GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 5 D
Dr. GANESH R (M)

Birthright 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			019346 2/8/20 9:07				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... | GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

int: ..... Dept: .....

Date of Admission: .....

Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/1/26	3.45 AM	ER	518	

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
31/1/2026	CBC, CRP, RPCQ.	26024467	
	Calcium, Magnesium.		
	SGOT, SGPT.		
31/7/26	Dengue NS,	24505	
31/7/26	Urine R/E.	24535	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/8/20	Infusion pump	4 Am	2/8/20 @ 2am	1735218	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV line placement	(1)	1735207	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: ..... Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
21/7/26 @ 9:30 am			

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3rd floor

DISCHARGE TRACKING SHEET

GUC:-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 5 D (M)
Dr. GANESH R

UHID- FLOOR- NAME OF CONSULTANT

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

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 : IP18-00036690 **Admit Date** : 31-Jul-2026 **Admit Time** : 03:13 AM **UHID** : GUC-00080994

Patient Details :

Patient Name	: Baby M PRADYUMNAN BARATHWAJ		
Guardian	: Mr MANOJ S R	**Age**	: 2 Y 7 M 3 D
Gender	: Male	**DOB**	: 28-12-2023
Occupation	:	**Religion**	:
Address (H)	: NO 301 JOHITHA'S N M VILLA FIRST MAIN STREET SUBASHRI NAGAR Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125	**Martial Status**	:
		Phone No	: 9715261090
		E-mail	: NOM@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 MANOJ S R

Contact Address : NO 301 JOHITHA'S N M VILLA FIRST MAIN STREET SUBASHRI NAGAR Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125

Relationship : Father

Phone No :

Signature

Doctor Details :

Doctor Name : Dr. GANESH R

Referral Doctor : Dr. Ganesh R **Specialisation** : GENERAL PEDIATRICS

Co-Consultant : **Phone No** :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby M PRADYUMNAN BARATHWAJ**		
IP No:	**IP18-00036690**	**Age :**	**2 Y 7 M 3 D**
Consultant:	**Dr. GANESH R**	**Sex:**	**Male**
		Ward/Bed No:	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: V. Kathikyan

Name: Mr MANOJ - S.R

Relationship: FATHER

Date: 31/07/26 Time: 03:13 PM

Witness Name: P. Thamarai Selvan

Witness Signature:

Patient Address:
NO 301 JOHITHA'S N M VILLA FIRST MAIN STREET SUBASHRI NAGAR Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125

BILLING POLICY

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

DECLARATION

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

Patient Name Baby M. PRADYUMNAN	UHID Number : 809961
Self/Attendant Name : Mr MANOJ.S.R BHARATHWAJ	Relation : FATHER
Self/ Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : C V. Karthikeyan	

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o → fever x 1 dy
1 Episode of seizure

History of present illness :

H/o - fever x 1 day
high grade
No chills, Rigors
Relieved by antipyretic

H/o → 1 Episode of seizure at 12:30 pm
at home, in the form of GTCS, focus of
Salivation 2-3 min, self controlled - taken to
MIOT → treated with per rectal suppository → temp - 102°F
Syrup (A)

- Rhinorrhea
- No H/o heading
- No H/o Vomiting / Loose stools
- No prev H/o seizures
- No H/o ingestion of Camphor / Vanish

Patient Sticker

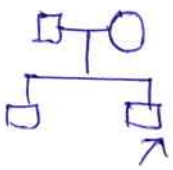
Past History : (Including details of any previous investigation or treatment)

Last year admitted for viral fever ed where

Birth & Neonatal History:

2nd child / C-section / B.Wt - 2.5 kg
No NICU stay / CTAR

Family Chart



Birth & Socio Economic History:

About Father : No family h/o seizure.

About Mother :

Any additional Information :

Developmental History :

(N), Runs, climbs stairs, 2-3 word sentences.

Immunization History :

No defs. upto Age.

Anthropometry :

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

Weight (kgs) 11.5 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 120/m B.P. 90/62 mHg SPO2 98% in RA

Resp.rate and type of breathing : 26/m.

Rash No Mucocutaneous rash

Lymphadenopathy No Meningeal Signs

Oedema :

Allergies (if any):

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : NVBS (+), BLAE (-)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : No murm.

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

Per Abdomen :

Inspection :

Palpation : Soft, Non tender

Ausculation :

Spine : External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert, GCS-15/15

Cranial Nerves :

Motor System :

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR

Plantars ↓ / ↓

Superficials:

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

febrile neutropenia 1st episode

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs: RBS - 88 mg/dl

CBC ✓

CRP ✓

RP-2 ✓

Ca^{2+}, Mg^{2+} ✓

OT, PT ✓

Planned Management

- M/t for febrile neutropenia
- Inform report

Signature of the Doctor: .....

Name of the Doctor: Dr. Manoma

Date & Time: 31/7/26, 3:30 am

Signature of the Consultant: .....

