GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 2 D (M)
Dr. SOMASHEKARA H R

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SURGERY DETAILS

Date : 27/7/26

Patient Name: Baby. Magil mithran Date of Birth: 25/02/2024 Age: 2 years

Gender: Male. Ward : Endoscopy room UHID No.: 79774/36606

Date of Surgery: 27/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Sigmoidscopy.

Time in : 12:50pm Time Out : 1:15pm

	NAME	AMOUNT
1. Surgeon	: Dr. keerthivasan	
2. Anaesthetist	: Dr. Ashwini, Dr. priyadharshini	
3. Assistant Surgeon	: -	
4. OT Technician	: Mr. Raja, Mr. Shyam	
5. Circulating Nurse	: C/N. Thanu	
6. Assistant Nurse	: S/N. Bharathi	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others Sigmoidoscopy : Start time : 12:55pm
End time : 1:10pm

Signature of the Surgeon (1733703)

Signature of Circulating Nurse 607871

Order No: Order by:

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

Patient Sticker

Sigmoidoscopy

Sigmoidscopy

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CONSUMABLES OF OT

Circulating staff : Ananya Technician : Raja/Shyam Date : 27/4/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		3				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		2				Vaccum Suction Set		
05 cc		2	Gloves			Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
~~IV set~~ Drip set (P)		1	NG tube			Koochies (S)		
RL		1	Cautery pencil			Nasal Cannula (N)	1	
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
D-water 10ml		2	Ointments					
			Suction Catheter					
Fentanyl		1	Cap, Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack	1				
Propofol		1	Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw sheet	1				
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves	1	10			
			Ramdione Scrub					
			Saral					

rgeon Anaesthesiologist Nurse OT Technician

der No. : ..... Ordered by : .....

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036606		
Patient Name	Baby MAGIL MITHRAN	**Ward**	6F-PRIVATE
Age/Sex	2 Y 5 M 2 D / Male	**Bed Name**	PVT 614
Date	27/07/2026 13:35	**Order No**	18-0001733705
Payor	SELFPAY	**Prescription No**	PRIP18-0629407
UHID	GUC-00079774	**Dispensed Date**	27/07/2026 13:39

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26E02K29	04/31	2	28.13	56.26
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
3	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	2	2.58	5.16
4	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0716O326	02/28	3	40.00	120.00
5	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	1	69.10	69.10
6	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	K26AO40293	12/30	1	255.00	255.00
7	PEDIADRIPSET PLUS	ROMSONS		K26B020111	01/31	1	311.00	311.00
8	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262104	03/29	1	69.84	69.84
						Total :	**797.21**	**929.48**

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

d Time : 27-07-2026 13:39

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Guindy

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

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

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP18-00036606		
Patient Name	Baby MAGIL MITHRAN	**Ward**	6F-PRIVATE
Age/Sex	2 Y 5 M 2 D / Male	**Bed Name**	PVT 614
Date	27/07/2026 13:35	**Order No**	18-0001733706
Payor	SELFPAY	**Prescription No**	PRIP18-0629408
UHID	GUC-00079774	**Dispensed Date**	27/07/2026 13:41

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641150	06/29	1	100.00	100.00
2	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	10	25.00	250.00
3	UNDERPADS CARE 60 X 90 (FRIENDS)			07072026	12/30	1	205.00	205.00
						Total :	**330.00**	***555.00***

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : GRACE PAUL RAJAN

ed Time : 27-07-2026 13:41

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PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 28/7/26

Name: GUC:-00079774 IP Baby MAGIL MITHRAN 2 Y 5 M - 25-12-2024 Dr. SOMASHEKARA H R

UHID: .....

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

Date: .....

Time: .....

Nurse Sign Sent over

Date: 28/7/26

Time: 8am

Pharmacy Sign

Date: .....

Time: .....

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 3 D (M)
Dr. SOMASHEKARA H R

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	7.50 Am	8Am	Seal Sign				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

sultant: ..... Dept: .....

Date of Admission: .....

te of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/7/26	12.10AM	ED	6th	
27/7/26	12.30pm	6th	7th	
27/7/26	2:10pm.	7th floor	6th	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Nandhini	25/7/26	To be Raised.	
2.	Pre-Anesthesia Check up	26/7/26	1733349	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/4/26	Blood C/S, RPR.	26023838	[illegible]
27/4/26	CRP / Lactate	24031	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/7/26	Infusion pump	12am	25/7/26 9pm	1732554	
27/7/26	Colonoscopy	12:55pm	1:10pm	1733795	
27/7/26	Infusion pump	8Am	27/7/26 4pm	1733916.	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/7/26	IV line placement	1	1732488	
	x-ray abdominal	1	10016	
27/7/26	IV placement	1	1733486	017189

ANY OTHER INFORMATION:

Procedure Name : Sigmoidscopy

Surgeon name : Dr. Keerthivasan.

Anaesthesist name : Dr Ashwin . Dr priyadharshini

Anaesthesia : IV Sedation

In time : 12:50pm out time : 1:15pm

607871

Date: 28/7/26 Time: 8.30am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sejal 01552			

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GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 3 D (M)
Dr. SOMASHEKARA H R

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor. NAME OF CONSULTANT- Dr. Somashekara H R.

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	28/2/24 @ 10AM	28/2/24 @ 12.15PM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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OPERATION NOTES

Surgeon : Dr. Keerthivasan	Asst. Surgeon : -
Anesthetist : Dr. Ashwini, Dr. Priyadharshini	OT Nurse : S/N. Bharath
Pre-Operative Diagnosis:	
Surgical Procedure : Dx LG Scopy ↓ & Sterilization	

Weight :	Date : 27/7/26	Start Time : 12:55pm	End Time : 1:10pm

Post Operative Diagnosis:

Peri-Operative Complications: - Anatomical ~~Status~~ (F) site - (N)
Polyp (F)

Operation Notes:
Rt Ad Ic vein / Tr - (N)

Findings: -

Scan till Terminal ileum
Cecum / Ac / Tr - (N)
Appendix Stump - Polyp (F)

Procedure Notes:
Rt mesenteric & Ileal attached
Ad - Ileal & polypoid lesion
- Ad - Endoscopic biopsy done
Rt Tr stump

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination: C

Patient Sticker

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POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency: Mux 25
Wound Care:
Drain /Special Lines/Catheters:
Special Patient Positioning and Requirements:
Nutritional Instructions:
When to Start Mobilization:
Special Referrals:
The new order for all required medications documented in the doctor order/medication sheet: ☐ Yes ☐ No
Any Other Post-Operative Care Needed including Required Follow Up

Name of the Surgeon: .....

Signature of the Surgeon: Dr. Keerthivasan

Date & Time: 27/7/26

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: Endoscopy room (7th floor) Shifted to: 6th-floor

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 27/7/26

Nurse Name & Signature: Thanu

Date & Time : 27/7/26 @ 2:10pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Keerthivasan
Asst. Surgeon :
Anaesthetist : Dr. Ashwini, Dr. Vijaya
Scrub Nurse : S/N. Bharathi

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 2 D (M)
Dr. SOMASHEKARA H R

Patie
UHID
Date

Age : ..... Gender : .....
e : 12:50pm
Out-time : 1:15pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12:52 pm

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

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

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

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

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

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

Signature : Dr Ashwini
Name : Dr Vijaya

Before Skin Incision ➤➤

TIME OUT Time: 12:55 pm

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

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

Anticipated Critical Events

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

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☐No ☑NA

Is Essential Imaging Displayed? ☐Yes ☐No ☑NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑Yes ☐No

Signature :
Name : Dr. Keerthivasan

Before Patient Leaves Operating Room

SIGN OUT Time: 1:15 pm

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

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

Signature :
Name : S/N. Bharathi

PATIENT TRANSFER FORM

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Baby MAQIL MITHRAN
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Date & Time of Admission	Date & Time of Transfer Order
24/7/26 @ 10:31 pm	27/7/26 @ 2:10pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Somashekara	Dr Ashwini	For Further management

From Unit	To Unit	Information to Attendant
Endoscopy room (4th floor)	6th floor	Yes ☒ No ☐

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
GOPI 601891	Dr Ashwini

Patient & Clinical Records Received by : A. Anupriya received

Date & Time of Patient Received : 27/7/26 at 2.15 pm

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

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

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PATIENT TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 27/7/26 @ 2:10pm **TRANSFERRED TO :** 6th floor

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

GUI:-00079774 IP18-0
Baby MAGIL MITH RAN
25-02-2024 2 Y 5 M 2 D
Dr. SOMASHEKARA H R

CONSENT FOR LOWER GI ENDOSCOPY

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Patient Name: **Age:** **Sex:** M / F
Consultant: **Ward & Bed No.:** **UHID:**

Description of the Procedure

Lower GI Endoscopy is a visual examination of the lining of the colon or large intestine. A long, flexible tube (Colonoscope) is passed through the rectum and into the colon. Colonoscopy refers to examination of the entire length of the colon while in Sigmoidoscopy the distal part of the large intestine is visualized. Through the tube, the doctor will be able to look for any abnormalities that may be present. If necessary, small tissue samples (biopsies) can be taken for laboratory analysis. Polyps (abnormal growths of tissues) can also be removed using an electric snare wire and areas of bleeding can be treated by internal injection or the application of heat.

You / Your child will be made to lie on the left side and sometimes an intravenous sedative may be given. The doctor will pass the colonoscope through the anus into the rectum and advance it through the colon. You / Your child may experience some abdominal cramping and pressure from the air which is introduced into your colon. This is normal and will pass quickly. You may be asked to change position during the examination and you / your child will be assisted by a nurse. The examination takes on an average, 15 to 30 minutes.

