treatment Planned: .....

.....

.....

.....

per chart

.....

.....

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. Gayan

Signature: .....

Date & Time: 31/7/26

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	31/7/26 @ 8.40pm	31/7/26 @ 9.30pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Rajkumar	Dr. Gayathri	Fluid Management
From Unit	**To Unit**	**Information to Attendant**
ER	(404)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(10)	NIL	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

A-AFI-? Dengue Fever.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
IMCU 17/7/26	16/7/26

Patient & Clinical Records Received by : S/N Jeeva 020749

Date & Time of Patient Received : 9.30 PM on 31/7/26

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