Name of the Consultant: R. Haroon

Date & Time: 31.7.2026

(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 Facility 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-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

Doc

(1)

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Your Right to a Safe Delivery

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

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

GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/24 7am		
	S/B Dr-Manomai	
	Reviewed low Grade fever spike (P) No further sein Intake - fair PP ~ F Asleep, b/L PERL (T)	Na+ - 132 CRP - <5 TC - 9.35 Hb - 11 MCV - 70↓ Ca+, Mg++ (N) PT, PT (N)
	R → Monitoring - M/F further	
	S/B Dr. Chandiralega.	
	Fever x 1day - high grade, intermittent, not associated with chills occasional cough 1 episode of stiffening of all 4 limbs with uprolling of eye balls - lasting for 3mins with no post ictal drowsiness	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	After admission:	
	2 episodes of fever spikes.	
	Tolerating oral feeds well.	
	no new complaints.	
	O/E	BP-98/51 mmHg
	Afebrile	PR-129/m
	CVS-S1S2 (+)	
	RS-B/L AE (+)	
	P/A - soft	
		Adm:
	TC-9350	
	Plt-2,60,000	(N) electrolytes
	N/L → 80/17	RFT
	CRT - K5	SGOT/GPT
		Adv:
		- monitor vitals
		- W/F fever spikes, seizures,
		- continue cetirizine, bmucolite
		- Pyrexin (SOS)
	[signature]	

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

GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/26 11:20pm	S/B Dr. Ganesh Sir.	
	Febrile	Febrile time
	- TO do Dengue NS1	
	- TO do urine Routine	
		[signature] R. Haran 7214
31/7/26 4:50pm	S/B Dr. Chandiralega.	
	Δ - Febrile seizure 1st episode.	
	child reviewed	
	sleeping, nasal block ⊕	
	Fever spikes present every 4 hrs	
	Oral intake - good,	
	no new complaints.	
	O/E	
	Afebrile	
	CVS - S_1S_2 ⊕	
	RS - clear	
	P/A - soft	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- IV Fluids @ 20ml/hr	
	- Nasoclear nasal drops 2° Q4H	
	- Inform (SOS) if seizures	
	Sd/- Taren	
	S/B Dr. Chandiralege.	
1/8/26 9AM.	Δ - simple febrile seizure - 1st episode	
	child reviewed	
	Alert, Active	
	Fever spacing out, no seizures	
	no new complaints	
	Tolerating oral feeds well.	
	Hydration - PPWT, CRT < 2sec	
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - clear	
	P/A - soft	
	(N) sensorium	

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor,	
	- IV Fluids @ 20ml/hr.	
	- Syp cetirizine 2.5ml BD	
	- Syp. mucolite 2.5ml TDS	
	- Nasoclear nasal drops 2° QLH	
	- Inform SOS)	
	Sd/- 19/12/24.	
1.8.24 11.15AM	Fever HT ↓ S/R 2 hand-!	
	spacing out	
	clinically well	
	Q a chew	
	hen	
1/8/24 5.15pm.	S/B Dr. Chandiralaga	
	child reviewed	
	Alert, Active	
	Fever spacing out (1 episode 101.9 F)	
	no new complaints.	
	oral intake, urine output - good.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile	
	CVS - S1S2 (+)	
	RS - clear	
	P/A soft	
	Adv	
	- monitor vitals	
	- W/F fever spikes, seizures	
	- IV fluids @ 20ml/hr	
	- Ibuprofen (SOS)	
	[signature] 1/9/24	
28/20 8 AM	S/B Dr. Chandiralega	
	D - simple febrile seizure - 1st episode	
	child seizure	
	afeb alert, active	
	tolerating oral feeds well.	
	fever spacing out	
	no new complaints	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile.	
	CVS-S1S2 (+)	
	RS-B/L AE (+)	BP-106/64 mmHg
	P/A soft	PR - 109/min
	Adv:	
	- monitor vitals	
	- plan discharge.	
	[signature] 29/12/24	

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

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Date & Time	Progress Notes	Doctor's Order

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(1)

RESULT SHEET

Date	31/7/26	1/8/26.				
Time						
Hb	11.0					
PCV	32					
RBC	4.58					
WBC	9.35					
N/L	80/17					
Platelets	2.60					
CRP	<5					
ESR						
PCT						
RBS						
Na	132					
K	4.2					
Cl	100					
Ca/Mg	9.6/2.1					
Phosphate						
Urea	23					
Creatinine	0.36					
ALP						
SGPT	16					
SGOT	33					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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.,) : .....

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: SYP. PARA 250.

Dose	Route	Frequency	Start Date
3.5ml	P/o	Q6H	31/7/24

Doctor's Signature: [signature] | Valid Period: | Pharm.:

Additional Instructions: if temp >100°F

Date/Time	31/7	1/8	2/8
	8:30 am KS	2pm PST	5:30 AM TP
		11am KS	

DRUG: SYP. IBUGESIC.

Dose	Route	Frequency	Start Date
4ml	P/o	Q8H	31/7/24

Doctor's Signature: [signature] | Valid Period: | Pharm.:

Additional Instructions: if temp >102°F

Date/Time	31/7	1/8
	1:10 pm PST	10am SN
	12pm SN/KS	
	8:00 pm PST	

DRUG:

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

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

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Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

REGULAR PRESCRIPTIONS

Weight. 11.5kg Ward. .....

