Rainbow Children's Hospital

GUC-00094579 IP18-00036714
Baby AAISHA. A
08-01-2024 2 Y 6 M 28 D (F)
Dr. GANESH R

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		4/2/26 @					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Your Right to a Safe Delivery

Name: .....

GUC-00094579
Baby AAISHA. A
06-01-2024
Dr. GANESH R
IP18-00036714
2 Y 6 M 26 D
(F)

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/05/26	7.55 PM	ER	401	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
01/08/26	CBC, CRP, PS, ESR		
	Blood c/s, RP-2	26024654	CC: [signature] 01/08/26
	SGOT/SGPT		
	Dengue IgM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/8/26	Infusion pump	9.pm	2/8/26 @ 7am	36108	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
01/08/26	IV placement	(1)	1735995	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 1/8/26 Time: 10 am. Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

DATE : 4/8/26

Name of Consultant : Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses		4/8/26 @ 11AM	02893	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036714 **Admit Date** : 01-Aug-2026 **Admit Time** : 07:21 PM **UHID** : GUC-00094579

Patient Details :

Patient Name	: Baby AAISHA. A	**Age**	: 2 Y 6 M 26 D
Guardian	: Mr M. ABDULLAH	**DOB**	: 06-01-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.21 PILLAIYAR KOIL STREET, THANTHAI PERIYAR NAGAR Taramani Chennai Tamil Nadu INDIA 600113	**Phone No**	: 9094757066/ 9042491202
		E-mail	: almasammu285@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr M. ABDULLAH **Relationship** : Father

Contact Address : NO.21 PILLAIYAR KOIL STREET, THANTHAI PERIYAR NAGAR Taramani Chennai Tamil Nadu INDIA 600113 **Phone No** : 9042491202

Signature

Doctor Details :

Doctor Name : Dr. GANESH R **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.SUNDARA RAMAN **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AAISHA. A**	**Age :**	**2 Y 6 M 26 D**
IP No:	**IP18-00036714**	**Sex:**	**Female**
Consultant:	**Dr. GANESH R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Mrs. Almas

Relationship: mother

Date: 1/8/26 Time: 7:21pm

Witness Name: Jothi

Witness Signature:

Patient Address:

NO.21 PILLAIYAR KOIL STREET,
THANTHAI PERIYAR NAGAR Taramani
Chennai Tamil Nadu INDIA 600113

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BILLING POLICY

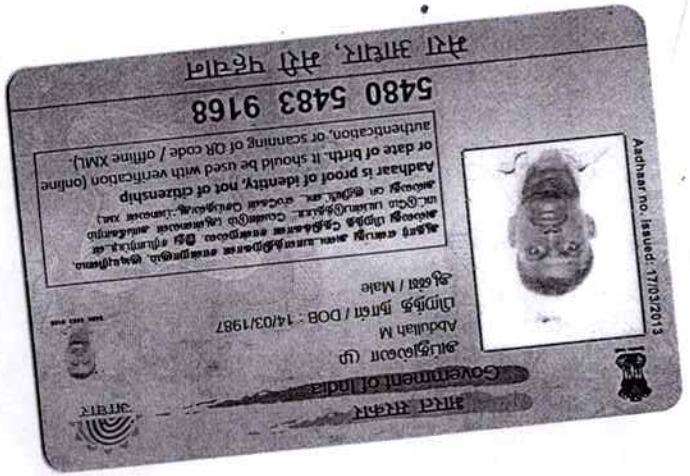
- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation 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.
-
- 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 : AAISHA - A	UHID Number : GUC: 000094579
Self/Attendant Name : A. Sm	Relation : mother
Self/ Attendant Signature : A. Sm Phone Number : 9094757066	Name & Signature of Financial Counselor


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
முகவரி: கேர் ஆப்: முகமது சித்திக்,
21, பிள்ளையார் கோவில் தெரு,
தந்தை பெரியார் நகர், டி.டி.டி.ஐ
தரமணி, சென்னை, தமிழ் நாடு, 600113
Address: C/O: Mohammed Siddique, 21,
Pillayar Koil Street, Thanthai Periyar Nagar,
TTTI Taramani, PO:TTTI Taramani,
DIST:Chennai, Tamil Nadu, 600113
Details as on 10/08/2025
5480 5483 9168
1947
help@uidai.gov.in
www.uidai.gov.in


5480 5483 9168
Aadhaar no. issued: 17/03/2013
Government of India
Abdullah M
DOB : 14/03/1987
Male

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PEDIATRIC IN-PATIENT MEDICAL RECORD

GUC-00094579 IP18-00036714
Baby AAISHA. A
06-01-2024 2 Y 6 M 26 D (F)
Dr. GANESH R

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Baby Aaisha Age/Sex 2y 6mon

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Fever x 8days
↓ oral intake, Activity

History of present illness :

A 2yrs 6months old female came with complaints of fever x 8days, low grade, intermittent, not associated with chills.
c/o Abdominal pain ⊕
Oral intake reduced
urine output reduced.

Initially evaluated & treated as appendicitis i Antibiotics, ceftriaxone ofloxacin & metronidazole.

Investigations showed.
TC - 10,860
Plt - 3,92,000
N/L - 47/42
CRP - 4.4
ESR - 75
Widal - positive.

Dengue NS1 / IgM - Negative
urine C/S - no growth

In view of persistent fever spikes, child was referred for further management.