Precautions

- To allow a clear view, the colon must be completely free of waste material. You / Your child must follow the instructions given by the doctor to ensure adequate bowel preparation
- You must inform the doctor or nurse if you/ your child have any allergies or have had previous endoscopic procedures or surgeries and bring all previous reports.
- You / Your child must remove your eyeglasses.

Risks

Colonoscopy can result in complications, such as reactions to medications, perforation (tear) of the intestine and bleeding. These are very rare (less than 1 in 1000 examinations), but may require urgent treatment including, rarely, surgery. The possibility of complications is increased when the scope is used for treatment, such as the removal of polyps.

CONSENT FOR THE PROCEDURE

1. My questions and concerns about my /my child's conditions, the procedure, cost, risks, and treatment options have been discussed with the doctor and answered to my satisfaction.
2. I have been advised of my / my child's medical conditions, the benefits and reason for the procedure as indicated by the clinical observations and/or diagnostics performed, the risks of not having the procedure, alternative tests I could have and their risks.
3. I recognize that no guarantees have been made regarding likelihood of success or outcomes and also whether the procedure will give the doctor any further information and that further tests may be needed. I also give consent for treatment through the scope if the situation warrants it.
4. I authorize Dr. Keerthi Rajan and such assistants and associates as may be selected by him/her to perform any part of the above procedure upon my self / my child.
5. As with any procedure, I am aware that risks such as blood loss, infection, change in blood pressure, heart failure, anesthetic/allergic reactions, etc. may arise necessitating attention. Therefore, besides consenting to the performance of the procedure, I also consent and authorise the rendering of such other care and treatment as my Doctor or his designee reasonably believes necessary.
6. I understand that biopsy tissue taken during this procedure will be kept for tests for a period of time.

7. I consent and agree to the administration of sedation by Dr. _____ or the performance of this procedure. I am aware of the risks of the sedation and also consent to supplementation with any other mode of anaesthesia if necessary.

8. I have informed the Doctor of all my / my child's previous illnesses, allergies, drug reactions, surgical procedures and all other facts relevant to my treatment. I shall not hold the Hospital or the Doctor responsible for the consequences which may arise from the non-disclosure of the same.

9. I give my consent for the administration of blood product transfusion during this procedure if required. I have been informed that despite careful screening in accordance with national and international regulations, there are rare instances of threatening infections such as AIDS, Hepatitis and other viruses or diseases as yet unknown for which screening tests do not exist. I also understand that unpredictable reactions may occur which include but are not limited to rash and shortness of breath, shock and in rare occasions death.

10. I consent to the photography or television of the procedure to be performed for the purpose of advancing medical education; or its publication in scientific journals provided my /my child's identity is not revealed by the pictures or descriptions in the accompanying texts. I also consent to and authorize the presence of and observation of this procedure by qualified observers, as may be authorized by the Rainbow childrens Hospitals Chennai and its regulatory laws and agencies.

11. I have been explained biological sample (Blood, Body Fluids, tissue) collected from my body for diagnostics tests or surgical resection along with the data may be given without disclosing my identity by Rainbow Doctor to research scientists affiliated with Rainbow childrens hospital for diagnostic or therapeutic research purpose. This will happen only if there is any sample leftover after its intended medical use. There will be no additional sample collected. This research use may not benefit me but will help in better understanding of disease and better treatment for other patients in future. I understand that I will not benefit from any potential commercial value that may result from this research and development activity. I have the option to disallow the research use of the left-over sample.

Please put a tick in the box below, if you do not agree to allow research use of the left-over sample:

☐ I do not agree to allow research use of the left-over samples ----------

12.CONSENT OF PATIENT/ PARENT REPRESENTATIVE / SURROGATE

Having understood the above I give my consent for me/ my child undergoing the above said procedure at Rainbow childrens Hospitals, Chennai and absolve the said Hospital, its doctors and the staff in the event of any complication.I acknowledge that I have had an opportunity to discuss this procedure, as stated above, with the doctor or doctor's designee, and thereby consent to this procedure.I, _____ (name/relationship to the patient), therefore, consent for the procedure to performed on me/ my child

	Signature	Name	Date	Time
Patient Representative with relationship	M. Hagh		27/7/26	12:45pm
Witness			27/7/26	12:45pm
Doctor		Dr. Keerthivasan	27/7/26	12:45pm
Interpreter				

(Authorization of patient/patient representative / surrogate)

	Signature	Name	Date	Time
Patient				
Witness				
Doctor				
Interpreter				

PATIENT TRANSFER FORM

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*GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 1 D (M)
Dr. SOMASHEKARA H R

	Date & Time of Admission	Date & Time of Transfer Order
	24/7/26 at 10.31 PM	27/7/26 at
Treating Consultant Name: Dr. Somashekar	Transfer Ordered by: Dr. keerthivasan	Reason for Transfer: sigmoidoscopy.
From Unit: 604	To Unit: OT (7th floor)	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File: case sheet	Number of Imaging Films: x-ray — ①	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shekaraya Lahalu.	Dr. Kavitha.

Patient & Clinical Records Received by : 60891

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

PRE - OPERATIVE CHECK LIST

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Patient's Name : Baby. Mavil Mithran Date: 27/7/26

Blood Group : B +ve Age : 2yrs Gender : ☑ M ☐ F

UHID : 79TTH .

Planned Surgery : Sigmoidoscopy

Anesthetist : DR. Shyama Surgeon : DR. Koothivasan

Date & Time of Operation : 27/7/26 at 11.30AM

Tick Appropriate Boxes

To be filled by Nurse Incharge / Senior Nurse : Sathya

S.No	INSTRUCTIONS	YES	NO	NA
1.	Weight checked and recorded?	☑	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐
4.	Enema given / Bowel Preparation	☑	☐	☐
5.	Remove all ornaments, etc and sterile gown given	☑	☐	☐
6.	Is Blood arranged as required?	☐	☑	☐
7.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐
8.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐
9.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐
10.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐
11.	Skin Preparation	☐	☑	☐
12.	Site is marked	☐	☑	☐
13.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐
14.	Implants are available	☐	☑	☐
15.	Equipment is avaialble	☑	☐	☐
16.	Other (if any)	☐	☑	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance taken

Billing Executive Name : Dellibabu e

Billing Executive Signature : Dellibabu e Nurse In-Charge Name : Sathya

Date & Time : 27/07/26 @ 8.40am Signature of Nurse In-Charge : Sathya

Date & Time : 27/7/26 at 8.30AM

Doc. No. : RCH / FRM / CLINICAL / 107

Ref. No. : F / HW / CON / SP / 06

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CONSENT FOR SPECIAL PROCEDURES AND SEDATION

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 2 D (M)
Dr. SOMASHEKARA H R

Date .....

I, M. Logha Sowkarthika S/DW/O BABY MAGIL MITHRAN hereby consent for the procedure of SIGMOIDOSCOPY

For my patient / myself named MAGIL MITHRAN UHID NO.....

The doctors have clearly explained to me in language known to me about the following possible complications of the procedure: HYPOTENSION, BRADYCARDIA, DESATURATION

The doctors have explained to me about the alternative to the procedure as : GENERAL ANESTHESIA

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : INJ FENTANYL, INJ. PROPOFOL.

I have been explained about possible complication of sedation such as: fall in blood pressure ☐

Fall in heart rate ☑, suppression of spontaneous breathing ☐, others.....

I have been explained about the alternative to the sedatives as : .....

I have understood the matter mentioned above and give consent for the procedure as well as sedation.

Name of the Doctor performing the procedure : DR. ICEFRTHUALAN.

Name of the Doctor administering the sedation: DR ASHWINI / DR PRUM

Patient Attendant :

Signature : M. Logha

Name : .....

Relationship with Patient: MOTHER

Date & Time : 27/6/26 12.30pm

Witness :

Signature : .....

Name : FATHER.

Date & Time : 27/7/26 . 12.30pm.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Prince. R

Date & Time : 27/7/26 12.35pm

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 1 D (M)
Dr. SOMASHEKARA H R

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: MAGIL MITHRAN Age: 2y 4m Sex: Male UHID.No: 00036606

Date: 26/7/26 Time: Proposed Operation: COLONOSCOPY

Diagnosis: FEVER & NOT PASSING STOOLS x 2days

B.P / CRT: 100/63 H.R: 120/min Weight: 11.9kg ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data: 24/7/26

Hgb: 10.4	Glucose: 90	Protein:	HIV:	X-Ray:	
PCV: 31	Urea: 23	Alb:	HBS Ag:	ECG:	
WBC: 7400	Creat: 0.3	Total Bill:	HCV:	2D Echo:	
Plate: 4.4	Na: 139	Dir. Bill:	Blood group:	Stress/Anglo:	
PT:	K: 5.2	LDH:	T3	Other: CRP: 6	
PTT:	Ca++: ~~1.24~~	Alk phos:	T4		
INR:	Mg++: 1.21	Amylase:	TSH		
	Cl-: 104	SGOT/SGPT:			

Allergies: NKDA

24/7
ABG VBG
pH: 7.332
PO_2: 25
PCO_2: 34.5
Lac: 4.89
Hb: 10.42
Na: 136.6
K: 5.02
HCO_3: 17.8
Cl: 103
BE: -7.3

Medical History: CVS:

RESP: • H/o neonatal necrotising enterocolitis → perforations s/p Laparotomy

CNS: + Adhesion release + anastomosis & colostomy (23/3/26) Diabetes:

Renal: • NOW - C/o fever + not passing stools since 1 day

Hepatic / GE: 1/7/25 : Hospital admission for intestinal failure ass c liver dx. Physical Activity:

Others: • ~~Bronchiectasis~~ functional short bowel syndrome

Past Anaesthetic History: Term | LSCS - ?GDM | BW: 4.04kg | CIAB | NICU stay - observation

Physical Exam: vaccinated up to age | mild speech delay

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: → unable to assess

Lungs: NVBS

Heart: S_1 S_2 ⊕ — No murmurs.