DRUG : Syp. CETZINE

Dose	Route	Frequency	Start Date
2.5ml	P/o	HS	31/7/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	1/8	2/8
8pm	PST	TP	

DRUG : Syp. MUCOLITE

Dose	Route	Frequency	Start Date
2.5ml	P/o	TDS	31/7/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	1/8	2/8
6AM	PST	PST	TP
4pm	MA		
8pm	EP	SD	
10pm	PST	TP	

DRUG : NASOCLEAR NASAL DROPS

Dose	Route	Frequency	Start Date
2D	P/N	Q4H	31/7/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	31/7	1/8	2/8
2AM	PST	TP	
6AM	PST	T.P	
10AM	KS		
2PM	MA	SD	
6PM	EP	SA	
10PM	PST	TP	

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	

Patient Sticker

Weight. 11.5kg Ward. .....

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

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

Signature .....

Name .....

VERIFIED BY

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/7	4.30pm	Neomol Suppository	170mg	P/R		

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I.V. FLUIDS CHART

Weight. 11.5kgs 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
31/12/26 4PM		0.9% DNS	IV	40 ml/hr			31/12/26 10AM		
31/12/26	10.00 am	0.9% DNS.	IV	20ml/hr					

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ER. Shifted to: 518

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. Masood

Date & Time : 31/7/26 3:30a

Nurse Name & Signature: N. Asha

Date & Time : 3/7/26 @ 4:00am

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

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28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH 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 31/7/h....... Time: 4am 5am 6am 7am

Doctor / Nurse / Family Concern?

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Recorded: 4am 100.5°F; 5am 101.2°F; 6am 100.6°F; 7am 99.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Recorded: 98 / 74 / 70

Note: BP does not score in early warning scoring

Heart Rate (Number): 130bm

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number): 38br

Resp Distress: Mod/ Severe; None / Mild ✓

Receiving O_2 (l/min)

O_2 Saturations (%): 97%

Conscious Level: Normal ✓; Altered

GCS *: 15/15

TOTAL SCORE

Number of shaded boxes: 0

Pain Score: 0

Observer's Initials: SN

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby M PRADYUMNAN BARATHWAJ IP18-00036690
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Dr. GANESH R (M)

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 : 31/12/23 Time:

Doctor / Nurse / Family Concern?

Temperature (°F) (scale 94–104)

Time	8am	9:30 am	12pm	2:20pm	4PM	5:30pm	8pm	9:30 pm	12am	2am	4am
Temperature (°F)	101.9°F	100.4	104.1°F	99.1°F	103.5°F	101F	101.8°F	101.6°F	99.8°F	100.4°F	97.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)

Note: BP does not score in early warning scoring

Blood Pressure (mmHg)	98/51 (62)	109/74	106/63 (66)	110/78 (81)	109/[illegible] (81)	98/64
Heart Rate (Number)	139bpm	140bpm	154bpm	138bpm	120bpm	110bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	38bpm	36bpm	35bpm	38bpm	28bpm	26bpm
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	98%	98%	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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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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Baby M PRADYUMNAN BARATHWAJ
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Dr. GANESH R

(3)