Patient Sticker

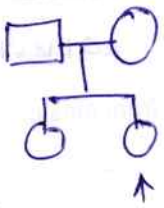
Past History : (Including details of any previous investigation or treatment)

—

Birth & Neonatal History:

LSCS

Family Chart



Birth & Socio Economic History:

About Father : 2nd child.

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Immunized upto age acc to NIS
Additional vaccines given.

Anthropometry :

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

Weight (kgs) 9.6kg (Centile _____)

On Examination :

Temperature : 98.8F ↓ 102F Pulse Rate : 123/min B.P. 93/63 SPO2 100 - 1 RA

Resp.rate and type of breathing : 28/min

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

(P.T.O.)

Patient Sticker

Respiratory System :

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

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

Any addes sounds : no added sounds

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : no murmur

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

Per Abdomen :

Inspection : (N)

Palpation : Soft, non tender, liver palpable

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

probable Typhoid fever.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC
PS
CRP
ESR
Blood c/s
RPZ
SG OT, SG PP
Dengue IgM

Planned Management

IV Fluids 36ml/hr.
Inj. ceftriaxone 1gm BD
Paracetamol SOS

Signature of the Doctor:

Name of the Doctor: Dr. Chandirakala

Date & Time: 11.8.24

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

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

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

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

   ☐ Needs Assistance In: Remarks

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

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

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

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

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

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 12 AM.	S/B Dr. Chandrasekar	
	Δ - Probable typhoid fever. (Day # 6)	
	child seen	
	no fever spikes since admission	
	no c/o vomiting, loose stools	
	Tolerating oral feeds - minimal.	
	Urine output - good.	
	O/E	BP - 98/60 mmHg
	Afebrile	PR - 120/min
	CVS - S1S2 (+)	
	RS - clear.	
	P/A - soft,	
	Hydration - PPWT, CRT < 2 secs.	
	TC - 10,160	
	N/L - 40/57 SGOT - 115 ↑	Dengue IgM - Negative
	Plt - 2,12,000 SGPT - 60	
	CRP - 31 (R) RFT, electrolytes	
	ESR - 35	
	Blood C/S - Awaited.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- IV Fluids @40ml/hr.	
	- Inj. ceftriaxone 500mg IV BD	
	- W/F fever spikes	
	- Perform (SOS)	
	Sd/- 1/12/[illegible]	
2/8/26 7:00am	S/B Dr. Manasa	
	A - ? enteric fever	
	Reviewed	
	low grade fever spikes ⊕	
	No vomiting	CRP - 35
	Intake - better	TC - 10160
	U/o adequate	OT, PT - ↑
	O/E	Nat - 133
	Alert	
	PR-NF, psych warm	
	RS - NVBS ⊕	
	P/A - soft, Non tender	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	R	
	- 0.9% DNS @ 40ml/h	
	D2 - Inj CEFTRIAXONE 500mg IV BD.	
	- Monitor, tree 4 hrly, urine for pch	
15		
2/8/20 8AM	S/B Dr. Chandiralega	
	D - ? Enteric fever.	
	child reviewed	
	sleeping	
	low grade fever spike (+)	
	no c/o vomiting loose stools.	
	Tolerating oral feeds well	
	O/E	
	Afebrile	BP - 95/52mmHg
	CVS - S1S2 (+)	PR - 110/min
	RS - B/L AE (+)	
	P/A - soft	
	Blood C/S - Awaited	

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Baby AAISHA. A
08-01-2024 2 Y 6 M 27 D (F)
Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- IV Fluids @20ml/hr	
	- Inj. ceftriaxone 500mg IV Q12H	
	- Infoun (SOS)	
		[signature]
2/8/26 11AM	[signature] 19/12/24 S/D 21	
	Prob. Enteric fever	
	Await C/S	
	Fever spike	
	clinically well	
	for [illegible]	
	[signature]	
3/8/26 9AM.	S/B Dr. Chandiralaya.	
	D - Enteric fever. R/o Typhoid.	
	child remained	
	Alert, Active	
	Fever spike out - low grade	
		12hrs apart
	No c/o vomiting, loose stools	
	urine output - good.	

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

GUC-0009457 IP18-00036714
Baby AAISHA. A
08-01-2024 2 Y 6 M 27 D (F)
Dr. GANESH R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	no new complaints	
	O/E	
	Afebrile	BP-94/54mm Hg
	CVS-S1S2 (+)	PR - 108/min
	RS - Clear.	
	P/A - Soft.	
		Adv
	Blood C/S - GNRS growth.	- Monitor vitals
		- W/F fever spikes
		- Inj Ceftriaxone 500mg @12-H
		- IV fluids @ 20ml/hr
		- Inj Emeset (SOS)
3/8/26 4.30pm	S/B Dr. Chandiraleka.	
	D - Typhoid Fever.	
	child received	
	Afebrile for 9 hrs	
	No c/o vomiting, loose stools	
	Tolerating oral feeds well.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile.	
	CVS-S1S2 (+)	BP-91/51 mmHg
	RS-clear	PR-112/min
	P/A-soft	
	Adv:	
	- monitor vital	
	- W/F fever spikes	
	- continue ceftriaxone	
	- Inform (SOS)	
	(signature) 1/1/24	
4/8/24 9.00AM.	S/B Dr. Chandrakala.	
	Δ - Typhoid fever.	
	child reviewed.	
	Alert, Active	
	Fever spacing out	
	Tolerating oral feeds well.	
	no c/o vomiting, loose stools,	
	urine output - good.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