CNS: GCS/15

~~Pregnant:~~ ☐ Yes ☐ No ☐ NA | Venous Access Site: 24G — Spine Exam for regional: ~~NA~~ NE

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ ~~GA-ETT~~ H- ☐ LMA SEDATION

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

CURRENT MEDICATIONS	DOSAGE
MEROPENAM	480mg
METRONIDAZOLE	120mg

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - Continue IVF - DNS 0.9% during fasting
   - 6 hours fasting for solids
   - 2 hours fasting for water/clear liquids

Signature: Name: Dr. SHILPA

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: 7 hrs	
Physical Status:	Patient Identified ✓	☑ Consent Present	☐ Chart Reviewed

H.R: 120/min | B.P / CRT: 80/60 | SpO_2: 100% | R.R: 25/min | Last Feed:

Pre-OP Diagnosis: ..... Operation: Rigid bronchoscopy Date: .....

Surgeon: Dr Vasudhivaran / Dr. Sonachekhara Anaesthesiologist: Dr Priya Technician: Mr Shyam Mr Rafi

Time: 12.55pm
N_2O /AIR O_2 L/PM 8 L/min
HALO /ISO /SEVO 1.1 vol%
Drugs:
1/2 Fentanyl 10 mg IV
1/2 Propofol 20+10+10+10+10 mg IV

Antibiotic
Suppository
Blood Loss
NOTES

FIO_2 / SaO_2
$ETCO_2$
ECG sinus tachycardia
Temperature
Urine Output

Fluids Blood: 100ml RL

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values
ABG
GRBS
Others

- ☑ Equipment Checked and Functional
- ☑ BP
- ☑ Cuff Site:
- ☑ Art Site:
- ☑ EKG Lead
- ☐ Temp Site
- ☐ FIO_2 Monitor
- ☐ Agent Monitor
- ☑ Pulse Oximeter
- ☐ Capnograph
- ☐ Ventilator
- ☐ Nerve Stimulator

Position: ☑ Lateral
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 12.55pm
OP Start:
OP End: 2.45pm
Leave OR: 1.10pm

Anaesthesia:
☐ GA ☑ IV sedation
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV: 24 G ☑ RV
☐ IV
☐ IV:

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

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

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

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

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

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

Name of the Doctor: Dr Priya
Signature of the Doctor:

Patient Sticker

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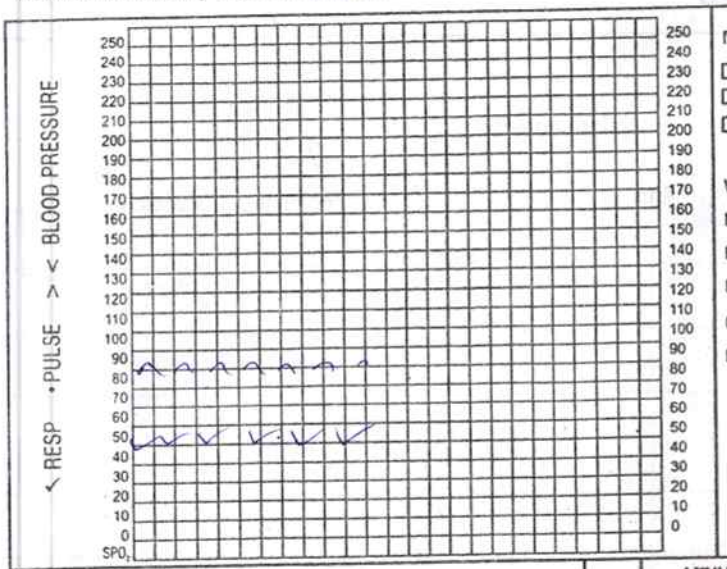
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Thanu. Time Received : 1:15 pm Time Discharged : 2:10 pm



IV Cannula Site : .....

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

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

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	2				2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2				2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2				2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2				2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2				2	
	TOTAL	10				10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/7		0/10	NPO x 2 hours	Ishan

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

Anaesthesiologist Name : Dr Priya
Anaesthesiologist Signature: Ishan
Date & Time: 27/7/26 1.10p
PACU Nurse Name : Thanu
PACU Nurse Signature: ICCP 600181
*Date & Time: 27/7/26 @ 1:15pm.

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

Transferred to Unit by (PACU): ICCP 600181
Date & Time: 27/7/26 @ 2:10pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 1 D (M)
Dr. SOMASHEKARA H R

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. MEROPENEM	480mg	IV	q8h		☐C ☐DC
2	Inj. METRONIDAZOLE	120mg	IV	q8h		☐C ☐DC
3	Inj. PAN	10mg	IV	q24h		☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Kavitha

Date & Time : 27/1/26 10 AM

Nurse Name & Signature: SAIRAJ

Date & Time : 27/1/26 at

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 1 D (M)
Dr. SOMASHEKARA H R

TRANSFER NURSING HANDOVER CHECKLIST

Date & Time of Transfer: 27/7/26 at 6th Floor TRANSFERRED TO : OT

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

GUC:-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-12-2024 2 Y 5 M 2 D (M)
Dr. SOMASHEKARA H R

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TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

☐ Telephone Order ☐ Verbal Order ☐ Critical Result Reporting

Name of Reporter: Ms Shalini

A. Order as per Medication Chart ☐ N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any)	☐ N/A ☐ Intervention for Critical Results?
• Lactate 3.3 mg/dl	

Order Recipient Response: **Please Tick**	Yes	No
Write Down by the receiver	yes	
Read Back by the recipient	yes	
Confirmed by the reporter	yes	
Receiving by: Snehamay Lahiri.	**Ordering Doctor Signature**	
Name : Snehamay Lahiri	Name :	
Receiving Time : 8.30 Am Date: 27 / 7 / 26	Signature Time : Date: / /	
Signature:		

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

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BED SIDE CHECK LIST FOR NURSES

Date:	25/7/26	26/7/26	28/7						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	yes						
Central Lines	X	no	✓						
Arterial Lines	X	No	X						
Feeding Catheter	X	No	X						
Urinary Catheter	X	no	X						
Skin Care	yes	yes	✓						
Eye Care	yes	yes	✓						
Mouth Care	yes	yes	✓						
Sterillum Bottle, Stethoscope	yes	yes	✓						
Suction Bottle (Should be clean & empty)	yes	yes	✓						
Intubation Tray	X	no	X						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X	no	X						
Ventilator Tubing,(Any Water, Blood)	X	No	X						
Humidification	yes	yes	✓						
Check all Infusion (Labelling,Correct Preparation)	yes	yes	✓						
Chest Physio & Neb	X	no	X						
Handed Over By Name :	Reeya	Shamila	Sneha						
Signature :	Reeya	Shamila	Sneha						
Date & Time:	25/7/26 @ 8am	26/7/26 8pm	27/7/26 7AM						
Hand Over Taken By Name :	Shamila	Reeya							
Signature :	Shamila	Reeya							
Date & Time:	26/7/26 8pm	26/7/26 8PM							

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 : IP18-00036606 **Admit Date** : 24-Jul-2026 **Admit Time** : 10:31 PM **UHID** : GUC-00079774

Patient Details :

Patient Name	: Baby MAGIL MITHRAN	**Age**	: 2 Y 4 M 29 D
Guardian	: Mr PAVAN KUMAR	**DOB**	: 25-02-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3/124, SIVAN KARADU , SANNIYASIGUNDU SELAM Kamarajar Colony Salem Tamil Nadu INDIA 636014	**Phone No**	: 9789411053
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr PAVAN KUMAR **Relationship** : Father

Contact Address : 3/124, SIVAN KARADU , SANNIYASIGUNDU SELAM Kamarajar Colony Salem Tamil Nadu INDIA 636014 **Phone No** : 9677661005

M. Rogi
Signature

Doctor Details :

Doctor Name : Dr. SOMASHEKARA H R **Specialisation** : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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:	**Baby MAGIL MITHRAN**	**Age :**	**2 Y 4 M 29 D**
IP No:	**IP18-00036606**	**Sex:**	**Male**
Consultant:	**Dr. SOMASHEKARA H R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

Name: > M. Logha Soukarthika
Relationship:> Mother
Date: 24-07-2026 Time: 10:31
Witness Name: Aswin
Witness Signature:

Patient Address:
3/124, SIVAN KARADU , SANNIYASIGUNDU SELAM Kamarajar Colony Salem Tamil Nadu INDIA 636014

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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 : > P. Magil Nithyan	UHID Number : 79774
Self/Attendant Name : > M. Logha Soukarthika	Relation :> Mother
Self/ Attendant Signature : > M. Log Phone Number : > 9789411053	Name & Signature of Financial Counselor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

(P.T.O.)

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

Pediatric [illegible] Physical Examination

Name: _____ Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

A case of Neonatal Necrotizing Enterocolitis - perforation - Post laparotomy + Adhesion release + 2 ileocolic fistula dismantling repair + Transverse stoma to Rectal anastomosis (done on 23/3/26) + Liver Biopsy ↓

Now, c/o fever since yesterday afternoon
low grade recorded - 99.7°F
On Round the clock Paracetamol dosing since yesterday
H/o not passing stools since yesterday afternoon
No blood in stools / vomit / abdominal distension / abdominal pain. H/o passing flatus (+).
Oral intake fed
V.O good
Activity
Gained weight of 4.5 kgs in the last 3 months
Hence, admitted.