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

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

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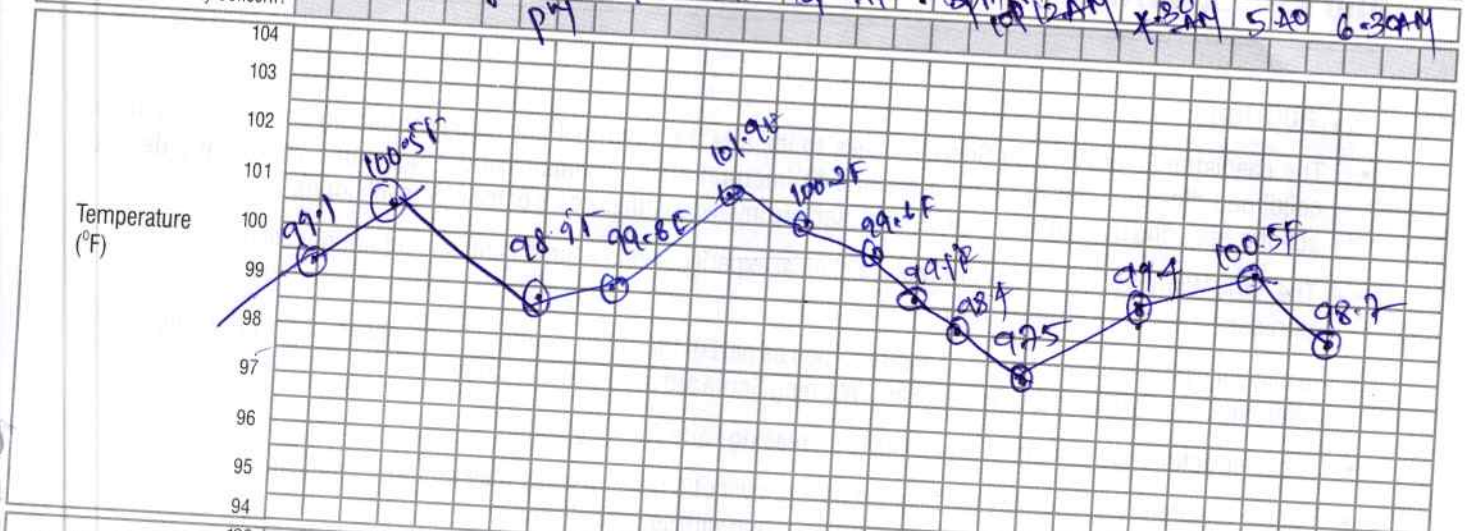
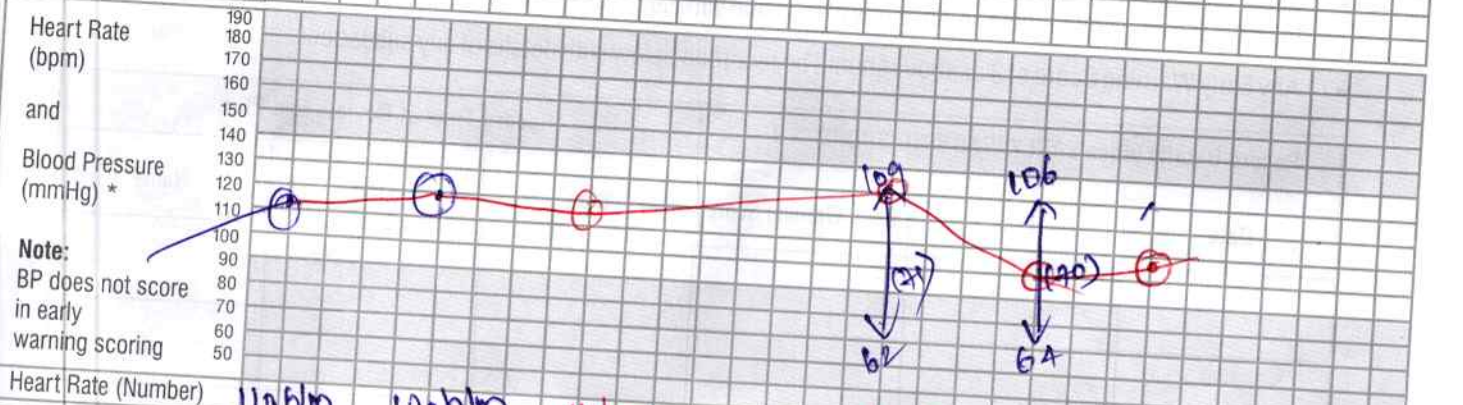
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/8/26 Time: 8am | 11am | 12pm | 1:30 pm | 4pm | 8pm | 6pm AM | 8pm | 10pm | 12AM | 2AM | 5AM | 6:30AM

Doctor / Nurse / Family Concern?





Note: BP does not score in early warning scoring

Heart Rate (Number)	110bpm	120bpm	118bpm	135bpm	101bpm	109bpm
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10					
Resp Rate (Number)	30bpm	30bpm	30bpm	34bpm	30bpm	32bpm
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild	✓	✓	✓			
Receiving O_2 (l/min)			RA	RA	RA	RA
O_2 Saturations (%)	96%	98%	99%	99%	98%	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	0	0	0	0
Observer's Initials	dy	dy	dy			

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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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.

3/1/24

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	milk	100ml									
	10:00 am									✓		
	11:00 am	water	100ml									
	12:00 pm									✓		
	01:00 pm											
Total Intake :		200ml.				**Total Output :**				✓ 3 times		
	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											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	→ Receiving				Notes ←						
	04:00 am			40ml								
	05:00 am	Milk	100ml	40ml							0	JSA
	06:00 am			40ml							0	
	07:00 am			40ml							0	JSA
Total Intake :		100ml + 160ml				**Total Output :**				✓	0	
										1 time		

Total 24 hrs. Intake	170ml	Total 24 hrs. Output	1 time

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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

3/1/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am			40								
	09:00 am	milk	100ml	20							0	
	10:00 am			20						✓	0	
	11:00 am	water	100ml	20							0	
	12:00 pm			20						✓	0	
	01:00 pm			DR.							0	
Total Intake :		200ml + 120.				**Total Output :** 3 times						
	02:00 pm	water	100ml								0	
	03:00 pm									✓	0	
	04:00 pm	milk	200ml								0	
	05:00 pm										0	
	06:00 pm	water	100ml							✓	0	
	07:00 pm	Water	50ml								0	
Total Intake :		450 ml				**Total Output :**				✓	0	
	08:00 pm										0	
	09:00 pm	H20	20ml							✓	0	
	10:00 pm										0	
	11:00 pm	Jew	100m								0	
	12:00 am										0	
	01:00 am	H20	80ml							✓	0	
Total Intake :		200ml				**Total Output :**					0	
	02:00 am										0	
	03:00 am										0	
	04:00 am	H20	50ml							✓	0	
	05:00 am										0	
	06:00 am										0	
	07:00 am	milk	100ml								0	
Total Intake :		150ml								✓	0	

Total Output : 2 times

Total 24 hrs. Intake	1,120ml...	Total 24 hrs. Output	10 times.