	(outside)					
Date	27/7/24	1/8/24				
Time						
Hb	12.3	10.9				
PCV	36.9	32				
RBC	4.49	4.09				
WBC	10,860	10,160				
N/L	47/42	40/57				
Platelets	392000	2,12,000				
CRP	4.4	3				
ESR	75	35 ↑				
PCT						
RBS		93				
Na		133				
K		4.1				
Cl		100				
Ca/Mg		1.15				
Phosphate / HCO_3		21				
Urea		6				
Creatinine		0.30				
ALP						
SGPT	19	60 ↑				
SGOT	43	115 ↑				
T.Bill/Conj	0.45					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	27/7/26	1/8/26				
Time						
CUE - Alb	—					
CUE - Sugar	—					
CUE - Ketones						
CUE - PUS Cells	2-3					
CUE - RBC Cells	—					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1 IgM WIDAL	Negative positive	Negative				

Culture and Sensitivities : Urine c/s — No growth

Blood c/s - GNB growth - Salmonella Typhi

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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Dr. GANESH R

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MEDICATION RECONCILIATION FORM

Drug Allergies: NK ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 401

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. Chandiralega

Date & Time : 1/8/26

Nurse Name & Signature: CC. Aishayasmin/cc

Date & Time : 1/08/26

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

GUC-00094579 IP18-00036714
Baby AAISHA. A
06-01-2024 2 Y 6 M 26 D (F)
Dr. GANESH R

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DRUG CHART

Date of Admission: 1/8/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp P-250				Date / Time	2/8	3/8
Dose	Route	Frequency	Start Date		6PM 8.20PM	
3ml	PO	SOS	1/8/26		PSA VB	VB
Doctor's Signature	Valid Period	Pharm.		8PM	8PM 7.45 PM	
					PSA CS	SP
Additional Instructions: Q6H If Temp >100F						

DRUG :				Date / Time																		
Dose	Route	Frequency	Start Date																			
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions:																						

DRUG :				Date / Time																		
Dose	Route	Frequency	Start Date																			
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions:																						

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

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REGULAR PRESCRIPTIONS

Weight. 9.6 kg Ward. ....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
500mg	IV	Q12H	1/8/24

Name & Signature of the Doctor Starting the Drugs:
[signature] 1/8/24

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	1/8	2/8	2/8	3/8	4/8
		6AM	PSA/RJ	PSA/RJ	PSA/RJ
8.30 pm	PSA/RJ				
		6pm	VB/SA	CS/SA	
	D1		D2	D3	D4

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. 9.6kg Ward. .....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

GUC-00094579 IP18-00036714
Baby AAISHA. A
06-01-2024 2 Y 6 M 26 D (F)
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I.V. FLUIDS CHART

Weight. 9.6 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/8/26	9pm	0.9+DNS	IV	40ml/hr	19/24	02/24	2/8/26		01/8/26
2/8/26	10am	0.9+DNS	IV	20ml/hr	PM	01/8/26			

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

GUC-00094579
Baby AAISHA. A
08-01-2024
Dr. GANESH R
IP18-00036714
2 Y 6 M 26 D
(F)

