GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 20 D (F)
Dr. SHOBANA RAJENDRAN

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		30/5/26 at 12:30 PM		
Activity Sheet updated by Pharmacy		12:46 pm		

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: ..... GUC-00070789 Baby NILA V 10-09-2024 Dr. KRITHIKA P 1 Y 8 M 18 D (F) IP28-00004481 .....

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

Date of Admis... ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/24	Noon 6:30pm	Home	PICU	PC 28/5/24

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/5/26	CBC, CRP, RPT, LFT,		
	Blood C/S, Urine C/S,	7264	[illegible]
	P/E. RBS		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	Infusion Pump	7:40 pm	29/5/26 @ 7.30AM.	9260	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	IV Placement	1	142	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 28/5/26 Time: 12:30pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 1015	S/B Dr Malini	
	After 101F, no further fever spikes	
	Oral intake fair	
	Urine output good	
	No further seizure	
	O/E child alert/active afebrile	
	HR –	
	SpO2 – 98%	CVS – S1S2 +
	Perfusion good CRT <2sec	RS – BAE +
		P/A – soft
		CNS – NFND.
	Labs	
	CRP → Neg	Na/K Cl 136/3.8 104
	Hb → 9.8	
	WBC – 10.88 – N82 L12	Urea – 12
	Plt – 413	Creat 0.21
		ICa – 1.16

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

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	plan	
	- Continue IVFs	
	- Continue clobazam	
	- Monitor vitals	
	- W/F seizures	
		[signature]
29/5/24 9 am	S/B Dr. Divya sir	
	Case of AFI	
	simple febrile seizures	
	Issue - high grade fever spike ⊕	
	F - oral Intake good	
	stopped IVF.	
	I - 1220 ml, O - 1130 ml	
	+90 ml	
	U.O - 7.9 ml/kg/hr	
	R - in RA	
	RR - 36/min	Grade I tonsillitis
	B/L AE ⊕, clear	
	SpO_2 - 100% RA	

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	I - CRP - 45	, WBC - 10.88
	N - 82 | L - 12	
	Continuous fever spike ↑	
	8.45 am - Temp - 103.1°F → Syp. Ibugesic given	
	Blood c/s, urine c/s - Awaited	
	urine Routine - (N)	
	C - CRT - <3sec,	Perfusion - good
	Pinch - Warm	
	HR - 169/min	
	S1S2 (+), No murmur	
	H - Hb - 9.5 g/dl	
	M - Nat | Kt	136 | 3.8
	cl |	104 |
	iCa - 1.16	
	A - soft, Non tender	
	on oral feeds	
	N - Alert, Active	
	GCS - 15/15	
	B/L PERRL	
	on Syp. clobicum - D2/3	

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 19 D (F)
Dr. KRITHIKA P

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan - Temperature charting	
	W/I seizures	
	Continue syp. Clobazam	
	Monitor Vitals	
29/5/24 9am	S/B Dr Sameera	
	Baby reviewed	
	high grade fever spikes not touching baseline.	
	o/E Active.	
	RS: NVBS	
	P/A: S/L	
	No meningeal sign.	
	Plan: Can be shifted ward.	

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

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 19 D (F)
Dr. KRITHIKA P

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes S/B Dr. Divya Sri	Doctor's Order
29/5/26	Shifting to Ward.	
10am		
	Afebrile	
	child Active, Alert	
	No further Seizure episode since admission	
	continue Syp Clobazam, INJ PANTOP	
	Temperature charting.	
	W/H seizures, Monitor Vitals	
	Blood & urine c/s - to be followed.	
29/5/26	S/B Dr Shobana	
	Baby well	
	fever settling	
1.	Stop pan.	
2	Paracetamol /	
	Ibuprofen to continue	