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

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Dr. GANESH R

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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.

1/8 hr		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	Kanji	50ml				✓				0	
	09:00 am	H20	10ml							✓	0	
	10:00 am	H20	70ml							✓	0	
	11:00 am									✓	0	
	12:00 pm	H20	50ml								0	
	01:00 pm			20ml						✓	0	
Total Intake :		180ml + 20ml				Total Output :				4 times		
	02:00 pm	water	100ml	20ml							0	SA
	03:00 pm			20ml						✓	0	SA
	04:00 pm			20ml							0	SA
	05:00 pm	water	100ml							✓	0	SA
	06:00 pm	milk	100ml							✓	0	SA
	07:00 pm										0	SA
Total Intake :		300ml + 60ml.				Total Output :				2 times.		
	08:00 pm	H20	60ml								0	
	09:00 pm	H20	40ml								0	
	10:00 pm	milk	210ml							✓	0	
	11:00 pm	H20	80ml								0	
	12:00 am			20ml							0	
	01:00 am			20ml							0	
Total Intake :		390ml + 40ml				Total Output :				1 time		
	02:00 am			20ml						✓	0	
	03:00 am			DC							0	
	04:00 am										NO	
	05:00 am										IV	
	06:00 am	H20	80ml								fine	
	07:00 am									✓		
Total Intake :		80ml + 20ml				Total Output :				2 times		

Total 24 hrs. Intake	1090ml	Total 24 hrs. Output	10 times

GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

NURSING CARE RECORD

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

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: 31/7/24

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	4pm	To maintain Good Nutrition Status	4 AM	Assess the condition Check vital Monitor Bloch.	Child was Stable	Child was active	

Docu. No: RCH /FRM / CLINICAL / 148

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Baby M PRADYUMNAN BARATHWAJ
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NURSING CARE RECORD

Date: 31/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7.30 am	Maintain fluid Balance	8 am	provide IVF -) watch for Edematous fluid overloaded	Maintained hydration	child Stable	[signature] 01934
Afternoon	2pm	Maintain good Nutritional status		Assessed child condition =) Maintain vital sign's and I/O chart =) Maintain hand hygiene	Improved Nutritional Pattern.	Reassessment was done vital are stable	[signature] 18900
Night	8pm	To maintain the personal hygiene	8 pm	Assess the child condition & check vital & monitor I/O chart.	child was stable	child was active	[signature]

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(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Febrile seizure 1st episod

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

Surgery / Procedure: —

Post OP Day:

BACKGROUND

Date	31/7th	31/7	31/7/26	31/7th	1/8	1/8
Shift	N	M	Evening	N	M	E
Medical Condition (Any special condition to be noted):	Noted	noted	Noted	Noted	Noted	Noted
Diet:	(N) diet	(M) diet	Ndiet.	(N) diet	(M) diet	(E) diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	100°F	101.9°F	103.5 f	101.2°F	99.1 f	99.8 f
Res:	20m	38bm	86bt	38bm	40bm	36bm
SpO_2:	98%	100%	98 %	98%	98%	98%
Pulse:	130bm	139bm	154bt	140bm	110bm	110bm
BP:	98/60	98/51	106/68	110/72	—	—
LOC:	conscious	Conscious	conscious	conscious	Conscious	conscious
Fall Risk Score:	10	10	10	10	10	10
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	—	—	—	—	—	—

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:	—	—	—	—	—	—
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):	non Dependent	non Dependent	Dependent	non Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—

Handed Over By Name :	Thulasi	Sheeja	Angel	Thulasi	Suji	Sheeja
Signature / ID :						
Date:	31/7	31/7	31/7/26	31/7	1/8/26	1/8/26
Time:	2.30pm	1.30pm	7.30pm	2.30pm	1.30pm	7.30pm
Taken Over By Name :	Sheeja	Angel	Thulasi	Suji	S.Anu	Sheeja
Signature / ID :						
Date:	31/7	31/7/26	31/7	1/8/26	1/8/26	1/8/26
Time:	7.30am	1.30pm	7.30	7.30pm	1.30pm	7.30pm

GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
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①