24/7/26
VBG done as OP
pH - 7.33
pCO_2 - 34.5
HCO_3^- - 17.8
lactate - 4.89

Patient Sticker

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

H/o Neonatal NEC - perforation - underwent Descending colon colostomy on D3 of life. H/o Re ceded colostomy → Re do colostomy 1 week later.
Admitted ~~at~~ on 7/5/25 - for complicated SAM / MSSA sepsis / Hypoalbuminemia - discharged on 23/5/25 on Na feeds
Admitted on 1/7/25 - Intestinal failure assoc. liver disease / functional short bowel Syndrome / ~~Protein losing~~ Hypoalbuminemia Malnutrition - discharged on 09/7/25 on Na feeds - for nutritional rehabilitation.
Admitted on 19/7/25 for Albumin transfusion
H/o admission ~~for~~ on 5/4/26 - for probable Enterocolitis / AKI - 2° to sepsis discharged on 15/4/26 on (Wt - 7.4 kgs. Family Chart

Birth & Neonatal History:

Term / LSCS / Bt wt - 4.04kgs / CIAB /
NICU stay - Colonic perforation

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : Diet H/o - eating from family pot.

Developmental History :

Dev. delay - present during malnutrition. Attained

Immunization History :

Vaccinated upto acc. to schedule

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 80cm (Centile <3rd)

Weight (kgs) 11.9kgs (Centile 15th - 50th) MUAC -

On Examination :

Temperature : 98°F Pulse Rate : 125/min B.P. 98/63 mmHg SPO2 100%

Resp.rate and type of breathing : Afeb, active

Rash PPWF, Pulse volume - good

Lymphadenopathy

Oedema : TCuoad (2)

Allergies (if any): _____

(P.T.O.)

Patient Sticker

Respiratory System :

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

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

Any addes sounds : -

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur :

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

Per Abdomen :

Inspection : Scar - healthy

Palpation : Soft, non-tender

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) Power >3/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: Fever ↓ evaluation - ? Enterocolitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
CRP } OP basis
VBG
Blood c/s ✓
RP2 ✓
Abdomen X-ray ✓

Planned Management NPO
IV Meropenem
IV Metronidazole
IVF DNS

Dr. Nandhini mam's opinion tomorrow.

Signature of the Doctor:

Name of the Doctor: Dr. Kanitha

Date & Time: 24/7/26 10:45pm

Signature of the Consultant:

Name of the Consultant:

Date & Time: 25/7/26 @ 11:50Am.

(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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

Docu. No. : RC

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

S/R Dr. [illegible]

26/2/26
12 noon

3 y/o male — Cdare Anantam.

Mild fever / non bilious vomiting — 1 day.

No Scar Tenderness

BS ↑.

PR — Low electrolytes

Consultant :

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

— car plan

celarus left

↓ fodder

— To M/s [illegible]

+

Dr. Keerthivasa

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Consultant :

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/1/26.	S/B Dr. Kavitha	
2am		
	Child reviewed	
	No fever / vomit / abd. pain / loose stools	
	Not passed stools.	
	O/E - Alert	
	PPWF, CRT < 3sec	
	Pulse vol - good	
	P/A - soft.	
	non-tender.	
		Advice
		- NPO
		- INF DNS
		- IV Meto / Metro.
26/1		
	S/B Dr. Somashekar	
	Neonatal ARE	ē Colonic perforn.
	Re-Anastomosis of Transverse Colon to Rectal stump	
	Previously admitted ē	
	Abdominal pain	
	not passed stools	x 2days
	fever	
	Bloods: (N) CRP / (N) CRP	
	ABR - (N)	
	Lactate: High	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	s/t.	
	PA) = (Soft	
	Bowel sounds (+)	
	Intercostal	
	IV/ Inj.	
	Sigmoid: - Cont. antibiotics	
	- Dr. Nandini to review	
	- Oral soft diet	
25/7/26 12pm	S/B Dr. Kavitha	
	Fever low grade at 8am	
	Passed stools after Dulcoflex suppository	
	No vomit / abd. pain / distension	
	Tolerated liquid diet	
	O/E- Alert	
	Playful	
	PPNF	
	Vitals - stable	
	P/A - soft	
	non-tender	
	Scar - healthy	
	BS (+).	

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PS – clear	
	Other systems – WNL.	
		Advice
		Tab IV Meropenem/ IV Metronidazole.
		Plan – colonoscopy on Monday.
26/2/26 10:00AM	S/B Dr. Sankalpa	
	? UTI & INFECTION – Enteritis	
	O/E : WNL.	
	Plan :	- Sigmoidoscopy to leave for Stricture
		• Rest to Continue
		• NPO from 7:00 AM
		• Change Catheter
	To do CRP, Lactate and next	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 11AM	S/B Dr. Chandrakala.	
	child received	
	Alert, Active	
	Tolerating oral feeds well.	
	no fever spikes	
	stools passed.	
	O/E	
	Afebrile	BP - 92/61 mm Hg
	CVS - S1S2 (+)	PR - 120/min.
	RS - B/L AE (+)	
	P/A - Soft	
	Sensorium - (N)	
	Adv.	
	- monitor vitals	
	- Tab. Meropenem 400mg BD IV	
	- Tab. Metronidazole 120mg BD IV	
	- Sigmoidoscopy tmrw	
	- NPO 7AM	
	- Enema 250ml @ 12AM & 6AM.	
	- W/F stool colour.	
	- Inf. ens(OS)	
	SR 1AM	

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26. 9.15am	S/B Dr. Kavitha	
	Δ - ~~Post~~ NEC perforation	
	Post laparotomy + Adhesion release +	
	2 ileocolic fistula dismantling repair +	
	Transverse ~~stoma~~ to rectal anastomosis (23/3/26)	
	Nono, C ? Enteritis	
	No fever × 4 days.	
	Loose stools 5 episodes yesterday	
	Post PC Enema - 5 episodes	
	Semi-solid	
	No vomit / Tolerated feeds	
	NPO from ~~8~~ 7.15am - On liquid diet since 12am	
	O/E - Alert	
	PPWF, Vitals - stable	
	P/A - soft,	
	non-tender	
	BS (+)	
	CVS - S_1S_2 (+)	
	RS - B/L NVBS (+)	
	CNS - Sensorium (N)	
	NFND.	
	Plan - Sigmoidoscopy today at 11.30 am today	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan-
		1. NPO
		2. IVF DNS @ 45ml/hr
		3. IV Mero penem | (D3)
		IV Metronidazole
		4. Plan sigmoidoscopy today.
27/10/21 1:00PM	S/O. Dr. Lucky/NGNESH	
	Δ: Anatomic site polyp ⊕.	
	NSC - S/P laparotomy + Adhesion release + Ileocolic primary anastomosis repair (Transverse colon to sigmoid anastomosis)	
	child resting	
	Afebrile	
	No vomiting / loose stools	
	vitals - stable	
	PA: soft NT / no mass	P/A: soft, no
	RS: clear	CVS: S1 S2 P/A no murmur
		CNS: NFND.
	Adv	1) IVF 0.9% NS - 45ml/hr
		2) IV Meropenem | (D3) IV metronidazole
	Lucky 20/21	3) N/F fever spikes.

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 2 D (M)
Dr. SOMASHEKARA H R

(4)

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/2/24 9.Am.	S/R Dr. Chandrashekar.	
	D- Anastamotic site polyp.	
	S/P laparotomy for lesion excision + Ileocolic fistula Dismantling repair (Transverse colon to Sigmoid)	
	Child seen and Alert, Active no fever spikes, irritability Tolerating oral feeds passes stools - (+) in consistency, colour	
	O/E	
	Afebrile P/A soft, non tender Transverse scar (+) BS (+).	
	P/W Dr. Somashekaran Sir	
	Adv - Plan discharge. - Antibiotics Metronidazole & Ceftriaxone - Mucaid powder 1 spoon at night	
	SRP Plan.	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00079774
Baby MAGIL MITHRAN IP18-00036606
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Magilyn Mithran

RESULT SHEET

Date	24/7/26	27/7/26				
Time						
Hb	10.4					
PCV	31					
RBC	4.38					
WBC	7400					
N/L						
Platelets	4.4					
CRP	6	<5				
ESR						
PCT						
RBS	90					
Na	139					
K	5.2					
Cl / HCO_3^-	104 / 15					
i.Ca/Mg	1.21					
Phosphate						
Urea	23					
Creatinine	0.3					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate	4.89	3.3				
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 : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

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

DRUG CHART

Date of Admission: 24/7 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 *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: Inj. PARA				Date / Time	25/7
Dose	Route	Frequency	Start Date	8.15 Am	SS / SP
120mg	i.v	SOS	24/7/26		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions: if Temp. > 100°F					

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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

REGULAR PRESCRIPTIONS

Weight. ~~11.9Kg~~ Ward. 61H

DRUG : Inj. MEROPENEM

Dose	Route	Frequency	Start Date
480mg	iv	q/8h	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
40mg / kg / dose

Daily Doctor's Endorsement by a Sign

Date / Time	25/7	26/7	27/7	28/7
12AM	SLV MM	SLV MM	SLV MM	SLV MM
8AM	SS SP	AA TS	PS SL	
4PM	AA SL	PS	AA SP	
	D1	D2	D3	D4

DRUG : Inj. METRONIDAZOLE

Dose	Route	Frequency	Start Date
120mg	I.V	q/8h	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	25/7	26/7	27/7	28/7
2AM	SLV MM	SLV MM	SLV MM	SLV MM
10AM	SS SP	AA TS	PS SL	
6PM	AA	PS	AA SP	
	D1	D2	D3	D4

DRUG : Inj. PAN

Dose	Route	Frequency	Start Date
10mg	iv	q/24h	24/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7	25/7	26/7	27/7	28/7
11:40 PM					
1KD 6AM		SLV MM	SLV MM	SLV MM	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

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Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

Weight. 11.9 kg Ward. 614

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

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

Signature

VERIFIED BY

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/7/26	10 PM	PARACETAMOL Suppository	170mg	P/R		
25/7/26	12.30 am	SYP. PEDICLORYL	5ml	P/O		
25/7/26	9 am	Dulcoflex	5mg	P/R		
26/7/26	11.45 pm	Pediclory1	5ml	P/V		
26/7/26	12 am	PC Enema	35ml	P/R		
27/7/26	6 am	PC Enema	35ml	P/R		
27/7/26	10.30 am	PC Enema	50ml	P/R		

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

I.V. FLUIDS CHART

Weight 11.4 kg ..... Ward 6th

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/7/26	12am	IVF 0.9% DNS (i.v)		45 ml/hr			25/7/26 @ 10:00pm		SN MM
27/7/26	7am	IVF 0.9% DNS	iv	45ml/hr					
29/7	12:50 pm	100 ml RL	IV	Emitted		PT	29/7		PT

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

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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: ..... ED ..... Shifted to: ..... bry .....