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

GUC-00070789
Baby NILA V
10-09-2024
Dr. KRITHIKA P
IP28-00004481
1 Y 8 M 19 D
(F)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/24 7.30 pm	S/B Dr. Divya	Sri
	child received	
	Active, Alert	
	Oral Intake - good	
	Fever at 6 pm - 102 F	
	O/E	
	Vitals stable	
	RS, CVS - NAD	Rx
	P/A - Soft	1) Continue syp. Calcium, syp Paracetamol
		2) Temperature charting.
		CR 10/24.
30/5/24 9.00 AM	S/B Dr. Hithesh	
	Child Rvd	D3 of illness
	last fever spike 10PM - 29/5 - 101.2 F	
	No fever Spikes since then	
	C/o runny breathing	

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

Patient Sticker

Rainbow Children's Hospital — BirthRight by Rainbow Hospitals

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/26	Oral Intake: Improving (tolerating liquids well).	
	U/O: Good	
	Stool: Last passed on 29/5/26	
	O/E: Child sleeping	
	PPWF	
	Hydration good	
	CRT <3sec.	
	S/E: RS: B/L AE (+)	
	NO added sounds	
	CVS: S1S2 (+)	
	Plan: (1) To remove IV line after rounds.	
	(2) To trace culture reports.	
	[signature]	
	SFS	
	D/C	
	SYP ZINCOVIT 0 – 5ml – 0 ×3mth	
	SYP TASIRION 5ml – 0 – 0 ×3mth	
	EVERY ~~FEBRILE~~ INCIDEN Fever	
	Q4hr tempchart	
	SYP P250 3.5ml Q4–6H ↑99°F	
	SYP BRUFEN 5.5ml Q8H ↑102°	
	CLOBIXEM SYP 3.5ml – 3ml × for 3days ~~72hr~~ from onset of fever	

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

'R' as advised. [signature]

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	28/5					
Time						
Hb	9.5					
PCV	29					
RBC	4.46					
WBC	10.88					
N/L	82/12					
Platelets	413					
CRP	<5					
ESR						
PCT HCO3	18					
RBS	125					
Na	136					
K	3.8					
Cl	104					
Ca/Mg	1.16					
Phosphate						
Urea						
Creatinine	0.21					
ALP	285					
SGPT	16					
SGOT	43					
T.Bill/Conj	0.3/0					
T.Protein	6.5					
S.Albumin	4.4					
S.Globulin	2.1					
A/G Ratio	2.1					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date	28/5					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones	(N)					
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Bacteria	Present					
Leukocyte	Absent					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood Cs -

Urine Cs -

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 19 D (F)
Dr. KRITHIKA P

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil

☐ Not known any Drug Allergies

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

Shifting From: PICU Shifted to: B11

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. PANTOPRAZOLE	10mg	IV	Q24H	29/5/26 5AM	☑C ☐DC
2	SYP. CLOBIUM (5ml/5mg)	2.5ml	PO	Q12H	29/5/26 7AM	☑C ☐DC
3	Saline nasal drops	2°	P/N	Q6H	29/5/26 10AM	☑C ☐DC
4	SYP. P250	3ml	PO	SOS if temp >100F	29/5/26	☑C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Priya Sri

Date & Time : 29/5/26 [signature]

Nurse Name & Signature: [signature]

Date & Time : 29/5/26 @ 11:30AM

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

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ 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: outside ..... Shifted to: PICU: RCH .....

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	nil					☐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 : A Malini 11/20

Date & Time : 28/5/26, 2

Nurse Name & Signature: .....

Date & Time : 28/5/26 2 PM

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

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 250mg

Dose	Route	Frequency	Start Date
3ml	PO	SOS	28/5

Doctor's Signature	Valid Period	Pharm.
A Me 111290	x 2 day	

Additional Instructions:

Date / Time: stop — 147159. 29/5/26

DRUG : SYP IBUGESIC

Dose	Route	Frequency	Start Date
4.5ml	PO	SOS	29/5/26

Doctor's Signature	Valid Period	Pharm.
147159.	2 days	

Additional Instructions: if temp > 102°F

Date / Time: 29/5 10 PM RS

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

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

(P.T.O)

Patient Sticker

REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Sheet No: (1)