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Reciving Notes -	
	8.45PM	child details handover	
31/12/24.		taken from the ER staff	
		Child was consious &	
		orended. Iv line patten.	
	4pm	Check The vital sign.	
		vitals are the stable	
		Tem - 100.2°F. Inform to	[signature]
		The Dr. Manonmani mam	
		mam Advice given Syp. Ibujeil	
		qm. given as per the	
		order.	[signature]
	5Am	Reassess The Child contidon	
		Tem was Increase. 101.2°F.	
		apply The sponcing.	
	6.30Am	Reassess The Tempratu	[signature]
		100.6°F. Tempratu was	
		reduced.	
	6Am	Due medication are given	
		for The drug chart	[signature]
		fever was reduced.	
	7Am	monitor I/O chart No	
		other complaint.	[signature]
		Iv line patten.	
	7.30Am	child details handover	
		given to the morning	[signature]
		duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Morning duty →	
31/7	7-30 pm	→ Child detail handing over taken by night duty S/N	[signature] 019346
		→ Child was conscious and oriented child was active & alert Rr [illegible] pattern.	
	8am	→ Vitals are checked and Recorded	
		Time | CRT <3sec | CP +ve | PP +ve	
		→ Inf - 0.9% NS [illegible] on flow	[signature] 019346
	8.20 pm	→ Temperature 101.9 F informed to Dr. Manomani through phone call Doctor advice to give, Syp. Para 3.5ml.	
		→ Syp. Para given as per dog [illegible] Chart Daily	[signature] 019346
	9.30 am	→ Re-checked temperature Reduced	
	11.15 am	→ Dr Ganesh Sir saw the child and gave advice to attender Doctor advice to do dengue NS1 in old sample and to do urine Routine	[signature] 019346
		→ dengue NS1 drained [illegible] old sample	[signature] 019346

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

(2)

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/1	12 pm	→ Child had temperature 104.4. informed to Dr. Chandra lega mam through phone call 3 day Doctor advice through Syp. Ibugesic	[signature] 019340
		→ Ibugesic 5ml as given as per day Chart daily	[signature] 019340
	12pm	→ vitals are checked and Recorded.	
		Time / CRT <3sec / CP +ve / PP +ve	[signature]
	1pm	- maintaing records & reports	019340
	1:30 pm	→ Child details Handing over given + Evening duty staff	[signature] 019340
		→ Evening duty on:- 31/1/2024	
	1-30pm	child details hand over taken from morning duty staff. child is conscious & oriented child IV cannula pattern	018900
	2pm	child intake was good. Due to medication was given as per doctor's order IV fluid DNS 20ml per on/ flow	[signature] 018900
		Temp checked 99.1F reduced.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 31/1/26 ←	
31/1/26.	4pm	Vital Sign's checked and	
		Recorded vital are stable.	[signature] 018950
		EP / PR / CRT /	
		++ / ++ / <3sec /	
		Temp. 103.5 checked informed to	
		Dr. Chandiralega mam advise	
		give Nemol suppository 170mg given	[signature] 018950
		as per doctor's Order	
	6pm	IO chart Maintained	[signature]
		No any complaint's	018950
		Due to medication was	
		given as per doctor's Order	
	7.30pm	Child details hand over	[signature] 018950
		given to night duty staff	
		Night duty.	
	7.30pm	Child details handover taken	
		from the evening duty staff	
		child was comfy &	[signature]
		orended. IV line patent.	
	8pm	Check the vital sign	
		Vitals are the stable.	
		Tem - 101.8°F. Inform	
		to the Dr. Gayathri mam	[signature]
		mam Adv: give Dhuyin	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00080994 IP18-00036690
Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

(3)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7th	8.40pm	given Syp. Ibujesic 4ml as per the order. IV line patter.	
	9pm	Dr. Ganesh sir see the child sir Adviced Tomorrow w/f fever Inf plan for culture in Blood AM. after Dr Ganesh sir rounds.	[signature]
	9.30pm	~~child condition~~ (cross) reassess the child condition Tem → 100.4°F. Apply the sponing.	[signature]
	10pm	child was stable. IV line patter. Tempatu was reduced.	[signature]
1/8	12 AM	Check the vital sign. vitals are the stable. Tem was reduce. Tem 99.8°F. (CP ++ / PP ++ / CRT <3s)	[signature]
	2AM	Tempratu was Increase 100.7°F. given to the Syp.para as per the drug chart order. monitor the chart	[signature]
	4AM	Check the vital sign. vitals are the stable. Temparature was reduce 97.8°F (CP ++ / PP ++ / CRT <3s)	[signature]

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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
	6AM	Due medication are given for the drug chart order.	
1/8/26		IV line patent.	[signature]
	7.30am	child details handover given to the morning duty staff	[signature]
		← Morning duty →	
	7.30 am	→ Child details Handing over taken by Night duty s/w	[signature] 01/8/26
		→ Child was conscious and oriented child was active also IV line patent	[signature] 01/8/26
	8am	→ Vitals are checked and Recorded vitals are stable	
		Time / CRT <3sec / CP +ve / PP +ve	[signature] 01/8/26
	10am	→ Naso clear drops are given	
	11:15 am	→ Dr Ganesh sir saw the child and gave advice to attender, Doctor advice to continue IV, and watch for fever spikes	
	11am	→ Temperature checked 100°F syp Para given	[signature] 01/8/26
	12pm	→ vitals are checked and Recorded	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00080994
Baby M PRADYUMNAN BARATHWAJ IP18-00036690
28-12-2023 2 Y 7 M 4 D (M)
Dr. GANESH R