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

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

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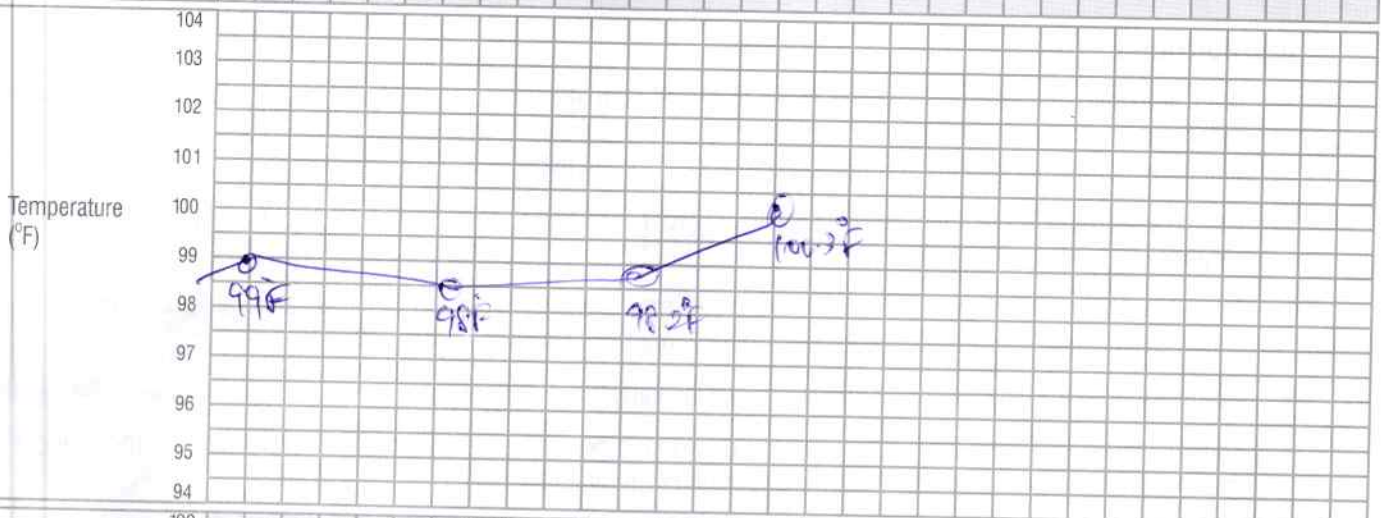
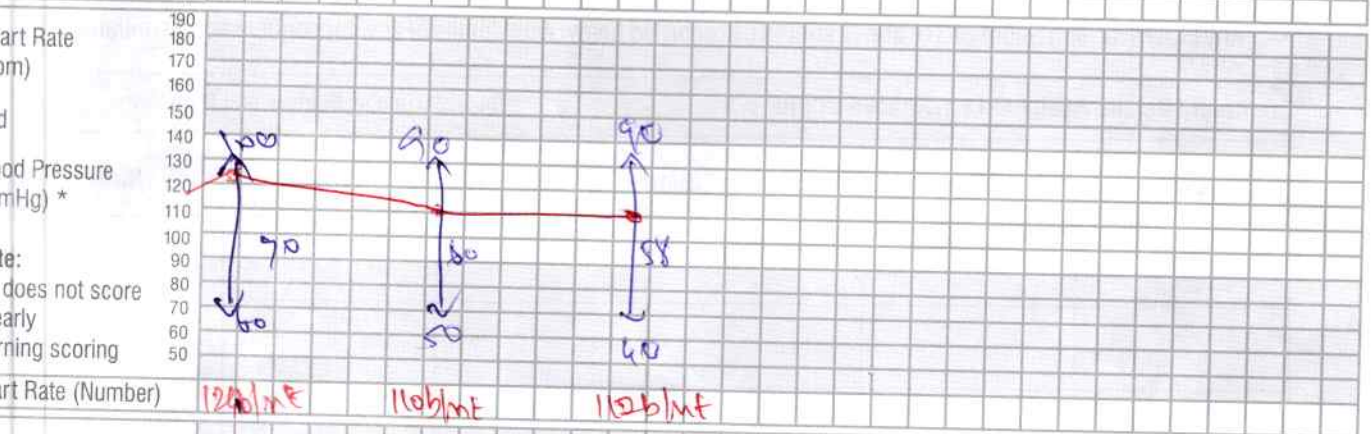
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/8/26 Time: 8 PM | 12 AM | 4 AM . 6 AM .

Doctor / Nurse / Family Concern?





Heart Rate (Number)	124 b/mt	110 b/mt	102 b/mt

Resp Rate (Number)	28 b/mt	24 b/mt	26 b/mt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	98%	99.1	99%
Conscious Level: Normal / Altered	✓	✓	✓
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	RS	RS	RS

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094579
Baby AAISHA. A
08-01-2024
Dr. GANESH R
IP18-00036714
2 Y 6 M 26 D (F)

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

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

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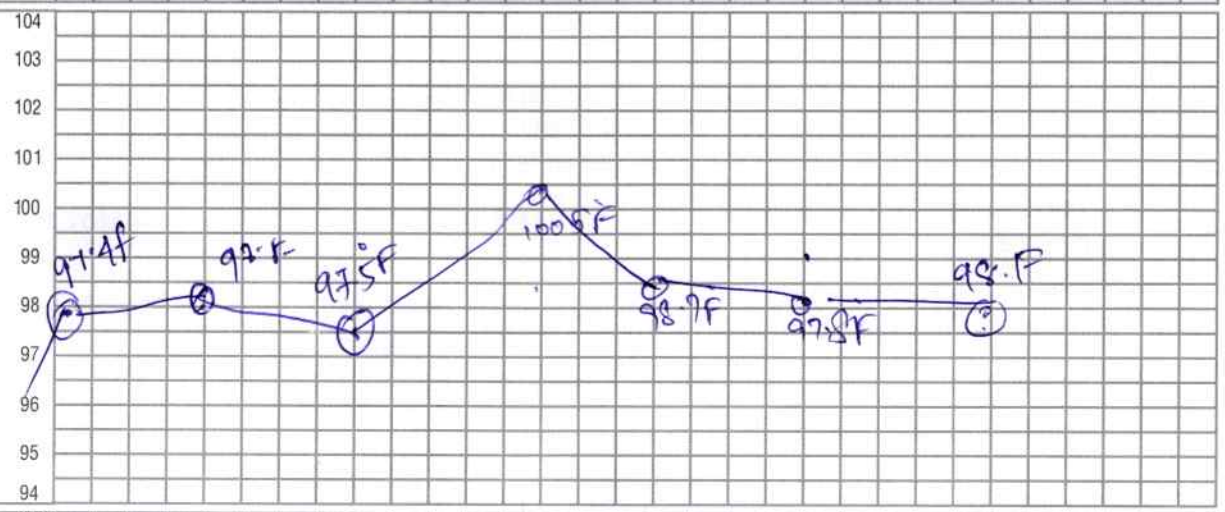
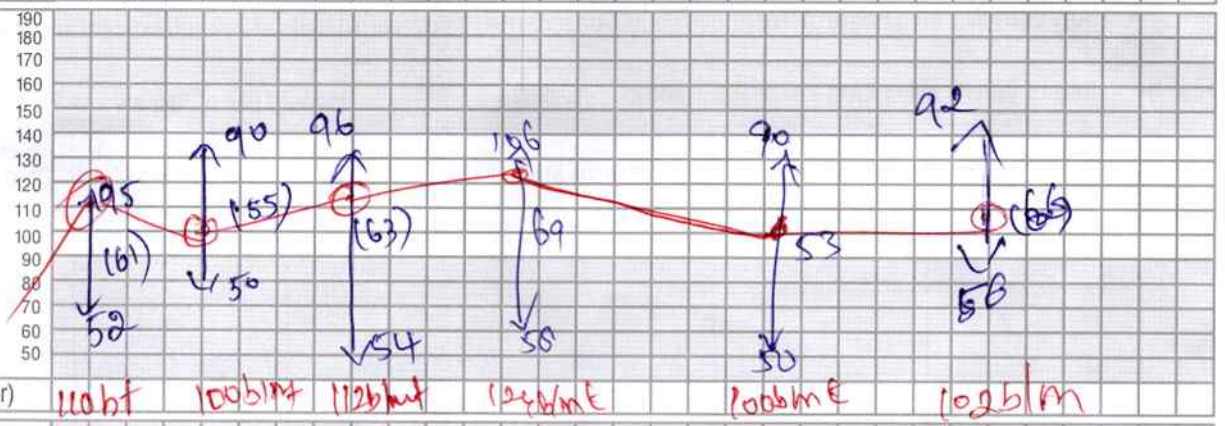
EARLY WARNING SCORE: CHILDREN'S UNIT

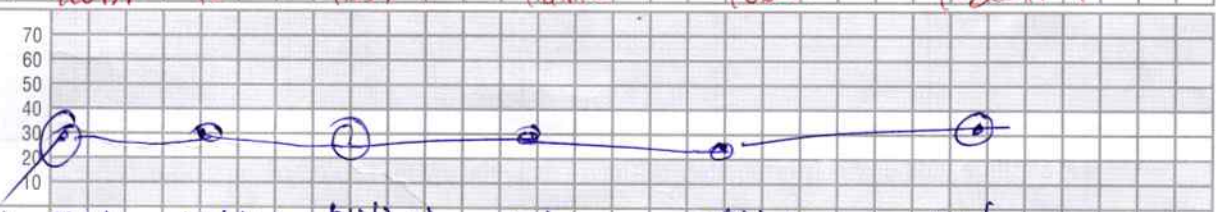
Date : 2/8/24 Time: 8am | 12pm | 4pm. | 8pm | 10pm | [illegible] | 4am

Doctor / Nurse / Family Concern?





Heart Rate (Number)	110bt	100b/mt	112b/mt	126b/mt	100b/mt	102b/m



Resp Rate (Number)	26bt	24b/m	24b/mt	28b/mt	28b/mt	26b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99.1%	99%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	VB	[illegible]	[illegible]	[illegible]

ACTIONS
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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/8/2026

Time:	8am	10.15am	12PM	4Pm	7³⁰Pm	8pm	12Am	4Am
Doctor / Nurse / Family Concern?								
Temperature (°F) (104–94)	100.4F	98.2F	98.8F	98F	100.4F	98F	98.2F	97F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	99/59 (65)		100/60 (18)	91/51 (60)		105/73 (77)	90/50 (62)	94/51
Heart Rate (Number)	108b/mt		100b/m	112b/mt		116b/mt	112b/mt	106b/mt
Resp. Rate (bpm) (Over 1 Minute) * (70–10)								
Resp Rate (Number)	28b/mt		28b/m	28b/mt		26b/mt	24b/mt	22b/mt
Resp Distress — Mod/ Severe								
Resp Distress — None / Mild	✓		✓	✓		✓	✓	✓
Receiving O_2 (l/min)								
O_2 Saturations (%)	98%		99%	99%		98%	99%	98%
Conscious Level — Normal	✓		✓	✓		✓	✓	✓
Conscious Level — 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	[illegible]		0	0	0
Observer's Initials	VB		[illegible]	[illegible]		[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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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.

01/08/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm	Child		Received	from		@					
	09:00 pm	H2O	50ml	DNS 36ml							0	[signature]
	10:00 pm	H2O	50ml	36ml							0	[signature]
	11:00 pm	H2O	50ml	36ml						✓	0	[signature]
	12:00 am			36ml							0	[signature]
	01:00 am			36ml							0	[signature]
Total Intake : 150ml + 216ml						Total Output : 1 times urine						
	02:00 am	H2O	20ml	40ml							0	RF
	03:00 am	H2O	30ml	40ml							0	[signature]
	04:00 am			40ml							0	[signature]
	05:00 am			40ml							0	[signature]
	06:00 am	H2O	30ml	40ml						20ml	0	[signature]
	07:00 am			40ml							0	[signature]
Total Intake : 80ml + 240ml						Total Output : 20ml						

Total 24 hrs. Intake	686ml

Total 24 hrs. Output	20ml + 1 times urine

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FLUID CHART

Sheet No. : 3

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

2/5/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	milk	100ml	40ml							0	Dy
	09:00 am			40ml						✓	0	Dy
	10:00 am	Water	50ml	20ml							0	Dy
	11:00 am			20ml							0	Dy
	12:00 pm			20ml						✓	0	Dy
	01:00 pm	water	50ml	20ml							0	Dy
Total Intake :		200ml + 160ml				Total Output :				2 times Urine Passed		
	02:00 pm	water	50ml								0	Baby
	03:00 pm									✓	0	Baby
	04:00 pm	Milk	60ml								0	Baby
	05:00 pm	water	50ml	20ml							0	Baby
	06:00 pm			20ml						✓	0	Baby
	07:00 pm			DC							0	Baby
Total Intake :		160ml + 40ml				Total Output :				2 times urine passed		
	08:00 pm	H2o	100ml	DC							0	RFun
	09:00 pm	H2o	50ml	DC						✓	0	RFun
	10:00 pm	H2o	100ml	DC							0	RFun
	11:00 pm	H2o	50ml	RFun							0	RFun
	12:00 am			20ml							0	RFun
	01:00 am	H2o	100ml	20ml						✓	0	RFun
Total Intake :		400ml + 90ml				Total Output :				2 times urine passed		
	02:00 am	H2o	50ml	20ml							0	RFun
	03:00 am			20ml							0	RFun
	04:00 am			20ml						✓	0	RFun
	05:00 am			20ml							0	RFun
	06:00 am	H2o	50ml	20ml							0	RFun
	07:00 am	H2o	50ml	20ml						✓	0	RFun
Total Intake :		150ml + 120ml				Total Output :				2 times		

Total 24 hrs. Intake	1270ml	Total 24 hrs. Output	8 times urine passed

GUC-00094[illegible] IP18-00036714
Baby AAISHA. A
08-01-2024 2 Y 6 M 27 D (F)
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FLUID CHART

Sheet No. : 13

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.

3/8

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
	08:00 am										0	Bali
	09:00 am	water	25ml								0	Bali
	10:00 am									205ml	0	Bali
	11:00 am	soup	50ml								0	Bali
	12:00 pm									✓	0	Bali
	01:00 pm						✓					
Total Intake : 300ml.						Total Output : 2 times + 200ml						
	02:00 pm			20ml							0	MD
	03:00 pm	water	30ml	20ml							0	MD
	04:00 pm	Tender	25ml	20ml							0	MD
	05:00 pm	water	20ml	20ml							0	
	06:00 pm	water	50ml	DC						183	0	
	07:00 pm			20ml							0	
Total Intake : 125ml + 100ml						Total Output : 183 ml						
	08:00 pm	H2O	100ml	DC							0	RF
	09:00 pm	H2O	50ml	DC							0	RF
	10:00 pm	H2O	50ml	DC						200ml	0	RF
	11:00 pm			20ml							0	RF
	12:00 am	H2O	50ml	20ml							0	RF
	01:00 am			20ml							0	RF
Total Intake : 300ml + 60ml						Total Output : 200ml						
	02:00 am			20ml							0	RF
	03:00 am			20ml							0	RF
	04:00 am			20ml							0	RF
	05:00 am			20ml							0	RF
	06:00 am			20ml						180ml	0	RF
	07:00 am	H2O	20ml	20ml							0	RF
Total Intake : 20ml + 120ml						Total Output : 180ml						

Total 24 hrs. Intake	1025ml	Total 24 hrs. Output	771ml + 1 bm + urine

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NURSING CARE RECORD

Date: 1/8/2028

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others, Specify..........
- ☑ Maintain Fluid Balance (FV)
- ☐ 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	8³⁰ pm	→ To maintain adequate fluid balance		→ Assessed the fluid balance of the child → Monitored vital signs → maintained I/O chart → Administered IV fluids as per order	Improving & maintaining adequate fluid balance	Child was stable Reassessment was done	[signature] 22749

GUC-00094579 IP18-00036714
Baby AAISHA. A
08-01-2024 2 Y 6 M 26 D (F)
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NURSING CARE RECORD

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Date: 2/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	To promote Health Hygiene		→ Assessed child condition ⇒ Maintain vital sign's and Flowchart. ⇒ Maintain hand hygiene.	Improved hand hygiene	Reassessment was done Vital are stable	018900
Afternoon	2pm	maintain Good nutritional status	7PM	Asses child condition monitor vitals. Administer medication as per orders	Encouraged to take more oral intake	Reassessment done	
Night	8PM	→ To maintain adequate fluid balance of the child	30 11PM	→ Assessed the fluid balance of the child → monitored vital sign → maintained Flowchart → Administered fluids as per ordered	Imparting on maintaining adequate fluid balance	Child was stable Reassessment was done	020149

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06-01-2024 2 Y 6 M 26 D (F)
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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/8/25	8:30 pm	Receiving notes	
		child received from ER to 4th floor via walking. While receiving child is conscious, oriented and afebrile, age- 13/15, [illegible] present and patent, no pain or tenderness, on IVF [illegible] @ 26ml/hr on flow	[illegible] 020749
	8:45 pm	vitals checked and recorded all are stable	[illegible]
		CP ++ | PP ++ | CRT <3sec	
	9 PM	Due medication given as per the drug chart	[illegible] 020749
	11 PM	Dr. [illegible] seen case and [illegible] informed about the child condition advised to follow as per progress note	[illegible] 020749
	12 AM	vitals checked and recorded all are hemodynamically stable	[illegible] 020749
		CP ++ | PP ++ | CRT <3sec	
	2 AM	child slept well, no specific complaints	[illegible] 020749
	4 AM	vitals checked and recorded, all are hemodynamically stable	
		CP ++ | PP ++ | CRT <3sec	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☐ ~~No Known Drug Allergies~~

☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/8		← Continue notes →	
	6am	Due medication given as per the drug chart	020148
	7am	Strict I/O chart maintained	
	7:30am	child details handed over to morning duty staff nurse	020145
		Morning duty notes :-	
	7:30 am	child details handing over taken from night duty s/n. Child activity are good IV line (1) no swelling & pain.	
	8:00am	Vital signs checked & Recorded vitals are stable now	
		CP ++ / PP ++ / CRT 2s.	
		IVF- DNS 40ml/hr ongoing Child intake was good	020097
	10am	child Dr. Chandralega mam seen the child mam advise tapper IV fluid 20ml per -	018900
	11am	Dr. Ganesh Sir seen the child Sir advise continue same medication	
	12pm	Vital sign's checked and Recorded vital are Stable	018900

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NURSES NOTES

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☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/8/26		→ Continue 2/8/26 ←	
		CP: ++ | PP: ++ | CRT: <3sec	dy 01890
		The chart Maintained — . No any complaint's —	
	1.30pm	Child details hand Over given to evening duty staffs —	dy 01890
		Evening duty Notes on 2/8/26	
	1.30pm	The child details handovers taken from the morning duty staffs, The child is conscious and active	01890
	2pm	Administes the medication as per doctor's orders	
		Iv fluid 0.9% NS @ 20ml/hr on flow	
	4pm	vitals are checked and recorded temp is normal — PP: ++ | CP: ++ | CRT: <3 sec	01890
	5pm	H/o chest is maintained No any other complaints.	
	6pm	Administes the medication as per doctor's orders	
	7.30pm	The child details handovers given to night duty staffs.	01890

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Baby AAISHA. A 2 Y 6 M 27 D (F)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty notes on 2/8/26	
2/8/26	7:30 PM	child details taken over from evening duty staff nurse using ISBAR method on assessment, child is conscious, oriented and afebrile, GCS - 15/15, Skin Assessment done. IV line is present and patent on IVF run @ 20ml/hr of flow	R 020749
	8PM	vitals checked and recorded all are hemodynamically stable	R 020749
		SP ++ / PP ++ / CRT <3sec	
	8:15 PM	Regarding child T - 100.5F Syp. P250 3ml given as per doctor's order	R
	10PM	vitals Rechecked T - 99F, Baby was stable, feed taken, bleeding well.	020749
3/8/26	12AM	vitals checked and recorded all are hemodynamically stable	R 020749
		SP ++ / PP ++ / CRT <3sec	
	2AM	child slept well, no specific complaints	R 020749

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/8/26		← Continue notes →	
	4am	vitals checked and recorded all are hemodynamically stable	020749
		GP ++ / PP ++ / CRT <2 sec	
	6am	Due medication given as per the drug chart	
	7Am	Strict I/O chart maintained	020749
	7³⁰am	child details handed over to morning duty staff nurse.	020749
		Morning duty 3/8/26.	
3/8/26	7.30am	Child details handing taken from the night duty staff nurse child was conscious & oriented child was stable. Supine pattern. child was under Room air.	600744
	8am	vitals signs are checked and recorded. vital signs are stable	
		8am / PP ++ / GP ++ / CRT <2sec	600744
	11am.	Dr. Ganesh sir seen the child Advised to give. Diclofenac suppository (15mg) given to child.	Baby 020687

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Notes ←	
3/8/26	12pm	Vital Signs Checked & Recorded	
		Vitals are Stable	
		CP ++ | PP ++ | CRT <3sec	→ Balaji 020685
	1:00pm	I/O chart maintained. No other	
		complaints →	Balaji 020685
	1.30pm	child details handed over to	
		Evening duty Staff Nurse →	[illegible] 600411
		→ Evening duty ←	
3/8/26	1.30pm	child taken over from	
		morning duty staff	
		conscious & active	Van 017600
	2pm	child had lunch. No	
		other complaints.	
	4pm	vital signs checked &	
		recorded. No other	[illegible] 017600
		complaints.	
		PP ++ | CP ++ | CRT <3sec	
	5pm	due medication's are given as	
		per doctor's order.	
		I/O chart maintained	[illegible] 017600
	6pm	IV fluid 0.9% NS @ 20ml/hr on flow	
	7.30pm	The child details handover given	
		to night duty staffs.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE N 1/8/24	DATE M 2/8	DATE E 2/8	DATE N 2/8	DATE M 3/8
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					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		NA	—	NA	NA	NA
Other Intervention(s) Specify		NA	—	NA	NA	NA
Nurse's Name:		Seeu	Jothi	Aroma	Seeu	Nisha
Signature:		[illegible]	Joy	[illegible]	[illegible]	[illegible]
Date:		1/8/24	2/8	2/8	2/8	3/8
Time:		8³⁰pm	2pm	8pm	8pm	8am

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BRADEN 'Q' SCALE

					Date :	04/8	2/8	2/8	2/8
					Time :	N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	27	23	27	27
					Evaluator's Name				

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

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

04/8/24 02/8/24

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

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BRADEN 'Q' SCALE

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

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

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

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

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PAIN ASSESSMENT FORM

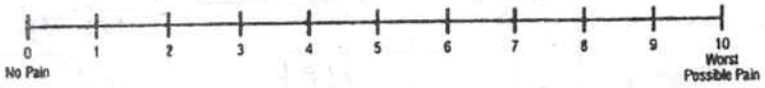
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/8/26	8 PM 30	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02349
2/8/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02349
2/8/26	8a	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	06.04
2/8/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
2/8/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02349
3/8/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02349
3/8/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	60744
3/8/26	2PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	06.08.26
3/8/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02349
4/8/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02349

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
1/8/26	5:30 PM	fluid management	explained about the importance of fluid management	mother	No learning barriers	oral	Respect values	verbalizes understanding	good	[illegible] 52940
2/8/26	9am	Treatment & care	explain about treatment & care	mother	No learning barrier	oral	Respect value	verbally understand	good	[illegible]
3/8/26	8am	treatment & care.	explain about infection control programme	Mother	No learning barrier	oral	Respect value	verbally understand	good	[illegible] 6011
4/8/26	8AM	Nutrition Diet	explained about nutrition and diet	mother	No	oral	none	verbalized understanding	Good	[illegible]

Part - III: CODES

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

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

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

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Typhoid Fever
Arrival Time: 8.30 pm-01/8/24 Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 9.6 Kg
Nil Height: - cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Family History: nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No
If yes please list, ...
Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....
.....
Are the child's immunization up to date? ☑ Yes ☐ No

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

Observations: Weight: 9.6kg Length: ..... Head Circumference (< 2 years): .....
Temp.: 99F HR: 120bl/mt RR: 28bl/mt BP: 98/60mmHg
Pain Score: 0/10 Specify Site: - (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☐ No Score: ..... (Document in the Humpty Dumpty Sheet)
Risk of Pressure Sore (Braden Q Score 27) (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 ....Family..

Siblings in household ☑ Yes ☐ No (if yes How Many?) ....1..

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 ....Family..................................

Nurse's Name: ....R Jeeno........ Date: 01/11/26 .... Time: 8:15 PM .... Signature 020749

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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DR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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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

PATIENT TRANSFER FORM

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Baby AAISHA. A
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Dr. GANESH R

	Date & Time of Admission: 01/08/26 @ 7.21pm	Date & Time of Transfer Order: 01/08/26 @ 7.35pm
Treating Consultant Name: Dr. Ganesh	Transfer Ordered by: Dr. Chandralekha	Reason for Transfer: Further management
From Unit: ER	To Unit: 401	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 09	Number of Imaging Films: NIL	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 ☐

Probable Typhoid Fever.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Meghavarsha 01/08/26	Dr. Chandralekha 19124

Patient & Clinical Records Received by : S/N Team 02124

Date & Time of Patient Received : 01/8/26 @ 8.15p.m.

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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- Neomol suppository (150mg) - 7.30pm
7:30pm - T - 102°F

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EMERGENCY ROOM TRIAGE FORM

Wt: 9.6 kgs

Patient's Name: Baby Aaisha. Age: 2y 6m. Gender: ☐ Male ☑ Female

Date: 01/8/26 Time of Arrival: 4:20 pm

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

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

Mode of Arrival: ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.8°F PR: 123/min BP: 93/63 (74) RR: 28/min SpO_2: 99%

Chief Complaints: fever x since 2 weeks - On & Off. Febrile in x 4 days.

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time: 2 min

Communicable Disease Triage Screening

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

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: A. Ajith

Date & Time: 01/8/26 @ 4:22 pm

Signature of Triage Nurse: [signature]

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 01/08/2026 Time of arrival : 4:20pm

Chief Complaints: c/o fever since x 2 week on Eq off RBS: .....

Height : - Weight : 9.6kg BMI : - Head Circumference (<2 years) -

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

If yes , identify -

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 30min

(P.T.O.)

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

Time	Nursing Notes
4:30pm	child came with emergency complaints
	of fever x 2 weeks (on & off) vitals
	maintained in Normal limits. s/b
	DR. chandralekha discussed to Ganesh sir &
	Advised Admission.
	* IV line & Blood sample collected done
	* shift to the ward.

Samples collected by: s/N. Rishi

Samples sent by :

Time: 7.50pm.

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: 123 b/m BP: 93/63(74) CFT: <3sec	Shift - out from ER to: 401
RR: 28 b/m SPO$_2$: 99% R/A	Time of Shift - out: 7.55 pm
GCS: 15/15 Temperature : 101°F	Handover given to: (Nurse's Name) S/N
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Cbn Then – 24G

Name of the Nurse : CK. Anuj

Signature of the Nurse : [signature]

Date & Time : 01/08/26 @ 7-50pm

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Chandiralega Date : 1/8/24

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

Start Time of Assessment: ..... Weight: .....

Allergic History: .....

Chief Complaints: .....

Fevers x 4 days

Pediatric Assessment Triangle

A Appearance - TICLS .....

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

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

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

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

Significant Past History: -

Medication History: -

Relevant Investigations: -

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 28/min SpO$_2$ on FiO$_2$ 99 1: RA

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BLAE

Palpation Findings (If necessary) .....

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

Circulation HR: 123/min CFT [Central ..... Peripheral .....]

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 93/63 ..... mmHg

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

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

.....

Disability

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

Pupils: [Responsive ☑ Non-Responsive ☐] Size [Right ..... Left .....]

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

Signs of Neurological compromise .....

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Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Exposure

Temp.: 98.6 F .....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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

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

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Labs Planned: .....

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As per chart

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Treatment Planned: .....

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As per chart

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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. Chandiralage.....

Signature: .....

Date & Time: 1/8/26.....

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....