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 : ..... Dr. Kavitha .....

Date & Time : ..... 24/7/26 11pm .....

Nurse Name & Signature: ..... M. Karthi .....

Date & Time : 24/07/26 @ 11:00pm .....

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

(1)

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 25/7/26 Time:	4am	~~8am~~	7:30am
Doctor / Nurse / Family Concern?			

Temperature (°F): 98.2°F; 99°F; 99.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 98 / (74) / 62

Note: BP does not score in early warning scoring

Heart Rate (Number): 128b/m

Resp. Rate (bpm) (Over 1 Minute) *: 32

Resp Rate (Number): 32b/m

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

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:

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- 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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

(2)

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

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

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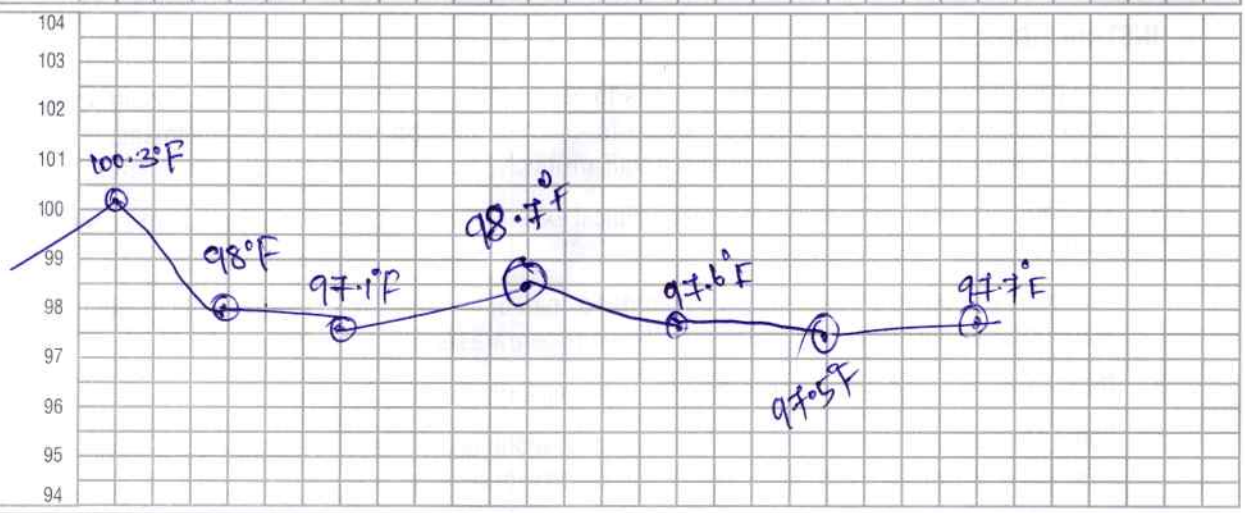
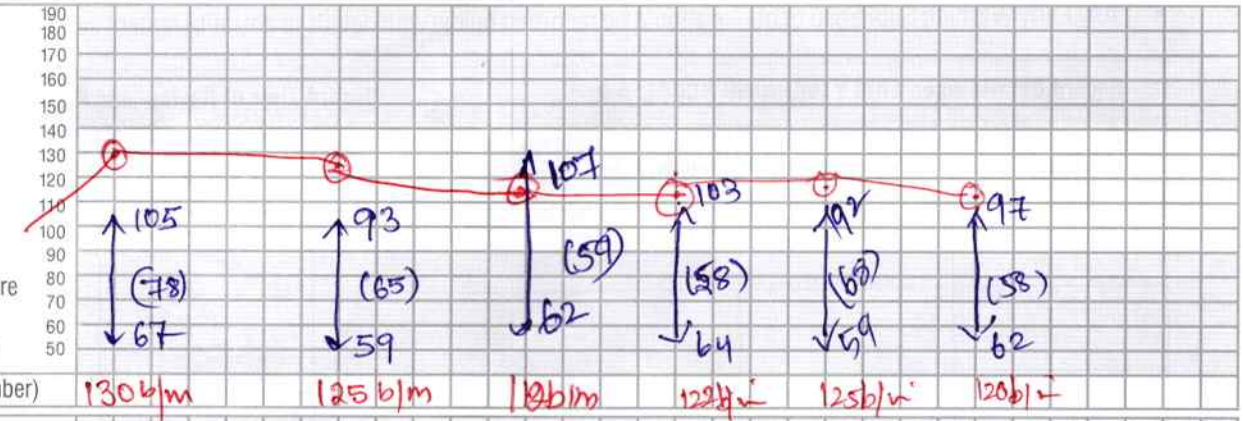
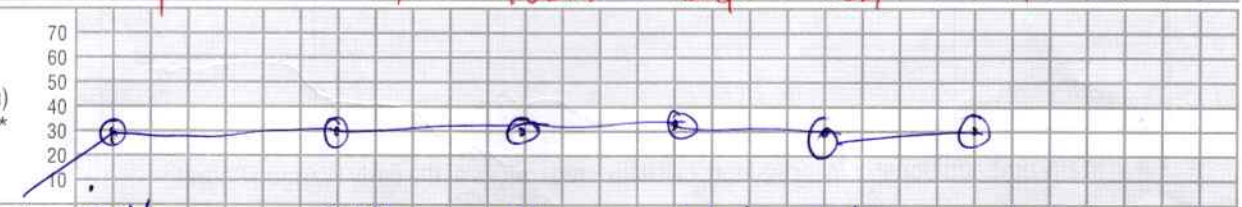
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/2/26 Time:	8am	10am	12pm	4pm	8pm	12am	4am
Doctor / Nurse | Family Concern?							





Heart Rate (Number)	130b/m	125b/m	108b/m	122b/m	125b/m	120b/m



Resp Rate (Number)	30b/m	32b/m	30bm	32b/m	32b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)			RA	RA	RA	RA
O_2 Saturations (%)	100%	99%	97%	97%	100%	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	SJ	SJ	DM	AK	[illegible]	AK

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:

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- 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!
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

(4)

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 26.12.180 Time: 8AM 12PM 5PM 8pm 12am 4pm

Doctor / Nurse / Family Concern?

Temperature (°F): 98F, 98.4F, 97.6F, 97.5°F, 97.8°F, 98°F

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

Note: BP does not score in early warning scoring

92 / 72 / 61

Heart Rate (Number)	130b/m	139b/m	120b/m	125b/m	120b/m	125b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	30b/m	30b/m	32b/m	32b/m	30b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA
O_2 Saturations (%)	99%	100%	99%	98%	98%	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						

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:

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

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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-00079774 IP
Baby MAGIL MITHRAN
25-12-2024 2 Y 5 M 2 D
Dr. SOMASHEKARA H R

(5)

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

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

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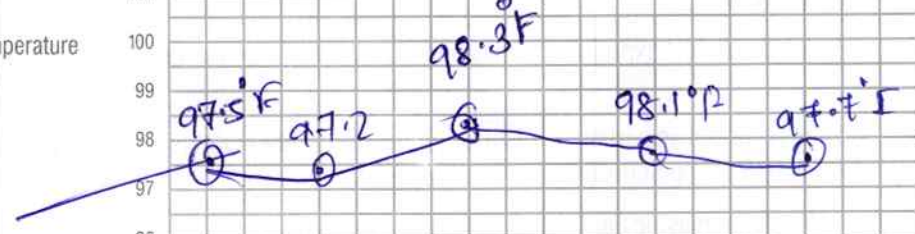
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/12/26 Time: 8AM | 12PM | 4pm | 8pm | 12am | 4am

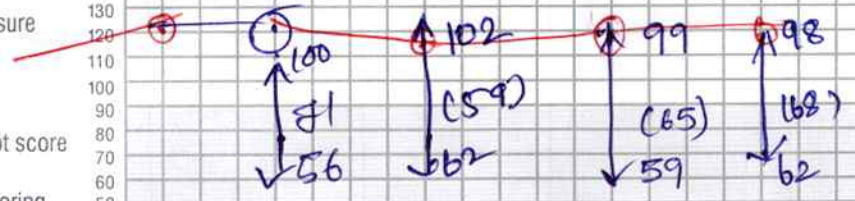
Doctor / Nurse / Family Concern?