REGULAR PRESCRIPTIONS

Weight 10.9 Ward PFLV

DRUG: INJ PANTOPRAZOLE				Date/Time	28/5		29/5		STOP.
Dose	Route	Frequency	Start Dt.		8 Pm	PC	6 AM	QL	
10mg	IV	OD	28/5						29/5/24
Name & Signature of the Doctor Starting the Drugs: A Mdure 111790									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

DRUG: SYP CLOBIUM				Date/Time	28/5		29/5		30/5
Dose	Route	Frequency	Start Dt.		7 Pm	PC	7 AM	QL	RS
2.5ml	PO	BD	28/5						
Name & Signature of the Doctor Starting the Drugs: A Mdure 111790							7 PM		
Additional Instructions: 5ml/5mg									
Daily Doctor's Endorsement by a Sign									

DRUG: Saline nasal drops				Date/Time	29/5		30/5	
Dose	Route	Frequency	Start Dt.		10 Am		4 am	
2	P/N	Q6H	29/5/24		4 Pm		10 am	
Name & Signature of the Doctor Starting the Drugs: 142179					10 Pm	RS	4 pm	
Additional Instructions:							10 pm	
Daily Doctor's Endorsement by a Sign								

DRUG: SYP. P250				Date/Time	29/5	
Dose	Route	Frequency	Start Dt.		6 Pm	
3ml	PO	Q6H	29/5/24			
Name & Signature of the Doctor Starting the Drugs: 142179						
Additional Instructions: (5ml 250mg)						
Daily Doctor's Endorsement by a Sign						

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

Docu. No.: RCH/FRM/CLINICAL/108

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 19 D (F)
Dr. KRITHIKA P

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : SYP. IBUGESIC

Dose	Route	Frequency	Start Dt.
4.5ml	PO		

Name & Signature of the Doctor Starting the Drugs:

STOP
10/9/24

Additional Instructions: (5ml/100mg)

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.V. FLUID CHART

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.
28/5	7:30pm	DNS	IV	44ml/hr		PM 6/9/24	29/5 1:30 AM		

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: ...10-4... kgs

Sheet No: ...(1)...

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/5/26	9pm	INJ PARACETAMOL	165mg	IV			
29/5	1AM	INJ PARACETAMOL	160mg	IV			
29/5	5AM	INJ PARACETAMOL	160mg	IV			
29/5/26	9am	SYP. IBUGESIC (5ml/100mg)	4.5ml	PO			
29/5/26	12.30pm	INJ. PARACETAMOL	160mg	IV			

Docu. No. : RCH /FRM / CLINICAL / 136

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 28/6/24

Source of Admission: ☐ OPD ☐ Ward ☑ Other: Home

Reason for Admission: Abnormal Activity, Fever

Admission Diagnosis: Febrile UTI

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☑ Other Specify Tamil

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify

Source of Information : ☐ Family ☐ Patient ☐ Others, Specify

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
-	-	-

Family History: NIL significant history

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

If yes please list,

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

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

CURRENT MEDICATIONS

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form
Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 10.4 kg Length: Head Circumference (< 2 years): -

Temp.: 101.4°F HR: 162 b/m RR: 32 b/m BP: 98/59

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 15 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (Document in the Braden Q Assessment Sheet)

(P.T.O)

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Consolate ☑ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Parents .....

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify .....

Name of Person Orientation was given to: ..... forthm .....

Orientation not given Reason: ..... - .....

Nurse Name: ..... Prasanth .....

Nurse Signature : .....

Date & Time: ..... 2.8.[illegible] 6.[illegible] pm .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

child shifted to ward.

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

Nurse Name: .....

Nurse Signature : .....

Date & Time: .....