②

NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies .Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/8		→ Inv CRT <3s, CP ++, PP ++	
	1 pm	→ Maintaining feeds & depts	Sig
	1:30 pm	→ Re-assessment done temperature 98.4°F Reduced	Sig
	1:30 pm	→ Child details Handing over given to Evening duty S/N	Sig
1/8/26	1:30pm	Evening duty The child hand over from morning duty staff. child is consciously oriented. I.V line is pattern.	S.Anuf
	2:00pm	→ Due Medication is given as per drug chart maintained document.	
	4:00pm	→ The child vital sign clearly recorded. PP ++, CP ++, CRT <3sec.	S.Anuf
	5:00pm	→ The child T. 101.F clearly recorded. Dr. Chandralekha visit seen child. I will told T. 101.F many advice to syp Ibugic ime given syp: Ibugic ime is given as per drug chart maintain document	S.Anuf

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6.00pm	fever The child Temperature was checked. fever was decreased 100.2°F.	Nomita 600
	7.00pm	I/o chart maintained & recorded no other complaints	Nomita 60094
	7.30pm	child details hand over given to Night duty staff nurse	Nomita
1/8/26		Night duty (1/8/26)	
	7:30 pm	child Handover taken from evening duty staff Nurse. child was concious & oriented and child was under room air and child was stable.	Pdug 06304
	8pm	vitals are monitored and recorded and vitals are stable	
		8pm: CP ++, PP ++, CRT <3sec	Pdug 0F7304
	8pm	Due medication given as per drug chart order and document	
	10pm	child was normal and stable. and child was concious & alert	Pdug 0F7304

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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

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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PHLEBITIS ASSESSMENT

Patient's Name: GUC-00080994 IP18-00036690 Baby M PRADYUMNAN BARATHWAJ
MRD NO:......... 28-12-2023 2 Y 7 M 3 D (M)
Age :............... Dr. GANESH R
☐ M ☐ F
Consultant :.......................................

CANNULA 1

Date : 31/7/26 Time: 3:40 am
Location : (L) Metacarpal.
Size : 24 G
Cannula inserted by : S/N: Iman.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
31/7/26	3:40 am	☐Yes ☐No	☐Yes ☐No	Patten	
		☐Yes ☐No	☐Yes ☐No		
	6AM	☐Yes ☐No	☐Yes ☐No	obserd	
	7m	☐Yes ☐No	☐Yes ☐No	observ	
	8an	☐Yes ☐No	☐Yes ☐No	obsed	
	10am	☐Yes ☐No	☐Yes ☐No	obsd	
	12pm	☐Yes ☐No	☐Yes ☐No	obsed	
	2pm	☐Yes ☐No	☐Yes ☐No	obsoved	
	4pm	☐Yes ☐No	☐Yes ☐No	observed	
	6pm	☐Yes ☐No	☐Yes ☐No	observed	
	8pm	☐Yes ☐No	☐Yes ☐No	observd	
	10pm	☐Yes ☐No	☐Yes ☐No	obsed	
1/8	12am	☐Yes ☐No	☐Yes ☐No	obsed	
	2am	☐Yes ☐No	☐Yes ☐No	obseul	
	6am	☐Yes ☐No	☐Yes ☐No	obsem	
	8ay	☐Yes ☐No	☐Yes ☐No	obsed	
	10ay	☐Yes ☐No	☐Yes ☐No	obsed	
	12pm	☐Yes ☐No	☐Yes ☐No	obse	
	2pm	☐Yes ☐No	☐Yes ☐No	observe	
	4pm	☐Yes ☐No	☐Yes ☐No	observ	
	6pm	☐Yes ☐No	☐Yes ☐No	obse	
	8pm	☐Yes ☐No	☐Yes ☐No	obse	
	10pm	☐Yes ☐No	☐Yes ☐No	obse	
2/8	12AM	☐Yes ☐No	☐Yes ☐No	observe	
	2AM	☐Yes ☐No	☐Yes ☐No	obsen	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	removed 2/8/26 @ 2:30 PM	

Cannula removed : ☐Yes ☐No, if yes date and time : 2/8/26 2:30 PM
RX any initiated : ☐Yes ☐No ☐NA If Yes specify- Thromb ointment
Phlebitis score: 2/5

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

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

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

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

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

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Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			31/7	31/7	31/7	31/7	1/8
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	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					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9	9	9	9	9

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		×	–	–	×	–
	Other Intervention(s) Specify		×	–	–	×	–
	Nurse's Name:				Angel		
	Signature:						
	Date:		31/7	31/7	31/7	31/7	1/8
	Time:		4pm	8am	2pm	8pm	8am

Patient Sticker

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THE HUMPTY DUMPTY SCALE

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

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

Bed in low position							
Call device within reach							
Wheels Locked							
Room free of clutter							
Adequate lighting							
Wheel chair support							
Other Intervention(s) Specify							
Nurse's Name:							
Signature:							
Date:							
Time:							

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BRADEN 'Q' SCALE

				Date : / Time :			
				N 31/7	M 31/7	E 31/7	KO 31/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent 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.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	25	28	28
				Evaluator's Name			0189	

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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BRADEN 'Q' SCALE

					Date : 27/3	28/3	29/3	
					Time : 11	11	11	
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	
"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	
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	
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	
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Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	24	24	24	
				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
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PAIN ASSESSMENT FORM

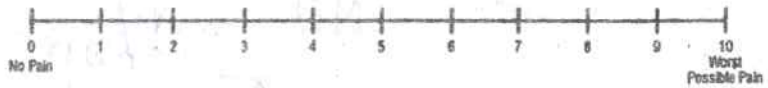
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
31/7th	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	0200
1/7	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0943hrs
1/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0800
2/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0200
1/8/26	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	0205
1/8	8a	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0815hrs
1/8	2pm.	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
1/8	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0730hrs
2/8	12AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0730hrs
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Baby M PRADYUMNAN BARATHWAJ
28-12-2023 2 Y 7 M 3 D (M)
Dr. GANESH R

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Fibrile seizure 1st episode
Arrival Time: 3:45 Mode of Arrival: hold Therapy hand. Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 11.5 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Vocal trigued wheeze	—	RcH

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: 2 sc cs

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

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

Observations: Weight: 11.5kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 100.2°F HR: 130bm RR: 38bm BP: 94/60

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0/10 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: Dr. Ganesh (Date/Time): .....

Social History: Lives With Parent

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

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 & Father

Nurse's Name: Thulasi Date: 31/7h Time: 6AM Signature

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. 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		
31/7/	4AM	1	Explain about the Diagnosis & Treatment	Mother	NO	Oral	None	Verbl	Good	
1/8	8AM	7	Explain about Infection Control Measure	Mother	NO	Oral	NOR	Yes	Good	

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 INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 31/7/26 Time of arrival : 2:50am

Chief Complaints: c/o. Fever x 1 days 1st episod febrile Seizure. RBS: 108mg/dl

Height : – Weight : 11.5 kgs BMI : – Head Circumference (<2 years) –

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

If yes , identify –

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

☐ Character – ☐ Location – ☐ Frequency – ☐ Duration –

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

–

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: (Date/Time): 31/7/26 @ 2:50am

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 3:10 am

(P.T.O.)

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

Time	Nursing Notes
3:00am	Baby came to ER c̄ c/o of fever x 1 day.
	1st episod febrile dezure.
	uprolling eye. & going to Miyed hospital.
	Given Neomol Sypposity 170mg.
	after baby stable shift to Rainbow hospital.
	Checked vital sigs Evecuned. s/b Dr. Manorami
	Inform to Dr. Ganesh Advised for Admission.
	IV Line placement done. Baby shift to ward.

Samples collected by: Iman

Time:

Samples sent by :

Time: 3.35 AM

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 110 b/m BP: 100/80 CFT: < 3 sec

RR: 30 b/m SPO_2: 98 %

GCS: 15/15 Temperature : 97.15°F

Pain Score: 0/10

Repeat RBS (if applicable): –

Details of Shift - out

Shift - out from ER to: 518

Time of Shift - out: @ 345AM

Handover given to: S/N - Thulasi
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

(L) Malacaspal 24 G 31/07/26 @ 3:30AM

Name of the Nurse : H. Afri

Signature of the Nurse : [signature]

Date & Time : 31/7/26 @ 3:30am

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ganesh Date : 31/7/26

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

Start Time of Assessment: ..... Weight: 11.5 kg

Allergic History: .....

Chief Complaints: .....
fever.
Episode of rein

Pediatric Assessment Triangle

A Appearance - TICLS (N)

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 ☐

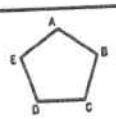
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☐ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: ..... SpO_2 on FiO_2 .....

Rhythm: .....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: .....

Palpation Findings (If necessary) .....

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

(P.T.O.)

Circulation

HR: ..... CFT [Central ..... / Peripheral .....]

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

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

.....

.....

.....

.....

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: .....

.....

Ancilfed

.....

.....

.....

.....

Treatment Planned: .....

.....

Ashanlu

.....

.....

.....

.....

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: .....

Signature: Dr. Mamun

Date & Time: 31/7/25 3:30 pm

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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Wt - 11.3kg

EMERGENCY ROOM TRIAGE FORM

Gender: ☑ Male ☐ Female

Patient's Name : Baby. Pradyumnam Age : 2yr/5m.

Date : 31/7/26 Time of Arrival : 2:50am

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

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

RBS-88

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.7F PR: 120 BP: 90/62(71) RR: 26 SpO2: 100

Chief Complaints: c/o - fever x 1day / seizure x 1 epi (@12.30AM) (2-3min)

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

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.

V.Karthikeyan
Signature of Parent / Guardian

Triage Completion Time : 2min.

* CTAS - Canadian Triage and Acuity Scale

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 : 17854

Date & Time : 31/7/26 @ 2:52am.

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
31/7	3.30AM	88	–	[signature] 17804

PATIENT TRANSFER FORM

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Dr. Ganesh	Date & Time of Admission: 31/7/26 @ 3.13 AM Transfer Ordered by: Dr. Manonmani	Date & Time of Transfer Order: 31/7/26 @ 3.45AM Reason for Transfer: Father Management
From Unit: ER	To Unit: 518	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (10)	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.	DNS 500 ml	1
2.	Intraflow	1
3.		
4.		
5.		

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

febrile neu - 1st Episode

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
18894 Iman.	Dr. Manonmani.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 31/7/26 at 3.45 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 ☐