Temperature (°F)



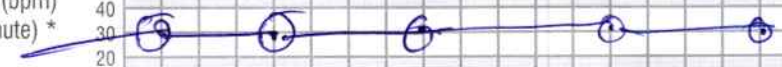
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number): 120b/m | 120b/m | 118b/m | 120b/m | 119b/m

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



Resp Rate (Number): 30b/m | 30b/m | 30b/m | 32b/m | 30b/m

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		98%	98%	99%	100%	98%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

ACTIONS
NB: Scores 3 should be recorded overleaf

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 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.

25/07/20		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~~ Abdominal Wound							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am						Admission			✓		
	01:00 am	NPO		45ml						✓	0	Sulong.
Total Intake :		45ml				Total Output :				1 time		
	02:00 am	N		45ml								
	03:00 am			45ml							0	Sulong
	04:00 am			45ml						✓		
	05:00 am	P		45ml							0	Sulong
	06:00 am			45ml	49cm					✓		
	07:00 am	0		45ml							0	Sulong.
Total Intake :				270ml		Total Output :				U-2		

Total 24 hrs. Intake	315ml	Total 24 hrs. Output	U-2 ; motion - not Passed.

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: ~~Diarrhoea~~ Motion	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/7/24												
	08:00 am			45ml						✓	0	SS/Ours
	09:00 am	TC wat	200ml	45ml								
	10:00 am			DC			✓				0	SS/Ours
	11:00 am			DC								
	12:00 pm	TC wat	180ml	45ml						✓		
	01:00 pm			45ml							0	SS/Ours
Total Intake : 380ml + 180ml						Total Output : 2 times.						
	02:00 pm	H2O	50ml	DC						✓	0	Ours
	03:00 pm	Cool Spice		DC			✓					
	04:00 pm	TC	100ml	DC						✓	0	Ours
	05:00 pm	H2O	50ml	DC								
	06:00 pm			DC						✓	0	Ours
	07:00 pm	H2O	50ml	DC								
Total Intake : 250ml						Total Output : 3 time						
	08:00 pm			45ml								
	09:00 pm	H_2O	50ml	45ml			✓				0	Ours
	10:00 pm			DC								
	11:00 pm	H_2O	10ml	DC							0	Ours
	12:00 am			DC						✓		
	01:00 am			DC							0	Ours
Total Intake : 60ml + 90ml.						Total Output : U-1 ; M-1						
	02:00 am											
	03:00 am	H_2O	10ml	S							0	Ours
	04:00 am			I								
	05:00 am	H_2O	10ml	P.						✓	0	Ours
	06:00 am	TC	200ml									
	07:00 am										0	Ours
Total Intake : 220ml						Total Output : U-1						

Total 24 hrs. Intake	910 ml + 270 ml (IV fluid)	Total 24 hrs. Output	U-7 ; M-3

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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.

26/7/26		Intake				Stool	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										0	
	09:00 am	Ponga								✓		
	10:00 am	H2O	25ml								0	
	11:00 am	H2O	25ml									
	12:00 pm	TC	200ml				✓			✓	0	
	01:00 pm						✓					
Total Intake : 250 ml							Total Output : 2 time					
	02:00 pm	Rasam rice									0	
	03:00 pm	H2O	20ml									
	04:00 pm									✓	0	
	05:00 pm	H2O	20ml									
	06:00 pm	H2O	50ml							✓	0	
	07:00 pm	H2O	20ml									
Total Intake : 110 ml							Total Output : 2 times.					
	08:00 pm	H2O	20ml									
	09:00 pm	H2O	10ml				✓			✓	0	Sulochana
	10:00 pm											
	11:00 pm	H2O	20ml				✓			✓	0	Sulochana
	12:00 am											
	01:00 am	H2O	10ml				✓			✓	0	Sulochana
Total Intake :			60 ml				Total Output :			U-3 ; M-3		
	02:00 am						✓					
	03:00 am	H2O	10ml							✓	0	
	04:00 am						✓					
	05:00 am						✓			✓	0	
	06:00 am	TC	200ml				✓					
	07:00 am	H2O	20ml				✓			✓		
Total Intake :			230				Total Output :			U-3 ; M-4		

Total 24 hrs. Intake	650 ml	Total 24 hrs. Output	U-10 ; M-10

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FLUID CHART

Sheet No. : 4

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.

27/7/20		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		N	45ml							0	
	09:00 am		D	45ml						✓		
	10:00 am		O	45ml			30ml ✓				0	
	11:00 am		N	45ml								
	12:00 pm		P	100ml RL						✓	0	
	01:00 pm		O								0	
Total Intake :				215ml				Total Output :		2 times		
	02:00 pm			45ml						✓	0	
	03:00 pm	+120 IC water	200ml	45ml								
	04:00 pm	Rasam		45ml						✓	0	
	05:00 pm	H20	20ml	DC								
	06:00 pm			DC						✓	0	
	07:00 pm			DC								
Total Intake :		220ml + 135ml						Total Output :		3+9ml		
	08:00 pm											
	09:00 pm	H20	50ml							✓	0	
	10:00 pm											
	11:00 pm	T Raw	200ml								0	
	12:00 am									✓		
	01:00 am	H20	50ml								0	
Total Intake :			300ml					Total Output :		2 times		
	02:00 am											
	03:00 am	H20	50ml							✓	NO	
	04:00 am											
	05:00 am	H20	50ml								IV	
	06:00 am											
	07:00 am									✓	line	
Total Intake :		100ml						Total Output :		2+1ml		

Total 24 hrs. Intake	620 + 353ml = 973	Total 24 hrs. Output	9 times

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

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Baby MAGIL MITHRAN
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Fever ✓ evaluation - ? entero colitis

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: –

Post OP Day:

BACKGROUND

Date / Shift	25/7/26 N	25/7/26 M	25/7/26 E	25/7/26 N	26/7/26 M	26/7/26 E
Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
Diet:	NPO	Liquid diet	Soft diet	soft diet	Soft diet	Soft diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	97.8°F	97.1°F	98.7°F	97.9°F	98.4°F	97.5°F
Res:	24 b/m	30 b/m	30 b/m	32 b/m	26 b/m	32 b/m
SpO_2:	100%	100%	97%	100%	99%	98%
Pulse:	125 b/m	125 b/m	120 b/m	125 b/m	126 b/m	120 b/m
BP:	100/60(74)	93/59(69)	102/62(75)	92/54(60)	96/58(68)	–
LOC:	conscious	conscious	Conscious	conscious	conscious	conscious
Fall Risk Score:	–	–	–	–	–	–
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	no risk	no risk	no risk	Intact	Intact	intact

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	–	–	–	–	–	–
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	NPO	Clear liquid	Soft diet	Soft diet	Soft diet	Soft diet
Critical Lab Test / Values:	–	–	–	–	–	–
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Renuka	Sarjad	Sneha	Mythili	Shamila	Soniya
Signature / ID :	Renuka	Sarjad	Sneha	Mythili	Shamila	Soniya
Date:	25/7/26	25/7/26	25/7/26	26/7/26	26/7/26	26/7/26
Time:	@ 8am.	2pm	8pm.	@ 8am	2pm	8pm
Taken Over By Name :	Sarjad	Sneha	Mythili	Shamila	Soniya	Renuka
Signature / ID :	Sarjad	Sneha	Mythili	Shamila	Soniya	Renuka
Date:	25/7/26	25/7/26	25/7/26	26/7/26	26/7/26	26/7/26
Time:	8 am.	@ 2pm	@ 8pm	@ 8AM	8PM.	8 pm

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NURSING CARE RECORD

Date: 24/7/24

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	12am	→ Improve knowledge and promote self-care.	2am	→ Teach medication regimen and follow-up care	→ Educate regarding diet and activity.	→ patient clinically stable	Devyani Sharma

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25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

NURSING CARE RECORD

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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

Date: 25/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 am	Ensure the patient hydration & electrolyt		Moniton intake & output → Encourge oral feeds	Encourge oral feeds.	child intake was better	Sent usha
Afternoon	2 Pm	Promote Cleanliness and Comforts.		Assess the oral Care, daily bath maintain hygiene	monitored Intake & output Charts.	child Clinically Stable.	2 PM
Night	6 Pm	Prevents falls and injury.	10 Pm	→ keep the bed in low lying position.	Baby was kept in bed with side rails up.	Prevented falls.	apthik bothey

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

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NURSES NOTES

Rainbow Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Received notes 25/7/24	
25/7/24	12am	=> Patient received from ER to 6th Floor (6H) →	Lavy OD179
		=> Patient clinically stable	
		=> connected IV fluid 45ml/hr 0.9% NS as per drug chart order →	Lavy OD179
		=> administered IV antibiotic as per drug chart order	
		=> Provide breastfeeding education	
		=> Provide comfortable bed Position →	Lavy OD179
		=> patient was NPO. Till Further order	
	2:30am	=> Syp. paracetamol 5ml given as per drug chart order	
		=> Monitored I/O chart	
		=> Maintain records & reports	
	2am	=> again administered IV antibiotic as per drug chart order →	Lavy OD179
		=> Patient clinically stable	
	4am	Baby vitals are checked & recorded vitals are stabled. | CP | PP | CRT | ++ | ++ | <2sec | →	Nithin BOT
	6am	Abdominal Girth checked - 49cm. Due Medications was given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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☑ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		as per doctor's ordered.	
	7am	Maintain I/O chart for the baby.	
	7:30am	Baby details are handing over given to morning duty staff →	
		Morning duty Notes.	
25/7/26	7:30am	child details hand over taken from night duty staff. child conscious & active. →	Seal Dr.
	8am.	child vitals checked & recorded temp is 100.3 iry Para. 120 mg given. →	
		CP / PP / CRT ++ / ++ / <2s	
		Due medication given as per dry cut.	
		child Npo breaks. no vomiting no outher complaints. →	Seal Dr.
	9am	Dulcoflex Suppostin. 5mg given.	
	9:20am	child passed motion.	
	11am.	Dr. Somashekar Sir saw the child Dr. Somashekar Sir advised to continue the same. if oral intake is good stop IVF →	Seal Dr.
	12pm	child vitals child a records temp is normal. →	

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GUC-00079774 IP18-00036606
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25-02-2024 2 Y 4 M 30 D (M)
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NURSES NOTES

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☐ NO KNOWN Drug ...