GUC-00070789 IP28-00004481
Baby NILA V
10-09-2024 1 Y 8 M 19 D (F)
Dr. KRITHIKA P

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

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

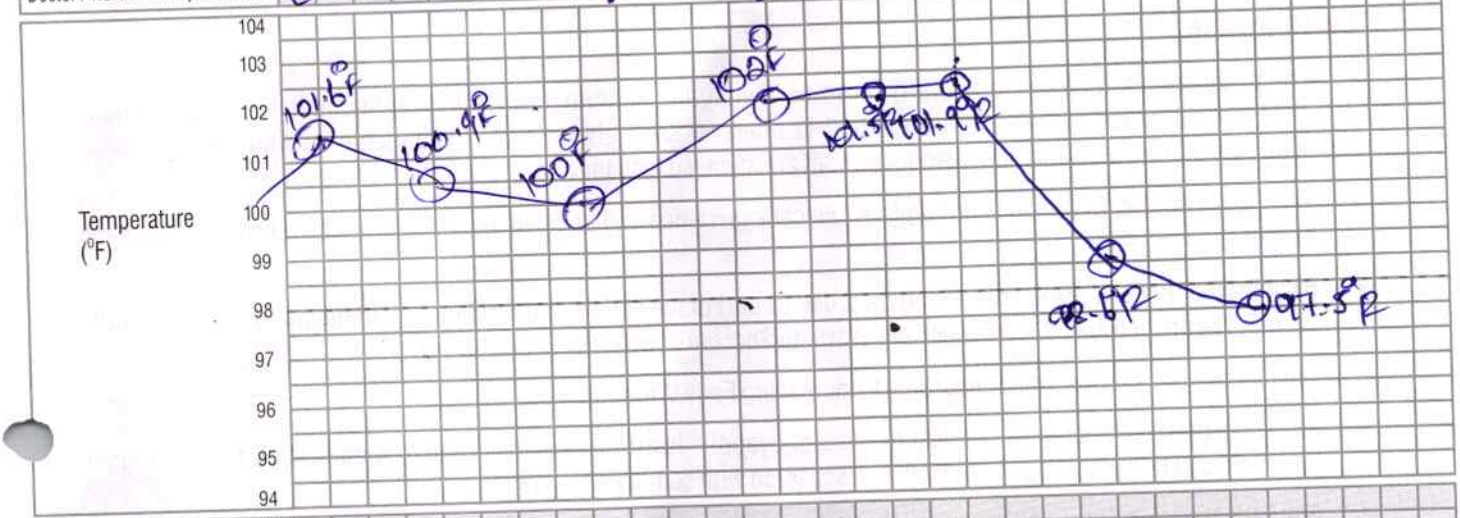
Rainbow® Children's Hospital
It takes a lot to treat the little.

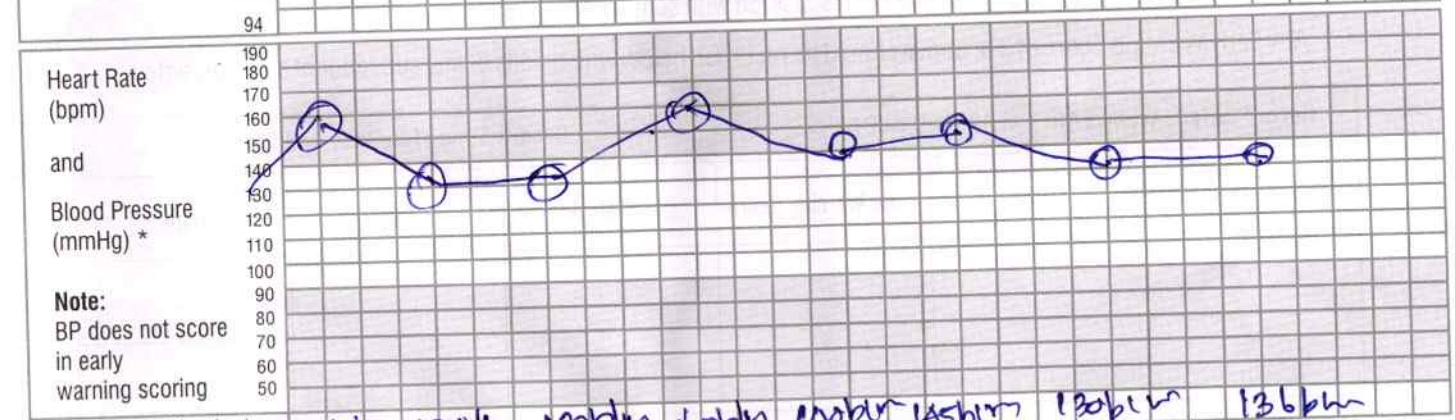
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

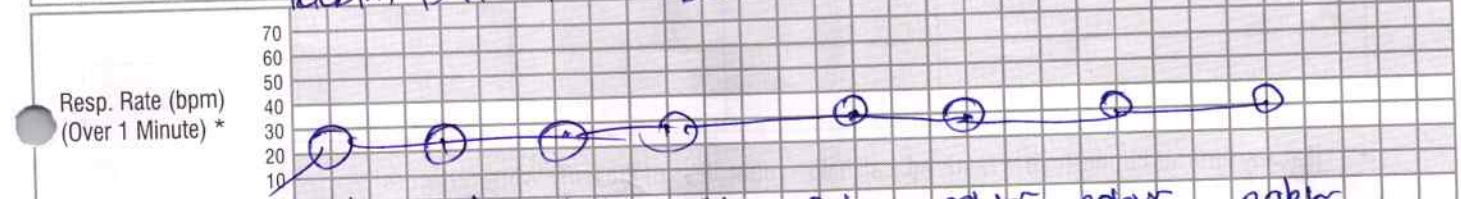
Date 24/5/26 Time: 12.30pm 1.30pm 4.30pm 6PM 8pm 10pm 12am 4am

Doctor / Nurse / Family Concern?





Heart Rate (Number) 160b/m 134b/m 130b/m 160b/m 140b/m 145b/m 130b/m 136b/m



Resp Rate (Number) 28b/m 26b/m 26b/m 28b/m 30b/m 28b/m 28b/m 30b/m

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		98%	99%	98%	99%	98%	97%	98%	98%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		02	01	01	02	01	02	01	01
Pain Score		0 \ 0	0 \ 0	0 \ 0	0 \ 0	0 \ 0	0 \ 0	0 \ 0	0 \ 0
Observer's Initials									

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00070789 IP26-00004481
Baby NILA V
10-09-2024 1 Y 8 M 18 D (F)
Dr. KRITHIKA P

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date 30/5/26 Time:	8am	10am
Doctor / Nurse / Family Concern?	✓	✓
Temperature (°F) (scale 94–104)	97.3°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190). Note: BP does not score in early warning scoring	140; BP 110/66	128
Heart Rate (Number)	135 bpm	128
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	30	28
Resp Rate (Number)	30 bpm	28 b/m
Resp Distress — Mod/ Severe / None / Mild	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	98%	98%
Conscious Level — Normal / Altered	✓	✓
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	01	01
Pain Score	0/10	0/10
Observer's Initials	[illegible]	[illegible]

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

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

GUC-00070789
Baby NILA V
10-09-2024
Dr. KRITHIKA P
IP28-00004481
1 Y 8 M 19 D (F)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ..... 1 .....

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

29/5/24		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	H20	20ml								0	
	03:00 pm										0	
	04:00 pm	H20	20ml							L	0	
	05:00 pm										0	
	06:00 pm	H20	50ml								0	
	07:00 pm										0	
Total Intake : 210ml.						Total Output : V-1						
	08:00 pm										0	
	09:00 pm	H20	100ml								0	
	10:00 pm									L	0	
	11:00 pm	H20	100ml								0	
	12:00 am									L	0	
	01:00 am										0	
Total Intake :		200ml				M-0				Total Output : U-2 times		
	02:00 am										0	
	03:00 am	H20	100ml								0	
	04:00 am										0	
	05:00 am	H20	100ml							L	0	
	06:00 am										0	
	07:00 am	H20	100ml								0	
Total Intake :		300ml				M-0				Total Output : U-1 time		

Total 24 hrs. Intake	590 ml

Total 24 hrs. Output	V-3 times M-0