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		CP ++ PP ++ CRT <2s	
25/7/24	12.30pm	Dr. Nandini mam saw the child Dr. Nandini mam advised to colonoscopy discussed about Dr. Keerthivarsan sir →	Staff Nurse
	1.30pm	Hand over given to the evening duty staff → Evening Duty	Staff Nurse
	1.30 pm	child details handovered taken from morning duty staff. IV line healthy Ⓐ Child Conscious & oriented	Staff Nurse
	2pm	child IVF 0.9% DNS 45ml/hr going on if intake is better stop IV fluids evening	Staff Nurse
	4pm	→ child vital signs checked and record. vitals are stable PP ++ CP ++ CRT <2sec	Duty Nurse
	6pm	→ child due medication given as per order chart.	Duty Nurse
	7Am	child Intake and output chart maintained and record. IV line Ⓐ. healthy no other complaints	Duty Nurse

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Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/7/26	7:30pm	→ child detail hand over given to night duty s/N	
		Night Duty Notes	
	7:30pm	Baby details are handing over taken from Evening duty staff. IV line present. IV flid + oral intake good means (stop IV flid). Monday plan for colonoscopy → colonoscopy	myth 607784.
	8:00pm	Baby vitals are checked & recorded. Vitals are stabled →	myth 607784.
	8:30pm	Baby slept well. No c/o of fever and no other complaints →	myth 607784.
	11:15pm	Baby had Irritable cry continously since 1 hr. Inform to Dr. Deepak sir. Sir told to give Pedi - 5ml syrup. Syrup Pedi - 5ml (given) to baby →	myth 607784.
26/7/26	12am	Baby vitals are checked & recorded vitals are stabled. CP ++ / PP ++ / CRT <2sec →	myth 607784.
		Inj. Meropenem 480 mg given to baby	
	2am	Inj. Metronidazole 120 mg is given to baby as per doctor's ordered →	myth 607784.
	4am	Baby vitals are checked and recorded. Vitals are Stabled CP ++ / PP ++ / CRT <2sec →	myth 607784.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00079774 IP18-00036606
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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6 am	Due Medications were given as per Doctor's ordered. No other complaints →	Mythili 607784
	7:30am	Baby details are handing over given to Morning duty staff → morning Duty 26/7/26	Mythili 607784
2	7.30 AM	Child condition taken over by morning Duty Staff Nurse. Child condition Handed over Followed by ISBAR method. Child is on Room air Spo2 99% maintained. →	Sharmila/26/7/26
		Child conscious oriented. pulse Volume bilateral pupil 2mm equally reactive.	
	8 AM	Baby vitals checked & and. Records. Vitals stable.	Sharmila/26/7/26
		Due medications given as per drug chart order →	Sharmila/26/7/26
	8.30am	Inj - meropenem given as per drug chart order	Sharmila/26/7/26
	10AM	→ Dr. Somashekara sir come and seen the baby sir advised tommorow colonoscopy plan tommorow NPO and IVF at 7 AM. Bowel preparation ask to Dr. Keerthivasan If next Pick CRP Lactate sample to take.	Dr.
	12pm	→ child vital signs checked and record. Vitals are stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26		PP: ++ | CP: ++ | CRT: <2sec.	
	1pm.	→ child intake and output chart maintained & recorded.	
	1.30pm	→ child detail hand over given to evening duty SIN	
26/7/26		evening duty noted.	
	1.30PM	child details Handing over taken from morning duty SIN. BOT diet, tomorrow colonoscopy plan, next PYG 5. Lactate, CRP to do, IV line ⊕,	
	4PM	Patient had. FOOD. MOTION passed. no vomiting.	
	5PM.	Vitals checked and recorded. PP: ++ | CP: ++ | CRT: 2 sec	
	6PM	Due medication given as per drug chart checked.	
	7PM	maintained IO chart recorded.	
	7.30PM	Handing over given to night duty SIN	
		Night duty 26/7/26	
26/7/26	7.30pm.	→ Patient ~~handover~~ taken by evening duty SIN →	
		→ Patient clinically Stable	
	8pm	→ Checked vital signs	
		→ Patient vitals & Stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 1 D (M)
Dr. SOMASHEKARA H R

(4)

NURSES NOTES

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26		↳ Provide health education ↳ Provide comfortable bed position →	Renuka D189
	11 pm	↳ Monitored intake and output is good.	
27/7/26	12 am	↳ Dr. Chandralekha mam advised to give Enema 1/2 Cup 100 ml - Proto-glycin enema. 35 ml is given to the baby →	Mythili 6074
	12:10 am	Baby vitals are checked & recorded vitals are stabled.	

CP	PP	CRT
++	++	2sec

→ Mythili 6074

1 pm	Inj. Meropenem 480 mg is given to the child as per doctor's ordered →	Mythili 6074
2 pm	Inj. Metronidazole 120 mg given →	Mythili 6074
4 am	Baby vitals are checked & recorded. Vitals are stabled	

CP	PP	CRT
++	++	2sec

→ Mythili 6074

6 am	Proto-glycin Enema - 35 ml is given as per doctor's ordered →	Mythili 6074
6:45	New IV line putted for the baby · 24-G. by Dr. Shama (Anesthesia Doctor) & CRP & sample sented →	Mythili 6074
7 am	IV fluid - 45 ml/hr is started (NPO - Started). Monitore Vitals →	Mythili 6074
7:30 am	Baby details are handing over given to Morning duty Staff →	Mythili 6074

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26		Morning duty notes.	
	7.30AM	Patient details Handing over taken from night duty SIN. IVline ⊕, CRP, 5-Lavage ⊕ due, NPO from 7am, 6AM enema 35 PR done, IVF 0.9 DNS 45ml/hr onflow.	
	8AM	Vitals checked and recorded	PP: +ve; CP: +; CRT: <2
	9AM	IVF 0.9 DNS @ 45ml/hr onflow.	
	10AM	Dr. Kavitha mam seen the Baby. mam advised, Now give enema PR 50ml Now given.	
	11.30AM	Dr. Somasekhar sir seen the Baby. today to do scopy, after plan discharge.	
	12PM	vitals checked and recorded	
	12.30 pm	patient shifted to 7th floor Sigmoidoscopy	
		OT Notes	
27/7/26	12.30pm	=> child received from 6th floor to 7th floor. While receiving Baby ID. Band. Consent checked.	
		=> Anaesthesia given by Dr. priyadharshini under IV sedation.	
		=> Procedure done by Dr. Keerthivasan.	
		=> IV line present. child hnd n/o complaints.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 5 M 1 D (M)
Dr. SOMASHEKARA H R

(5)

NURSES NOTES

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	1:15pm	⇒ child Shifted to Recovery area for observation.	
		⇒ child conscious and stable. vitals are normal.	
27/7/26	2:10pm	⇒ child shifted to 6th floor and child handover to 6th floor staff.	Gopal
		Receving Notes	
27/7/26	2.15pm	child received from 7th floor to blg. child detail hand over taken from OT S/N child conscious & oriented to Pt, IVF DNS 45 ml/hr NPO on.	
	3:20pm	NPO breaks, tommorow DIS plan	Arun Kumar
	3:20pm	→ child NPO clear oral started tolerate the water. NO vomitting sensation food had. IVF 45 ml/hr on flow	Arun Kumar
	4pm	→ child vital Signs checked and record. vitals are stable	

PP	CP	CRT
++	++	<2sec.

Arun Kumar

due medication given as per order

	6 pm	→ child Bhalo and output chart maintained & record. due medicine given as per order chart
	7:30pm	→ child detail hand over given to night duty S/N

Arun Kumar

Arun Kumar

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty notes.	
27/7/26	7.30pm	Cuid details hand over taken from evening duty staff. Cuid. conscious & active	Serajul 01589
	8pm.	Cuid vitals checked & recorded temp is normal. CP ++ PP ++ CRT 2sec	
	10pm	Cuid IV line (+) IV line observed & heavy. no outh complaints. →	Serajul 01589
28/7/26	12am	Cuid vitals cuild & record temp is normal. CP ++ PP ++ CRT <2sec	
	2am	Due medication given as per drug chart. →	Seal 01589
	2.30am	IV-line was leaking out from the Baby's hand. Inform to Dr. Lucky Sir. Sir advise to remove IV line IV-line was removed. →	Mythili 01589
	4am	Baby vitals are checked & recorded Vitals are stabled CP ++ PP ++ CRT <2s →	Mythili 01589
	6am	Cuid input output chart maintaid →	
	7.30am	Hand over given to the morning duty staff. →	Seal 01589

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient's Name:.....

MRD NO:..... GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

Age :..... I ☐ F

Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 24/7/26 (L) Metacarpal Time: 11:30 pm
Location : (L) Metacarpal
Size : 24 G
Cannula inserted by : Dr. Pavan.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/7/26	11:30 pm	☐Yes ☐No	☐Yes ☐No	patent	
		☐Yes ☐No	☐Yes ☐No		
25/7	12am	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	2am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	4am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	6am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	8 am	☐Yes ☐No	☐Yes ☐No	observe	Sl/oong
	10 am	☐Yes ☐No	☐Yes ☐No	Observe	Sl/oong
	12pm	☐Yes ☐No	☐Yes ☐No	Obsn	Sl/oong
	2pm	☐Yes ☐No	☐Yes ☐No	observe	Sl/oong
	4 pm	☐Yes ☐No	☐Yes ☐No	Observe	Sl/oong
	6pm	☐Yes ☐No	☐Yes ☐No	Observe	Sl/oong
	8 pm	☐Yes ☐No	☐Yes ☐No	Observe	Sl/oong
	10pm	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
26/7	12am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	2am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	4am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	8AM	☐Yes ☐No	☐Yes ☐No	patent	Sl/oong
	10am	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	12pm	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	4 PM	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	8pm	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
27/7	12am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	4am	☐Yes ☐No	☐Yes ☐No	healthy	Sl/oong
	6am	☐Yes ☐No	☐Yes ☐No	Removed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time : 6am
RX any initiated : ☐Yes ☐No ☐NA If Yes specify- Yes
Phlebitis score: 1/5

CANNULA 2

Date : 27/7/26 Time: 7am.
Location : (R) Brachial
Size : 24G.
Cannula inserted by : DR. Shama.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
27/7/26	7am	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	9am	☐Yes ☐No	☐Yes ☐No	health	Sl/oong
	2 pm	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	4 pm	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	6pm	☐Yes ☐No	☐Yes ☐No	Healthy	Sl/oong
	10pm	☐Yes ☐No	☐Yes ☐No	Observe	Sl/oong
28/7/26	12am	☐Yes ☐No	☐Yes ☐No	Observe	Sl/oong
	8Am	☐Yes ☐No	☐Yes ☐No	Observe	Sl/oong
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	Removed	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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 : 28/7/26 @ 2:30am
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1/5.

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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

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Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/2	DATE 25/2	DATE 25/2	DATE 25/2	DATE 26/2
			N	M	E	N	M
Age	Less than 3 years old	4	4	4	4	4	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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	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		X	X	X	X	X
	Other Intervention(s) Specify		X	X	X	X	X
	Nurse's Name:		Cell	Sel	Sneha	Mythili	Shanmuk
	Signature:		Cell	Sel	Sneha	Mythili	Shanmuk
	Date:		25/2	25/2	25/2	25/2	26/2
	Time:		2am	8am	2pm	8pm	00pm

Docu. No. : RCH /FRM / CLINICAL / 005

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

(2)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	E DATE	N DATE	M DATE	E DATE	N DATE
			26/7	26/7	27/7	27/7	27/7
Age	Less than 3 years old	4	4	4	4	4	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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	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	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			1	1	1
	Other Medications / None	1	1	1			
	Total		13	13	13	13	13

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	X	X	X	X	X
	Other Intervention(s) Specify	X	X	X	X	X
Nurse's Name:		Sathish	Reeta	Sathish	Supriya	Sunil
Signature:						
Date:		26/7	26/7	27/7	27/7	27/7
Time:		2 PM	10pm	10 AM	2pm	8pm

Docu. No. : RCH /FRM / CLINICAL / 005

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

(1)

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PAIN ASSESSMENT FORM

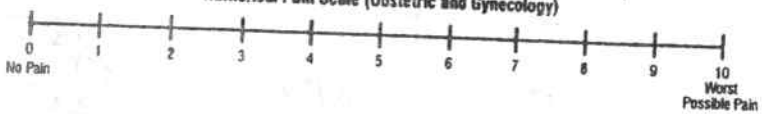
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/07/26	12am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Lamy
25/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Lamy
25/7/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Suf
25/7/26	3pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sm
25/7/26	9pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Mhh
26/7/26	3am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Lamy
26/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NPI	Anu
26/7/26	4PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
26/7/26	10pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Lamy
27/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Lamy

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

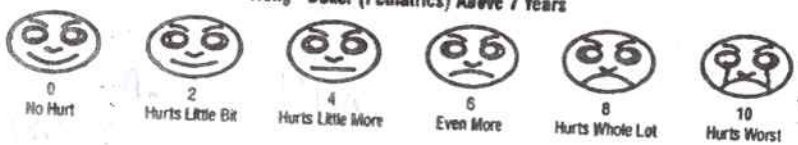
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

②

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7/26	9Am	0/0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
27/7/26	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
28/7/26	12Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
28/7/26	6 am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
28/7/26	8Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

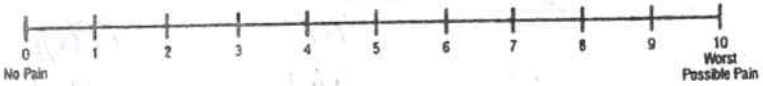
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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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-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

RD-Q/NSG/04

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BRADEN 'Q' SCALE (1)

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ F ☐ M

	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.	N	M	E	N
Mobility					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 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.	1	1	1	1
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name	Cody	Sul		

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

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BRADEN 'Q' SCALE

(for Paediatric use)

(2)

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

BRD-Q/NSG/04

Patient Name : .....

Age..... Gender : □

					Date : 26/2	26/2	27/2	28/2
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.	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.	1	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	25	27	27	28
				Evaluator's Name				

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

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 30 D (M)
Dr. SOMASHEKARA H R

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Fever & evaluation - ? enterocolitis
Arrival Time: 12.10am. Mode of Arrival: - Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... N.K.A ..... Body Weight: 11.4 Kg
..... Height: ..... cm
.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
	post laparotomy & adhesiolysis, iliac fistula dismantling and suturing, transverse stoma to rectal anastomosis on 23/3/26. Cyst liver biopsy.	7/5/25 - for complicated SAM / MSSA sepsis. 19/7/25 - Albumin transfusion 5/4/26 - AOD - probable enterocolitis

Family History: ..... N.K.A .....
.....

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: 11.4 kg Length: - Head Circumference (< 2 years): -
Temp.: 97.9°F HR: 125 b/m RR: 32 b/m BP: 100/60 (72)
Pain Score: 0/10 Specify Site: - (Follow Pain Assessment Sheet & Document)
Fall Risk Assessment: ☐ Yes ☑ No Score: 0/10 25 (Document in the Humpty Dumpty Sheet)
Risk of Pressure Sore (Braden Q Score 0/10) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: ..... Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker
Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected
☐ Mobility Problem ☐ Walking Problem
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected
☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... 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: S. Gayathri Date: 25/7/26 Time: 12.35 am Signature

PATIENT TRANSFER FORM

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GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

Date & Time of Admission	Date & Time of Transfer Order
24/7/26 @ 10:31pm	25/07/26 @ 12.10AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Somasekar	Dr. Kavitha	further management

From Unit	To Unit	Information to Attendant
ER	birth	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(10)	x-ray abdominal (1)	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 ☐

Fever Evaluation

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
188094 / Sman.	

Patient & Clinical Records Received by : S. Suryathri

Date & Time of Patient Received : 25/7/26 @ 12.15 pm

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

Unavailable Bed | Nurse not Available | Available Bed not ready

PATIENT TRANSFER FORM

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/7/25 Time of arrival : 9:30pm

Chief Complaints: C/O ↓Intake / Constipation ×1 day RBS: -

Height : 80cm Weight : 11.9kgs 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): 24 H Rs

Social History: Lives With Parent

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

Time of Initial assessment completed by ER Nurse : 9:40 pm

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

Time	Nursing Notes
9:30pm	Baby Came to ER C/o Poral Intake.
	& Constipation. Vital sigs Grewsch.
	S/b Dr. Kavitha. Inform to Dr. Somasekar.
	Advised to Admission. IV Line placement
	done. Op Basic CBC, CRP, KBG done.
	New Blood sample collected. Sent to
	Lab. Baby Shift to Ward.
	Op Rich given to parents

Samples collected by: S/N: Imam Time: 11:30pm

Samples sent by : S/N: Rishi 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: 124 b/m BP: WNL CFT: 13sec	Shift - out from ER to: GI4
RR: 30 b/m SPO_2 : 98%	Time of Shift - out: @ 12.10 AM
GCS: 15/15 Temperature : 99.1F	Handover given to: S/N- Gayathri.
Pain Score: 0/10	(Nurse's Name)
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

① Metacarpal 24G 24/04/26 @ 11:30pm

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

Date & Time : 24/4/26 @ 11:30pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Somashekara Date : 24/7/26

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

Start Time of Assessment: 9.30pm Weight: 11.9 kgs

Allergic History: .....

Chief Complaints: .....
c/o fever

Pediatric Assessment Triangle

A Appearance - TICLS Alert

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 Fi~~O$_2$~~ RA 100%
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 .....

Circulation

HR: .....

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: ..... 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.: .....

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: .....

Monitored inside

Treatment Planned: .....

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: 24/7/26 9.45pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

GUC-00079774 IP18-00036606
Baby MAGIL MITHRAN
25-02-2024 2 Y 4 M 29 D (M)
Dr. SOMASHEKARA H R

Rainbow Children's Hospital — It takes a lot to treat the little.
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EMERGENCY ROOM TRIAGE FORM

wt - 11.9 kg.

Patient's Name : Magilmithran Age : 2Y6M Gender: ☑ Male ☐ Female

Date : 24/7/26 Time of Arrival : 9.30PM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 100.1°F PR: 127 b/m BP: Cry. RR: 30 b/m SpO_2: 98%

Chief Complaints: C/O - ↓ intake / constipation x 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ 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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 2 min

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 : Iman

Signature of Triage Nurse : 17894.

Date & Time : 24/7 @ 9.35PM

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

@10PM Supp. Neomol (170mg) - P/R - given
Yes.

CBC

CRP

VBG

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature