

ANC-00015803 IP28-00004455
Baby JASHWITHA J
24-02-2025 1 Y 3 M 3 D (F)
Dr. EZHILARASI



DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		29/5/26 at 9:30 AM.	Pump 029/5	
Activity Sheet updated by Pharmacy	7:01	7:02	Jaw	

ACTIVITY RECORD FOR BILLING



Name: ANC-00015803 IP28-00004455
 Baby JASHWITHA J
 24-02-2028 1 Y 3 M 1 D (F)
 Dr. EZHILARASI
 UHID No: Consultant: Dept:
 Date of Admission: Time: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/2026	1:50 AM	ER	MO 1	[Signature]

CROSS CONSULTATION VISIT

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5/26	Iv placement	01	146615	<i>[Signature]</i>
26/5/26	Iv placement	①	6831	<i>[Signature]</i>

ANY OTHER INFORMATION:

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Date: 28/5/26 Time: 6AM Prepared By: *Sugashini*
01228

Staff Nurse <i>Sugashini</i> <i>01228</i>	Shift / Ward <i>Sugashini</i> <i>01228</i>	Billing Assistant	Billing Supervisor
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/2024 8:45 AM	C/S/B do observations	
	<p>Δ - Acute febrile illness ? Viral / Typhoid / URE with anaemia.</p> <p>Child reviewed at last fever spike at 7 AM 10/1/6. HA taking on DBF 5-6 episodes watery green loose stools since admission. passing urine</p>	
	<p>O/B: sleeping, femur peripheral W/O CRT \leq 3Sec</p>	
	<p>§ dorsalis, posterior tibial well felt no signs of dehydration</p>	
Typhoid Symptoms	<p>S/B: CVS + W/O M RA: S/H R/L ⊕ CM: ⊕ tone.</p>	
<p>17/3/24</p>		<p>Adv - orally plenty fluids - IVF full maintenance - to continue on ceftriaxone - follow drug chart</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/2/26 11.00am	<p style="text-align: right;">Sl. Dr. Ezhilarasi</p> <p>child with Day 5 Fever loose stool Mother had Enteric Fever - 2 wks ago. febrile Toxic Cvs: S.S. + Lungs: Bil. cre enty good Abd. soft Mild Tenderness</p>	<p>IV fluids. Paracetamol Qch</p>
25/2/26 7pm	<p style="text-align: right;">Sl. Dr. Anesh</p> <p>PROBABLE ENTERIC FEVER</p>	<p style="text-align: right;">E</p>
	<p>- Fever spikes (T) 4pm 101F - 1 episode containing food. - Loose stools persisting Baby comfortably sleeping Activity improves as per mother CRTCSec pulses well felt</p>	
	<p>Sl. Dr. Anesh Cvs: S.S. + PS CRTCSec P/A</p>	<p>To continue the same Anesh</p>

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24-02-2025

1 Y 3 M 1 D

(F)

Dr. EZHILARASI



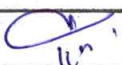
PROGRESS NOTES AND DOCTOR'S ORDER

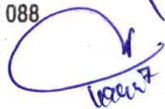
Date & Time	Progress Notes	Doctor's Order
<u>25/2/26</u>		S/O Dr. Ezhilarasi
<u>7.10 pm</u>	Temp. spikes (+)	
	Vomited twice	
	Loops. Bil ore enty good	
	Abd. soft	
		- Dy. Emeset Qd h
<u>26/2/26</u>		
<u>10:00 AM</u>		
	A: Enteric Fev	
	(Typhoid-Ign. th)	Blood Cfs: <u>GRB (+)</u>
	Child Fund	
	Fev spikes (+) - High grade, intermittent, spiking out.	
	C/o loose-stools (+) - 2 episodes - since morning	
	No new issues. Waxy consist. not blood stained.	
	Oral Intake: Improving	
	Up: good.	
	O/e: Alert	Iv xoru -> P2
	Afebrile	Iv F DNS @ 30 ml/hr.
	PPWF	
	S/S: Cvs: sis. (+)	
	RS: B/LAS (+)	
	Plan: To have urine Ys & blood Ys.	

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/8/26 11:30 PM	SIBDA - Stimulation	
	Child Fed	
	Fur spikes (+) - Spang out	
	look-stools (+)	
	Plan: I/c In antibiotics	
	To do CPD	
	 In	
26/8/26	SIBDA - Milk up	
3:00 PM		
	Child Fed	
	No fur spikes since morning, last spike T101F	
	No fur issues @ 8 AM	
	Had 2 episodes of look-stools since morning	
	Oral Intake: Improving	
	Up: good.	
	O/E: Alert	
	Afebrile	
	PPWF	
	S/E: O/S: S1S2 (+)	
	PS: B/LAE (+)	
	Plan: I/c In antibiotics	
	I/c In fluids	


 In

Monitor activity.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 9:30pm	cls/B Dr. Hamsa KC	
	child reviewed no fever spike one episode of loose stools - semi solid 2 episodes of vomiting ← containing water no other c/o containing kani (little in t) oral intake improved Mo - adequate	
	o/e Alert active, afebrile Hydration - Good + + + + + CRT < 3 sec	intake stable
	s/e CN Re cm P/A	(M) R. S. U Dr. Hamsa KC 96066
		Adv continue the same



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	SIS Dr. Kithuna	
9 AM	A: Enteric Fev	
	Child Feud	
	NO Clo Fev Spika + +	
	last spika 8AM-10IF 7AM (26/5/26)	
	QD hece stools (+) - 4 episodes since morning	
	watery-semi-solid non-bloody stools.	
	QD vomiting (+) - post forceful feeding only.	
	Oral Intake: Improving	
	U/O: Adequate	
	O/E: Alert	Inf. Ceftriaxone → D3
	Afebrile	
	PPWF	
	S/E: CVS: SIS (+)	
	Re: B/LAS (+)	
	PLA: soft	
	Plan: (1) To treat with US + blood U/S.	
	(2) Ifc Infuse IV antibiotics	
	(3) Tapur IV fluids	
	M	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	S/B D. <u>Ezhilarasi</u>	
10.00am	Afebrile > 12hrs	
	Oral intake better	
	Loose stool - trace	
	Lungs: clear	
	Abd. soft	
		Continue IV fluids
27/5/26	S/B D. <u>Mithra</u>	
2:10 PM	Child Feud	
	No fever spikes	
	NO new issues.	
	Oral Intake: Improving	
	U/o: Adequate	
	O/e: Alert	
	Afebrile	
	PPWF	
	S/e: NAD	
	<u>Plan:</u> If no further loose stools, plan to taper	
	IV fluids in the am.	

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 4:45pm	<p>S/O Dr. Ezhilarasi</p> <p>Afebrile</p> <p>Stool Semiformed greenish-stained</p> <p>dupr. Bil are enty good</p> <p>Abd: soft</p>	<p>↓ IVF: 15ml/hr</p>
27/5/26 7:30am	<p>S/O Dr. Mithras</p> <p>Child Fed</p> <p>No new issues</p> <p>No fuss & pike / loose stools.</p> <p>H/o vomiting (+) - (episode) control food per se</p> <p>NON - bile, with stool sh.</p> <p>Oral Intake: Good</p> <p>U/I: Good</p> <p>O/E: Afebrile</p> <p>PPWF</p>	<p>S/O</p>
	<p>S/O MAD</p>	
	<p>Plan: To IVF @ 15ml/hr</p> <p><i>[Signature]</i></p>	



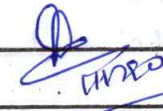
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/2/25 9:30AM	S/B Dr. Aneshu ENTERIC FEVER	
	- Afebrile >24 hrs.	
	- 1 episode Vomiting, no blood, containing food	
	- No loose stool.	
	O/g - Improving	
	Baby comfortably sleeping	
	CRT < 3sec	
	pubis well felt.	26/5 - CRP - 260.
	S/E - CXR	Blood c/s - GNB.
	PS	Dy - Xone.
	ENS	
	P/A	
	NAD	
		Aneshu 162765
10:00AM	S/B Dr. Ezhilarasi	
	Afebrile	
	Vomited - once	
	No loose stool	
	Oral intake good	
	Abdom soft	
		STOP IUF
		Plan Discharge tomorrow

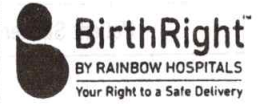
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8:40 PM	S/B Dr Malini	
	last fever spike	26/5/26 @ 8am
	Oral intake better	
	Urine output good	
		on paracetamol
	o/e child sleeping	
		apex
		Vitals stable
		Perfusion good
		CVC - SS+
		RS - BAE+
		ENS - AEND
		PA - soft
	D/A Cefmaxone	
	to to to to to to	
	plan	
	- Continue IV Abx	
	- Discharge tomorrow	 DR MALINI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10.00am	<p>slr Dr. <u>Ezhilarasi</u></p> <p>Apetite x 2dys</p> <p>No loose stool</p> <p>Tolerated oral feeds</p> <p>Temp. Bil are entry good</p> <p>Abd. soft</p>	
	<p>Discharge Today</p> <p>Δ Culture positive</p> <p>Enteric Feeds.</p>	<p>Oral Cefixime 200/1kp</p> <p>x 5 more days</p> <p>Bilfee x 5 more days</p>
		<p><u>Ezi</u></p>

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RESULT SHEET

Date	25/5/24	26/5			
Time					
Hb	9.0				
PCV	26				
RBC	4.31				
WBC	7.58				
N/L	65/32				
Platelets	2.36				
CRP	180	262			
ESR					
PCT					
RBS	104				
Na	133				
K	4.0				
Cl	104				
Ca/Mg	1.13				
Phosphate					
Urea	20				
Creatinine	0.24				
ALP					
SGPT	52				
SGOT	76				
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NSI Ag						
Dengue IgM						
TYPHOID IgM						

Culture and Sensitivities : Blood c/s (25/5) →

.....
 Urine c/s (25/5) →

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

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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: EP Shifted to: Mo. 1

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	Syp. Polo 250	2.5ml	PO	Q 8H	24/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Syp. Wikonyl AF	2.5ml	PO	Q 8H	24/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	Zytee sgl		PO	Q 6H	24/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	Syp. Domostat	2ml	PO	Q 8H	24/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	Syp. Upolac	2ml	PO	Q 12H	24/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Srinivasan

Date & Time: 24/5/26 @ 12:30 PM

Nurse Name & Signature: N. Thambidurai

Date & Time: 25/5/26 @ 11:30 AM

ANC-00015803
 Baby JASHWATHA J IP28-00004455
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DRUG CHART

Date of Admission: 25/5/2026 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>100 PARACETAMOL</u>				Date Time
Dose <u>12 ml</u>	Route <u>IV</u>	Frequency <u>SOS</u>	Start Date <u>25/5</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>15mg/ml dose</u>				
DRUG : <u>Syrup PARA</u>				Date Time
Dose <u>2.5ml</u>	Route <u>P/O</u>	Frequency <u>6 hourly</u>	Start Date <u>24/5/2026</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>(5ml/250mg)</u>				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 7.85..... Ward. No......

DRUG : INS-PANTOP				Date: <u>25/5</u>
Dose	Route	Frequency	Start Date	Time
10mg	iv	Q 24H	25/5/26	<u>5:50 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u> 147159				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Handwritten notes: 26/5/26 21/5 28/5 29/5
 6 AM 8 AM 8 AM 8 AM

DRUG : INS-EMESET				Date: <u>25/5</u>
Dose	Route	Frequency	Start Date	Time
1mg	iv	Q 8H	25/5/26	<u>1:50 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u> 147159				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Handwritten notes: 26/5/26 21/5 28/5
 10 AM, 2 PM, 8 PM, 8 PM, 8 PM, 8 PM

DRUG : INS-PARACETAMOL				Date: <u>25/5</u>
Dose	Route	Frequency	Start Date	Time
75mg	iv	Q 6H	25/5/26	<u>6 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u> 147159				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Handwritten notes: 6 AM, 6 PM, 6 PM, 6 PM, 6 PM, 6 PM
 Stop
 Anesh
 163765

DRUG : BIFILAC SACHET				Date: <u>25/5</u>
Dose	Route	Frequency	Start Date	Time
1	po	Q 12H	25/5/26	<u>7 AM</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>[Signature]</u> 147159				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Handwritten notes: 26/5/26 21/5 28/5
 7 AM, 9 AM, 9 AM, 8 AM, 8 AM, 8 AM

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REGULAR PRESCRIPTIONS

Weight 2.39 Ward M01

DRUG : INJ CEFTRIAXONE				Date-Time					
Dose	Route	Frequency	Start Dt.	25/5	26/5/24	27/5	28/5	29/5	
375mg	iv	Q12H	25/5/24	Am	Am	SS	AS	SS	
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : SUP PARACETAMOL				Date-Time					
Dose	Route	Frequency	Start Dt.	25/5	26/5/26	27/5			
2.5ml	P/O	Q6H	25/5/24	Am	Am	Am	SS		
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : BIFILAC SACHET				Date-Time					
Dose	Route	Frequency	Start Dt.	28/5	29/5				
1	PO	BD	28/5	Am	Am				
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG :				Date-Time					
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

Patient Sticker



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG :				Date-Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date-Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date-Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date-Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Signature
VERIFIED BY : Name

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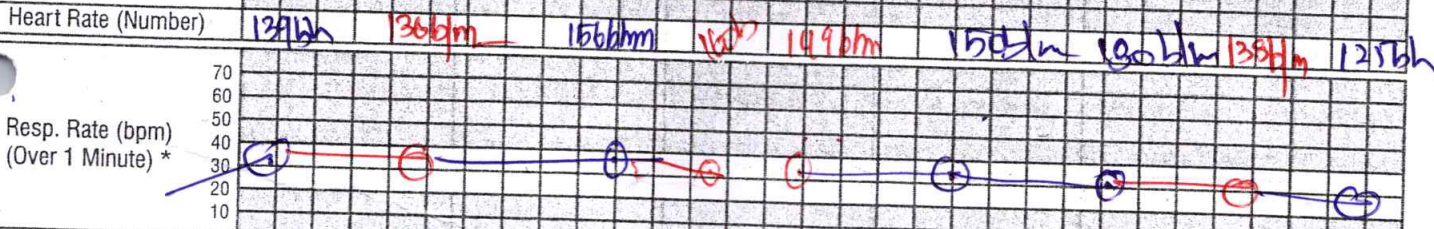
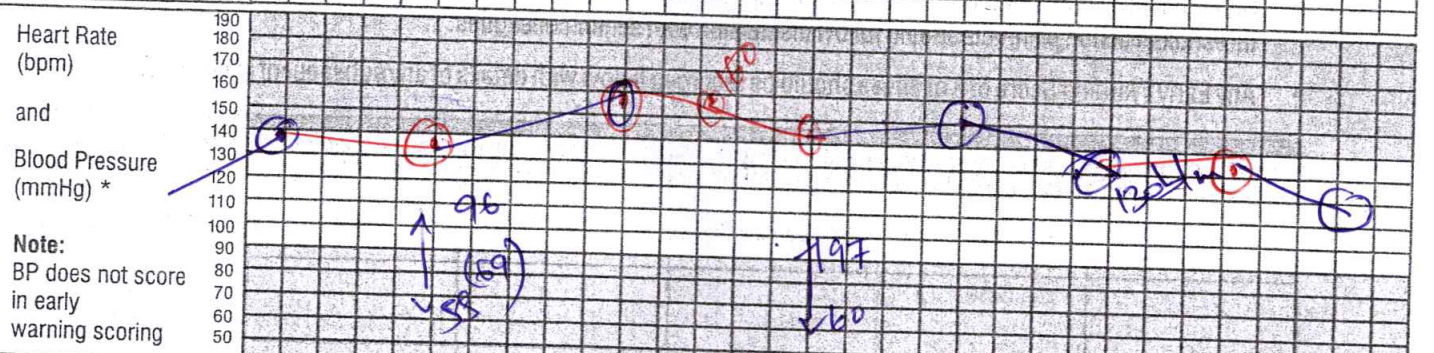
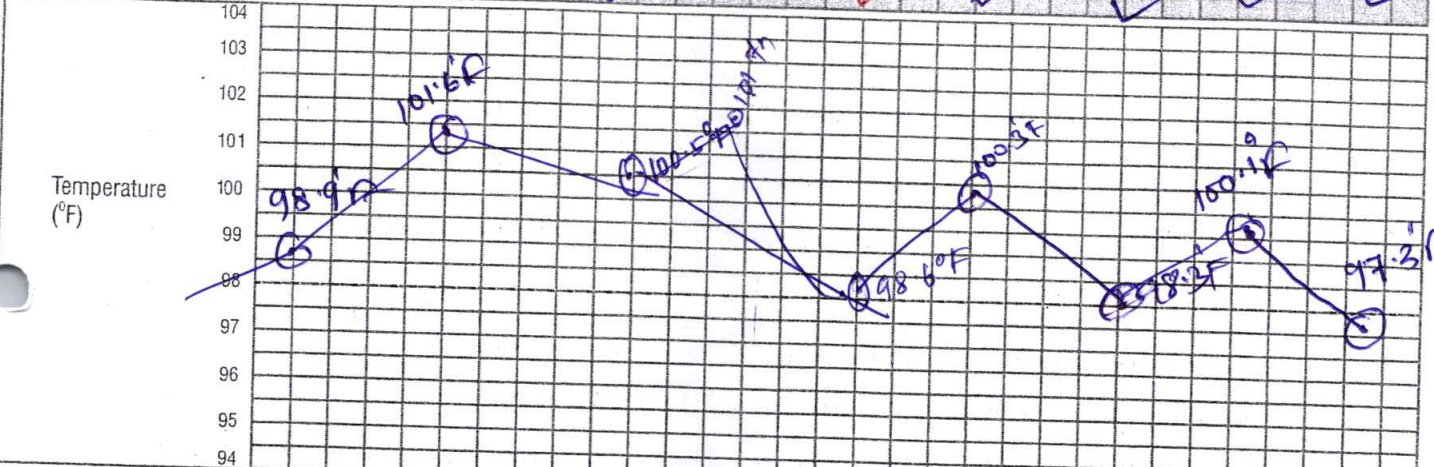
Doc. No.: RCH/FRM/CLINICAL/125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/5 Time: 3AM 7AM 10am 11:55AM 1PM 5:45AM 8PM 11PM 9AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number)	Resp Rate (Number)	Resp Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS *
139bpm	36bpm	✓	98%	98%	✓	15/5
136bpm	37bpm	✓	96%	96%	✓	15/5
156bpm	34bpm	✓	97%	97%	✓	15/5
149bpm	36bpm	✓	100%	100%	✓	15/5
150bpm	34bpm	✓	97%	97%	✓	15/5
130bpm	32bpm	✓	97%	97%	✓	15/5
135bpm	32bpm	✓	100%	100%	✓	15/5
125bpm	32bpm	✓	98%	98%	✓	15/5

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
01	01	0/10	ES
01	01	0/10	ES
01	01	0/10	ES
02	02	0/10	ES
02	02	0/10	ES
02	02	0/10	ES
01	01	0/10	ES
01	01	0/10	ES
01	01	0/10	ES

ACTIONS
 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.



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

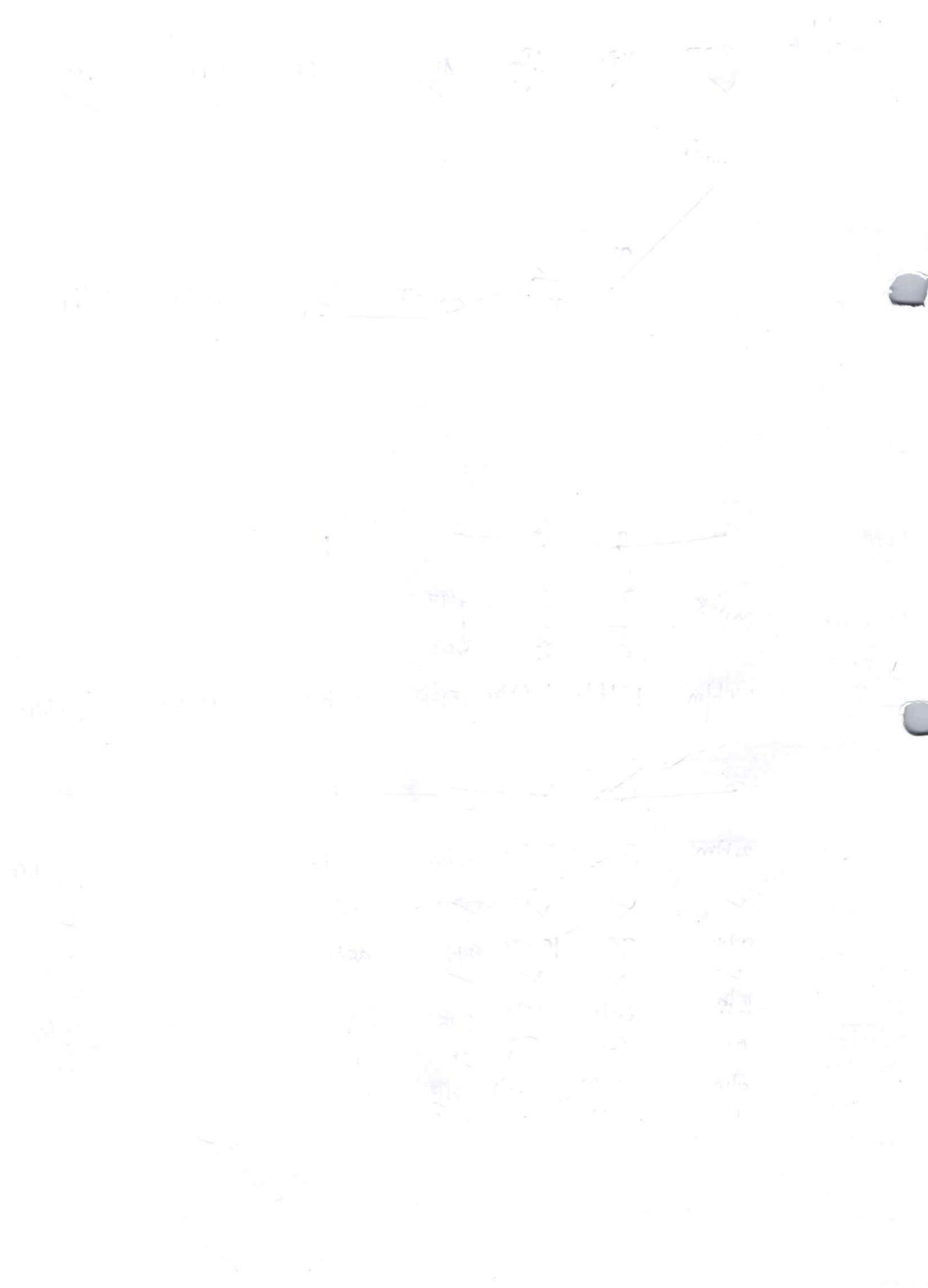
PRESCHOOL (1-5 years)
Children's Observation &
Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	26/2/25	Time:	8 AM	11 AM	1 PM	4 PM	7 PM	10 PM	11 PM
Doctor / Nurse / Family Concern?	✓	✓	✓	✓	✓	✓	✓	✓	✓
Temperature (°F)	101.2 ^F	98.2 ^F	98.5 ^F	98.2 ^F	98.2 ^F	98.2 ^F	97.6 ^F	97.4 ^F	97.4 ^F
Heart Rate (bpm) and Blood Pressure (mmHg) *	130 bpm / 120 mmHg	121 bpm / 120 mmHg	136 bpm / 120 mmHg	134 bpm / 120 mmHg	128 bpm / 119 mmHg	128 bpm / 116 mmHg	128 bpm / 116 mmHg	136 bpm / 116 mmHg	136 bpm / 116 mmHg
Note: BP does not score in early warning scoring	enging	enging	Not Allowed	197 160	enging				
Heart Rate (Number)	130 bpm	121 bpm	136 bpm	134 bpm	128 bpm	128 bpm	128 bpm	136 bpm	136 bpm
Resp. Rate (bpm) (Over 1 Minute) *	32 bpm	30 bpm	30 bpm	32 bpm	32 bpm	30 bpm	30 bpm	30 bpm	30 bpm
Resp Rate (Number)	32 bpm	30 bpm	30 bpm	32 bpm	32 bpm	30 bpm	30 bpm	30 bpm	30 bpm
Resp Distress	Mod/ Severe	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild
Receiving O ₂ (l/min)	✓	✓	✓	✓	✓	✓	✓	✓	✓
O ₂ Saturations (%)	99%	99%	100%	99%	98%	99%	99%	98%	98%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
Number of shaded boxes	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
Pain Score	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10
Observer's Initials	ES	ES	ES	ES	ES	ES	ES	ES	ES
ACTIONS	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.



ANC-00015803 IP28-00004455
 Baby JASHWITA J
 24-02-2025 1 Y 3 M 1 D (F)
 Dr. EZHILARASI



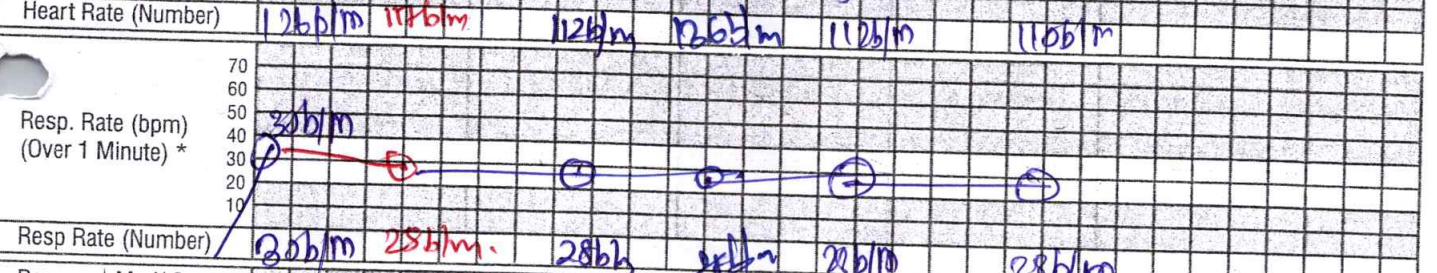
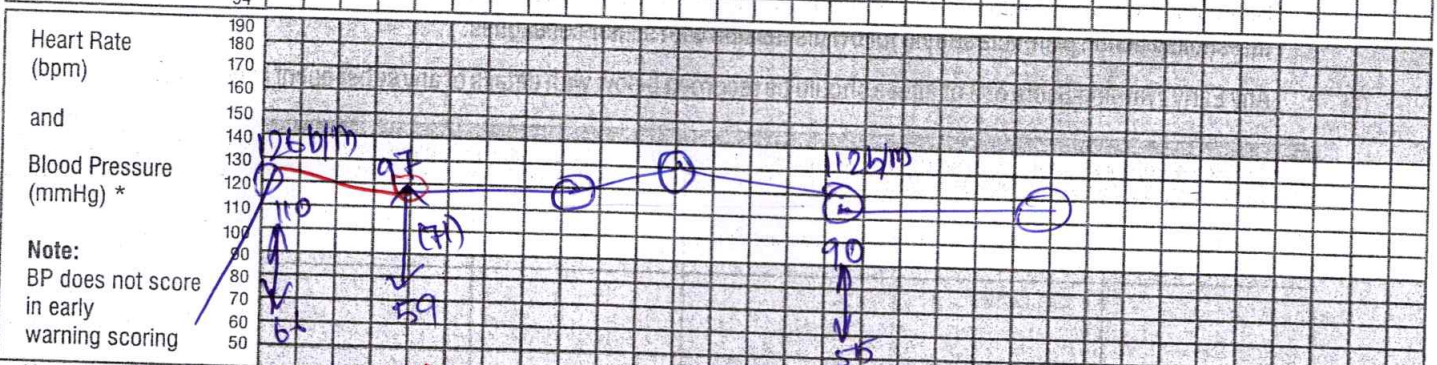
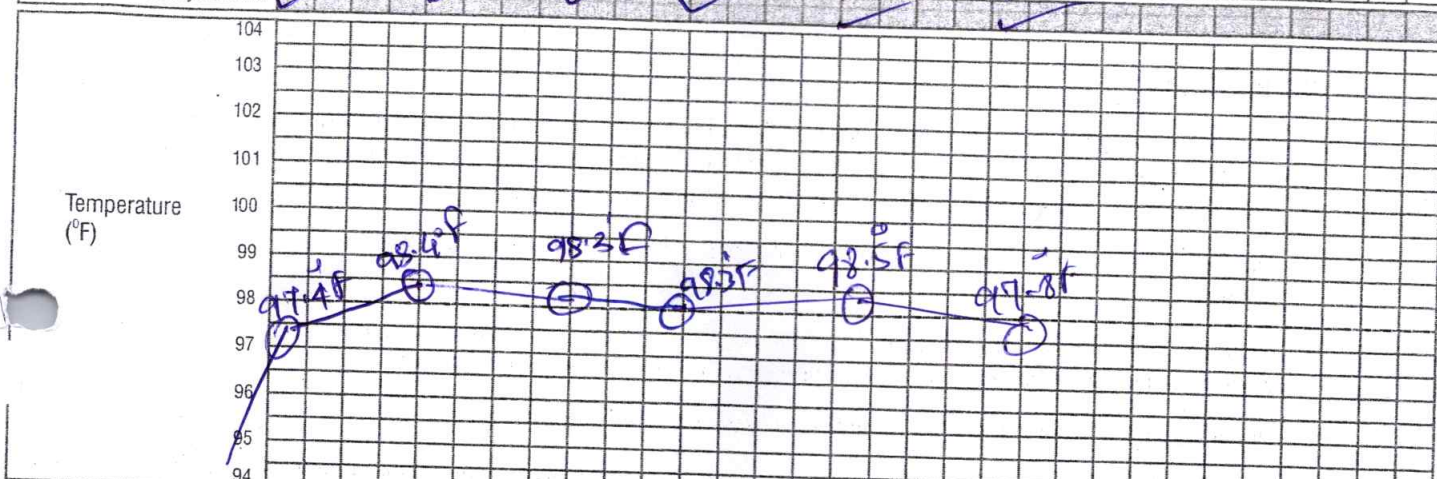
Doc. No. : RCH/FRM/CLINICAL/125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2-15-25 Time: 7AM 12PM 4PM 8PM 12AM 4AM
 Doctor / Nurse / Family Concern? ✓ ✓ ✓ ✓ ✓ ✓



Resp Distress	Mod/ Severe None / Mild	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	Normal / Altered	GCS *
✓	✓	✓	98%	✓	Normal	15/15
✓	✓	✓	99%	✓	Normal	15/15
✓	✓	✓	99%	✓	Normal	15/15
✓	✓	✓	98%	✓	Normal	15/15
✓	✓	✓	99%	✓	Normal	15/15
✓	✓	✓	98%	✓	Normal	15/15

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
01	01	0/10	ES
01	01	0/10	ES
01	01	0/10	ES
01	01	0/10	ES
01	01	0/10	ES
01	01	0/10	ES

ACTIONS
 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.

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

ANC-00015803 IP28-00004455
 Baby JASHWITHA J
 24-02-2025 1 Y 3 M 3 D (F)
 Dr. EZHILARASI

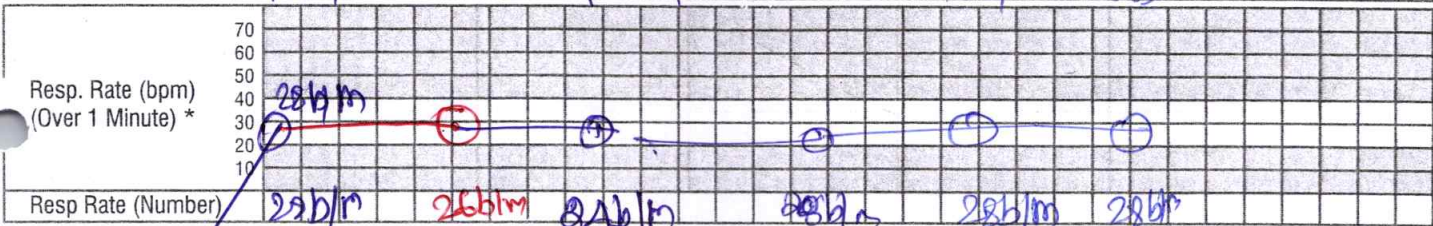
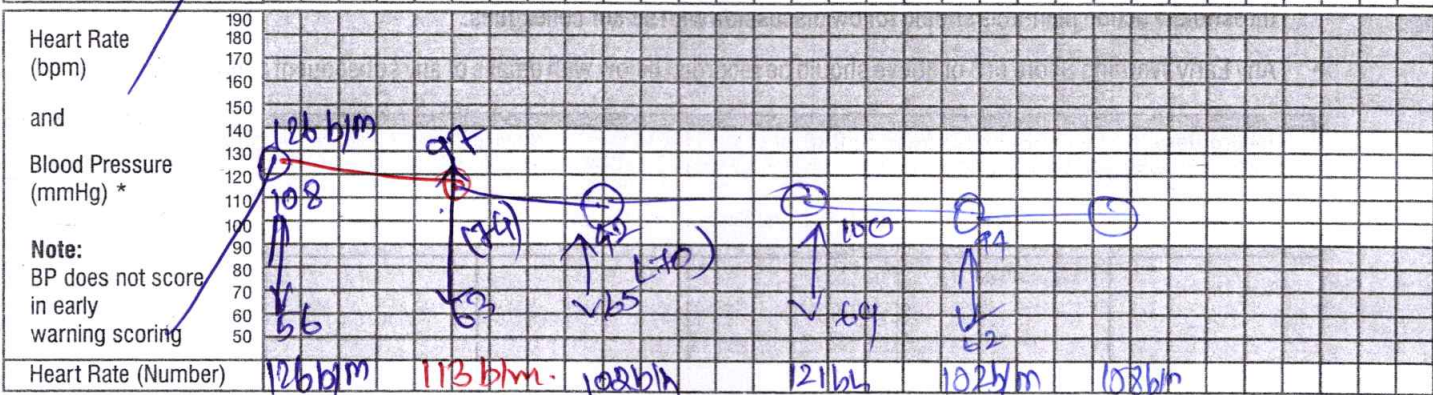
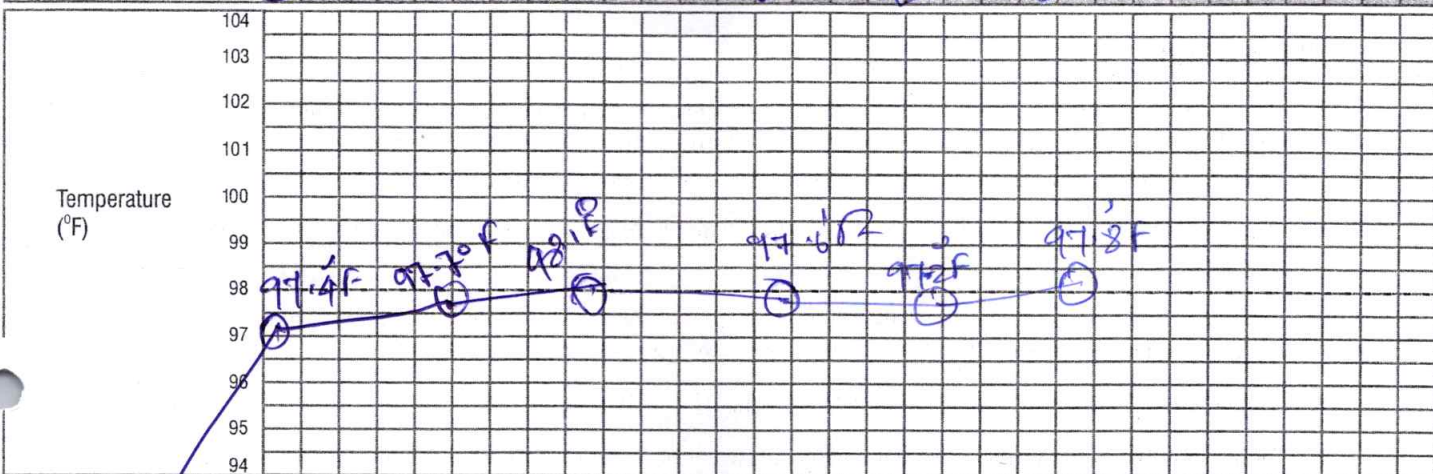
Doc. No. : RCH/ FRM / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/2/25... Time: 8AM 12M 4PM 8PM 12AM 4AM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None/ Mild	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	Normal/ Altered	GCS *
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28l	98%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26l	99%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24l	98%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28l	99%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28l	100%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28l	99%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15/15

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
01	0/10	SS	01/25/25
01	0/10	SS	01/25/25
01	0/10	SS	01/25/25
01	0/10	SS	01/25/25
01	0/10	SS	01/25/25
01	0/10	SS	01/25/25

- 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.

ANC-00015803 IP28-00004455
 Baby JASHWATHA J
 24-02-2025 1 Y 3 M 3 D (F)
 Dr. EZHILARASI



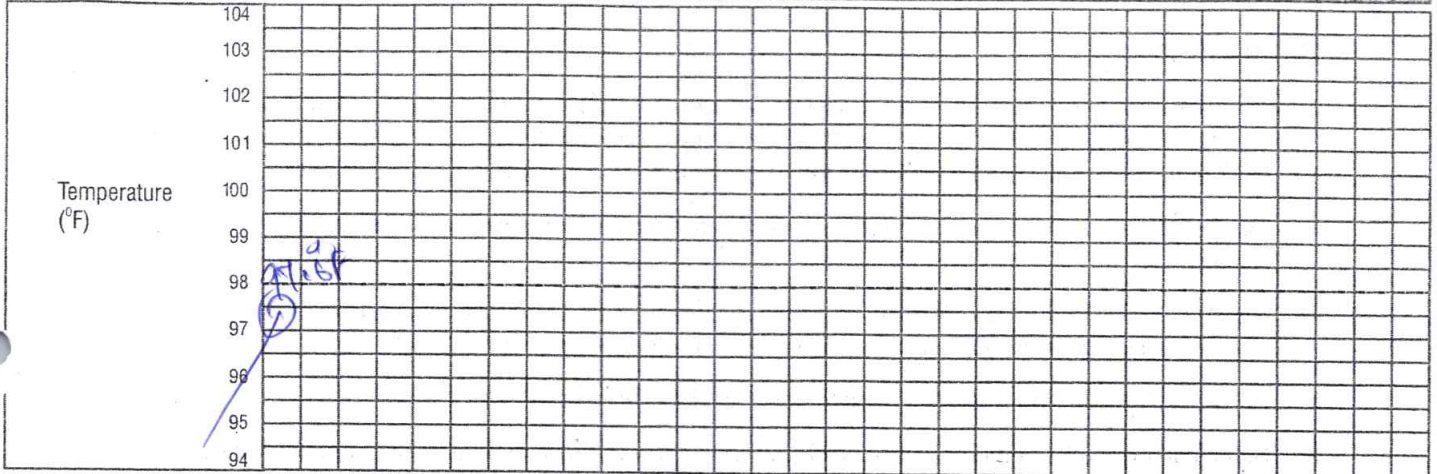
Doc. No. : RCH/FRM / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/2/25 Time: 7 AM
 Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *
 Note: BP does not score in early warning scoring
 Heart Rate (Number): 132b/m

Resp. Rate (bpm) (Over 1 Minute) *
 Resp Rate (Number): 30b/m

Resp Distress: Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%): 99%

Conscious Level: Normal Altered

GCS *: 15/15

TOTAL SCORE 01
 Number of shaded boxes 0/10
 Pain Score 0/10
 Observer's Initials ES

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.

ANC-00015803 IP28-00004455
 Baby JASHWITHA J
 24-02-2024 2 Y 3 M 1 D (F)
 Dr. EZHILARASI



FLUID CHART

Sheet No. : ①

25/5/26

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

		Intake				Output					IV Site Thrombophlebitis 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												
	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												
	04:00 am	H ₂ O	20ml	30ml									
	05:00 am			30ml									
	06:00 am			30ml									
	07:00 am			30ml									
Total Intake :						Total Output :							
→ Admission ←													
Total Intake : 20 + 180 = 200ml						Total Output : U-2 M-1							

Total 24 hrs. Intake Total = 200ml

Total 24 hrs. Output U-2
M-1



FLUID CHART

Sheet No. : 2

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

25/2/26		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am			30ml							0	
	09:00 am			30ml			✓		✓		0	
	10:00 am	H ₂ O	20ml	30ml			✓				0	Hes 04/180
	11:00 am			30ml							0	
	12:00 pm	m ₂	10ml	30ml							0	
	01:00 pm			30ml							0	
Total Intake :		F 30 + 180ml = 210ml				M-2		Total Output :		U-1 time		
	02:00 pm		20ml	30ml			✓		✓		0	} RD 65/133
	03:00 pm			30ml							0	
	04:00 pm		20ml	30ml							0	
	05:00 pm			20ml			✓				0	
	06:00 pm		20ml	30ml							0	
	07:00 pm			30ml							0	
Total Intake :		60ml + 170 = 230ml				M-2		Total Output :		U-1 time		
	08:00 pm			30ml								} A 018/04
	09:00 pm	H ₂ O	20ml	30ml					✓			
	10:00 pm			30ml								
	11:00 pm	H ₂ O	30ml	30ml								
	12:00 am			30ml					✓			
	01:00 am			30ml								
Total Intake :		50 + 180 = 230ml				M-2		Total Output :		U-2		
	02:00 am			30ml								} A 018/04
	03:00 am			30ml								
	04:00 am			20ml in	none							
	05:00 am			30ml			✓	✓				
	06:00 am	H ₂ O	30ml	30ml			✓		✓			
	07:00 am			30ml								
Total Intake :		50 + 140ml				V-1 M-2		Total Output :		U-1		
Total 24 hrs. Intake		Total = 860ml										
Total 24 hrs. Output		U-5 time M-6 time V-1 time										

CHANCE

2

Sheet No. 1

1. All measurements in feet
 2. Add up each column separately with check on page 1

Class	Type	Area	Volume
12:00 am	1000	1000	1000
1:00 am	1000	1000	1000
2:00 am	1000	1000	1000
3:00 am	1000	1000	1000
4:00 am	1000	1000	1000
5:00 am	1000	1000	1000
6:00 am	1000	1000	1000
7:00 am	1000	1000	1000
8:00 am	1000	1000	1000
9:00 am	1000	1000	1000
10:00 am	1000	1000	1000
11:00 am	1000	1000	1000
12:00 pm	1000	1000	1000
1:00 pm	1000	1000	1000
2:00 pm	1000	1000	1000
3:00 pm	1000	1000	1000
4:00 pm	1000	1000	1000
5:00 pm	1000	1000	1000
6:00 pm	1000	1000	1000
7:00 pm	1000	1000	1000
8:00 pm	1000	1000	1000
9:00 pm	1000	1000	1000
10:00 pm	1000	1000	1000
11:00 pm	1000	1000	1000
12:00 am	1000	1000	1000
Total Volume:		1000	1000
Total Area:		1000	1000
Total Length:		1000	1000
Total Weight:		1000	1000
Total Cost:		1000	1000



V-11-V



FLUID CHART

26/5/26

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	DBF	✓	30ml						✓	0	<div style="font-size: 24px; font-weight: bold;">}</div> PD 02/09/25
	09:00 am	H2O	20ml	D/E		✓					0	
	10:00 am	Kaji	10ml	30ml							0	
	11:00 am	H2O	10ml	30ml					✓		0	
	12:00 pm	H2O	30ml	30ml							0	
	01:00 pm			30ml							0	
Total Intake :			70 + 150 = 220ml. m-1			Total Output :					U - 2 times	
	02:00 pm	DBF	✓	30ml							0	<div style="font-size: 24px; font-weight: bold;"> </div> PD 02/09/25
	03:00 pm			30ml			✓				0	
	04:00 pm	TC	30ml	20ml					✓		0	
	05:00 pm			30ml			✓				0	
	06:00 pm	DBF	✓	30ml							0	
	07:00 pm	H2O	20ml	30ml							0	
Total Intake :			50 + 280ml = 330ml			Total Output :					U - 1 time	
	08:00 pm	H2O	50ml								0	<div style="font-size: 24px; font-weight: bold;">}</div> SS 01/09/25
	09:00 pm	H2O	20ml				✓				0	
	10:00 pm			30ml		✓			✓		0	
	11:00 pm			30ml							0	
	12:00 am			30ml							0	
	01:00 am	DBF	✓	30ml							0	
Total Intake :			DBF 1 time + 70ml + 120ml = 190ml m-1			Total Output :					U - 1 time	
	02:00 am			30ml							0	<div style="font-size: 24px; font-weight: bold;">}</div> SS 01/09/25
	03:00 am			30ml							0	
	04:00 am	H2O	20ml	30ml	20ml	→	none	✓			0	
	05:00 am	DBF	✓	30ml							0	
	06:00 am			30ml			✓		✓		0	
	07:00 am	H2O	30ml	30ml							0	
Total Intake :			50ml + 1 time DBF → 200ml = 250ml m-1			Total Output :					U - 1 time	

Total 24 hrs. Intake	990ml
Total 24 hrs. Output	U → 5 times m → 2 times

O → 240ml
 IV → 750ml
 J → 990ml
 Vomiting → 4 times

Handwritten notes at the top left of the page.

0 CH 0

St/le/lyr

Handwritten circled number '5'.

Sheet No. 1

1. All measurements in m.
2. Add up each column separately & give total.

Date	Time	Volume of Fluid	Fluid	Wt	Wt	Wt	Wt	Wt	Wt
	07:00 pm	100 ml	Water						
	08:00 pm	100 ml	Water						
	09:00 pm	100 ml	Water						
	10:00 pm	100 ml	Water						
	11:00 pm	100 ml	Water						
	12:00 pm	100 ml	Water						
	01:00 pm	100 ml	Water						
Total Intake :									
	02:00 pm	100 ml	Water						
	03:00 pm	100 ml	Water						
	04:00 pm	100 ml	Water						
	05:00 pm	100 ml	Water						
	06:00 pm	100 ml	Water						
Total Intake :									
	07:00 pm	100 ml	Water						
	08:00 pm	100 ml	Water						
	09:00 pm	100 ml	Water						
	10:00 pm	100 ml	Water						
	11:00 pm	100 ml	Water						
	12:00 pm	100 ml	Water						
	01:00 pm	100 ml	Water						
Total Intake :									
	02:00 pm	100 ml	Water						
	03:00 pm	100 ml	Water						
	04:00 pm	100 ml	Water						
	05:00 pm	100 ml	Water						
	06:00 pm	100 ml	Water						
	07:00 pm	100 ml	Water						
Total Intake :									
	08:00 pm	100 ml	Water						
	09:00 pm	100 ml	Water						
	10:00 pm	100 ml	Water						
	11:00 pm	100 ml	Water						
	12:00 pm	100 ml	Water						
Total Intake :									

Handwritten notes and signatures at the bottom of the page, including names like 'M. S. ...' and 'M. S. ...'.



FLUID CHART

Sheet No. : 4

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H ₂ O	20ml	30ml			✓			✓	0	PP 20/02/25
	09:00 am	DBF	✓	30ml						0		
	10:00 am	H ₂ O	30ml	Stated			✓			0		
	11:00 am	DBF	✓	30ml						0		
	12:00 pm	Karsi	50ml	30ml						0		
	01:00 pm	H ₂ O	10ml	30ml					✓	0	PP 20/02/25	
Total Intake :			110 + 150 = 260ml - 2			Total Output : U - 3 times						
	02:00 pm	DBF	✓	D/E						✓	0	A 01/02/25
	03:00 pm	H ₂ O	30ml	DK						0		
	04:00 pm	H ₂ O	30ml	20ml by none			✓			0		
	05:00 pm	H ₂ O	30ml	15ml						0		
	06:00 pm	DBF	✓	15ml						0		
	07:00 pm	H ₂ O	50ml	15ml					✓	0		
Total Intake :			140 + 65ml = 205ml m-1			Total Output : U - 3 times						
	08:00 pm									0	SS	
	09:00 pm	H ₂ O	50ml				✓			0	SS 21/02/25	
	10:00 pm	H ₂ O	20ml	15ml						0	SS	
	11:00 pm			15ml						0	SS	
	12:00 am			15ml						0	SS 21/02/25	
	01:00 am			15ml						0	SS	
Total Intake :			100ml + 60ml = 160ml m-0			Total Output : U - 4 times						
	02:00 am			15ml						0	SS	
	03:00 am			15ml						0	SS 21/02/25	
	04:00 am			15ml						0	SS	
	05:00 am			20ml	→ any - none					0	SS	
	06:00 am	H ₂ O	50ml	15ml					✓	0	SS 21/02/25	
	07:00 am									0	SS	
Total Intake :			50ml + 80ml = 130ml m-0			Total Output : U - 4 times						

Total 24 hrs. Intake 725ml

Total 24 hrs. Output U - 8 times
M - 3 times

⊕ -> 370ml
⊖ -> 355ml

CHS

1. All measurements in m.
2. Add up each column separately for the whole

Sl. No.	Particulars	Rate	Quantity	Amount	Remarks
1	Excavation	100.00	1.00	100.00	
2	Backfilling	80.00	1.00	80.00	
3	Compaction	120.00	1.00	120.00	
4	Formwork	150.00	1.00	150.00	
5	Reinforcement	200.00	1.00	200.00	
6	Concrete	300.00	1.00	300.00	
7	Painting	50.00	1.00	50.00	
8	Labour	100.00	1.00	100.00	
9	Material	150.00	1.00	150.00	
10	Transportation	200.00	1.00	200.00	
11	Overhead	100.00	1.00	100.00	
12	Profit	100.00	1.00	100.00	
Total				1500.00	
13	Excavation	100.00	1.00	100.00	
14	Backfilling	80.00	1.00	80.00	
15	Compaction	120.00	1.00	120.00	
16	Formwork	150.00	1.00	150.00	
17	Reinforcement	200.00	1.00	200.00	
18	Concrete	300.00	1.00	300.00	
19	Painting	50.00	1.00	50.00	
20	Labour	100.00	1.00	100.00	
21	Material	150.00	1.00	150.00	
22	Transportation	200.00	1.00	200.00	
23	Overhead	100.00	1.00	100.00	
24	Profit	100.00	1.00	100.00	
Total				1500.00	

Handwritten notes and calculations on the left side of the page, including a vertical list of items and their corresponding amounts.



FLUID CHART

Sheet No. : 5

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/2/25													
	08:00 am	DBF	✓	D/E				✓		✓	0	AP 01/09/25	
	09:00 am	H ₂ O 50ml		D/E							0		
	10:00 am	H ₂ O 50ml		Stopped							0		
	11:00 am								✓		0		
	12:00 pm	H ₂ O 50ml									0		
	01:00 pm	DBF	✓								0		
Total Intake :			150ml + Min = 150ml.			M-0			V-1			Total Output : U-2 Times	
	02:00 pm	H ₂ O 50ml						✓		✓	0	AP 01/09/25	
	03:00 pm										0		
	04:00 pm	Tc 400ml								✓	0		
	05:00 pm										0		
	06:00 pm	H ₂ O 50ml								✓	0		
	07:00 pm										0		
Total Intake :			200ml			V-1			Total Output : U-3				
	08:00 pm										0	K 01/09/25	
	09:00 pm	H ₂ O 50ml							✓		0		
	10:00 pm	H ₂ O 50ml									0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake :			100ml			M-0			Total Output : U-1 Time				
	02:00 am										0	K 01/09/25	
	03:00 am										0		
	04:00 am										0		
	05:00 am								✓		0		
	06:00 am										0		
	07:00 am	H ₂ O 50ml									0		
Total Intake :			50ml			M-0			Total Output : U-1 Time				

Total 24 hrs. Intake **500ml**

Total 24 hrs. Output **U-7 Times**
M-0

Vomiting -> 2 times

ANC-00015803 IP28-00004455
 Baby JASHWITHA J
 24-02-2025 1 Y 3 M 3 D (F)
 Dr. EZHILARASI



FLUID CHART

Sheet No. : 6

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 Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am	100 20ml									0	
	10:00 am										0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure: -	Post OP Day:					
BACKGROUND	Date	24/5	25/5	25/5	25/5	26/5/26	26/5/26
	Shift	N	M	F	N	M	F
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
ASSESSMENT	Diet:	ND	soft diet	soft diet	soft diet	soft diet	soft diet
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	RD	RA	RA	RD	-RA-	RD
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: 101.6°F	98.6°F	98.3°F	101.2°F	98.6°F	98.2°F
	Res:	32b/m	26b/m	22b/m	32b/m	30b/m	32b/m
	SpO ₂ :	96.1	100.1	97.1	99.1	100%	98%
	Pulse:	136b/m	149b/m	180b/m	130b/m	136b/m	128b/m
	BP:	96/55	97/60	-	-	-	-
	LOC:	Alert	Alert	Alert	Alert	Alert	Alert
RECOMMENDATIONS	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity:	28	28	28	28	28	28
	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	-	-	-	-	-	-
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	-	-	-	-	soft diet	soft diet
	Critical Lab Test / Values:	-	-	-	-	-	-
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:							
Handed Over By Name :		Shivanya	Anbarani	Danya	Shivanya	Pamya	Nandhu
Signature / ID :		(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Date:		25/5	25/5/26	25/5/26	26/5/26	26/5/26	26/5/26
Time:		8 AM	2:30 PM	8:30 PM	8:30 PM	8 PM	8:30 PM
Taken Over By Name :		Nandhu	Danya	Shivanya	Pamya	Nandhu	Sugya
Signature / ID :		(Signature)	(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Date:		25/5	25/5/26	25/5/26	26/5/26	26/5/26	26/5/26
Time:		8:30 AM	2:30 PM	8 PM	8 AM	2:30 PM	8:30 PM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>ARI</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known			
	Surgery / Procedure:		If Yes Specify:			
BACKGROUND	Date	<u>26/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>
	Shift	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	-	-	-
	Diet:	<u>(N) diet</u>	<u>(N) Diet</u>	<u>(N) diet</u>	<u>(N) diet</u>	<u>(N) diet</u>
RECOMMENDATIONS	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>-RA-</u>	<u>RA</u>	<u>RA</u>	<u>-RA-</u>
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: <u>97.4F</u>	<u>98.40F</u>	<u>97.9F</u>	<u>97.4F</u>	<u>97.70F</u>
	Res:	<u>30b/m</u>	<u>28b/m</u>	<u>28b/m</u>	<u>126b/m</u>	<u>113b/m</u>
	SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>98%</u>	<u>98%</u>	<u>99%</u>
	Pulse:	<u>126b/m</u>	<u>117b/m</u>	<u>112b/m</u>	<u>126b/m</u>	<u>113b/m</u>
	BP:	<u>110/66</u>	<u>97/59</u>	-	<u>108/56</u>	<u>97/63</u>
	LOC:	<u>Alert</u>	<u>Alert</u>	<u>Alert</u>	<u>Alert</u>	<u>Alert</u>
	Fall Risk Score:	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Physiotherapy:	-	-	-	-	-	
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:	<u>(N) diet</u>	<u>(N) Diet</u>	<u>ND</u>	<u>(N) diet</u>	<u>(N) diet</u>	
Critical Lab Test / Values:	-	-	-	-	-	
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:	-	-	-	-	-	
Handed Over By Name :	<u>Sugra</u>	<u>Pavab</u>	<u>Shineevia</u>	<u>Sugra</u>	<u>Pavab</u>	<u>Shivan</u>
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>28/5</u>
Time:	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>
Taken Over By Name :	<u>Pavab</u>	<u>Sugra</u>	<u>Sugra</u>	<u>Pavab</u>	<u>Shivan</u>	<u>Sugra</u>
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:	<u>27/5/26</u>	<u>27/5</u>	<u>27/5/26</u>	<u>28/5/26</u>	<u>28/5</u>	<u>28/5/26</u>
Time:	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: -	Post OP Day:						
BACKGROUND	Date	28/1/26						
	Shift	N						
	Medical Condition (Any special condition to be noted):	-						
	Diet:	(N) Diet						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	97.6F					
		Res:	20b/m					
		SpO ₂ :	99+					
		Pulse:	136b/m					
		BP:	96/61					
		LOC:	Alert					
	Fall Risk Score:	11						
Pain Score:	0/10							
Skin Integrity	Intact							
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	(N) Diet						
	Critical Lab Test / Values:	-						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	dependent							
Post Operative Procedure Special Orders:		-						
Handed Over By Name :		Suga						
Signature / ID :		[Signature]						
Date:		29/1/26						
Time:		8Am						
Taken Over By Name :		Pamb						
Signature / ID :		[Signature]						
Date:		29/1/26						
Time:		8Am						

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	ADL (Dependent / Non Dependent):							
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature / ID :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature / ID :							
	Date:							
	Time:							

ANC-00015803 IP28-00004455
 Baby JASHWITA J
 24-02-2024 2 Y 3 M 1 D (F)
 Dr. EZHILARASI



NURSES NOTES

(USE BALL POINT PEN ONLY)

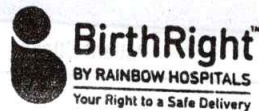


Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Admission Note (25/5/26)
	2:30 Am	Patient received from the ER staff Thambi, iv lines ID band present medication as per drug chart. IVP DNS sample on going.
	3 Am	urine sample send, catheters sample.
	4 Am	CRP 180 mg by power has been started.
		→ vitals checked and documented vitals stable T. decreased.
	6 Am	→ Medication given as per drug chart I/O discovered and documented
	7 Am	→ vitals checked and documented vitals stable.
	8:30 Am	→ Handing over given to the next duty staff.
		Morning duty notes
25/5/26	8:30 am	child details handing over taken from night duty staff
	9 Am	child vitals are checked Temp is 100.5°F Inform Dr. Dishwarya mam she advise wait for 1 hour IV line patens. IV fluids flow on DNS 30ml/h No swelling and redness
	11 am	checked Temp is 102.7°F quin para 70mg IV.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015803 IP28-00004455
 Baby JASHWITHA J
 24-02-2025 1Y3M1D (F)
 Dr. EZHILARASI



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies ... nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
25/5/26	12pm	child is sleeping well. No other complaints
	1pm	child vitals checked and recorded. vitals are stable Temp is 98.6°F pulse is 149b/m.
	2pm	child details handing over given to Evening duty staff.
		25/5/26 - Evening duty. Neel
	3pm	child is handing over taken from Morning duty staff conscious and oriented. Tr. Ruc. Root in position. Tr. fluid output 80ml/m DAB
	3pm	Encouraged oral fluids. Health evaluation given as per disease condition.
	4pm	Vital monitoring and recording. Administration of medicine inj. - Done 3.5mg given had 2ml of OP given.
	5pm	Administration of medicine Suprap: para 2.5ml given. as per drug chart.
	6pm	Administration of medicine inj. ement was given as per doctor order.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015803 IP28-00004455
 Baby JASHWITA J
 24-02-2026 1 Y 3 M 1 D (F)
 Dr. EZHILARASI



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies *Nin*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
25/5/26	11:00 AM	Dr. Ezhilarasi came and told the patient that the mom told not need the urine routine and urine culture.
	8 PM	Baby check vitals & vitals is recorded.
	8:15 PM	Baby detail discharge given to night duty staff.
	8:15 PM	<i>Night duty (25/5/26)</i> Patient details handing over <i>Dr. 25/5/26</i> taken from the evening duty staff. In line present - IV DMS 30ml firm medication as per drug chart.
	10 PM	Medication given to the child as per drug chart.
	12 AM	Vitals checked and documented. Vitals stable.
	2 AM	Child was stable, no other fresh complain.
	4 AM	Vitals checked and documented. Vitals stable, medication given to the baby as per drug chart.
	6 AM	Medication given to the child as per drug chart.
	7 AM	D/O discovered and documented. Vitals checked and documented.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

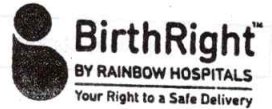
Patient Sticker

ANC-00015803 IP28-00004455
 Baby JASHWITHA J
 24-02-2025 1Y3M1D (F)
 Dr. EZHILARASI



NURSES NOTES

(USE BALL POINT PEN ONLY)



(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

DATE	TIME	
	8am	Handing over given for the next duty staff.
		<u>Morning DUTY (26/5/26)</u>
26/5/26	8AM	Patient Hand over taken from Evening & Night duty staff Baby is stable and Active IV line present and Not Pattern its sneezing sneezing sound is <u>(01)</u> over so we have removed
26/5/26	9:10 Am	we have secured New IV line in Right cephalic site with 24G ventlon
26/5/26	L.E 9:00Am	medication given to patient
26/5/26	11Am	AS per drug chart order we haven't gave s.p. Para 4Am dose because now Baby temp is 98.3°F so DR. mithuna maam said now no need to give 12pm dose we will see if any fever spike she will decide on it to change SOS or Not
		<u>P.F.O</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies *nin.*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
26/5/26	11:30 AM	DR. Ezhilarasi maam came and she saw the child she said to do Repente CRP with morning taken sample so we have raised CRP Bin → PD 10995
26/5/26	1 PM	Patient CRP is 260 so we have informed to DR. Nithuna maam she said to continue sample → PD 10995
26/5/26	1 PM	I/O completed and documented in file → PD 10995
26/5/26	2 PM	Patient Hand over given to Evening duty staff → PD 10995
Evening duty Notes:-		
26/5/26	2:30 PM	child details handing over taken from morning duty staff
		child vitals are stable No fever spike
	3 PM	IV line pattern. IV fluids flow on DNS 30ml NO swelling and redness.
	4 PM	medications are administration as per drug chart
	5 PM	child is sleeping well No other complaints.
	7 PM	child vitals checked and recorded. vitals are stable / child detail given to Night duty staff
	2 PM	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Night duty</u>
26/5/26	8pm	child hand over taken from evening duty start child active alert awake
	9 ³⁰ pm	child stable sv line present and pattern child had 1 episode of vomiting to
	10pm	snj - Emet 1mg Bitalac sachet 1 p/o given check T- 97.8° C syp- p/omg 2.5ml p/o given 6 hourly one DNS 30ml/hr connected
27/5/26	12pm	vitals stable no fever spike child is slept
	4am	vitals checked and recorded syp- p/omg 2.5ml p/o given sv fluid on flow maintain snj- xone 375mg sv given
	6am	snj- pan 10mg snj- Emet 1mg sv given
	8am	vitals checked and recorded child hand over to next duty start
		<u>P.O</u>

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 27/5/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies

Nin.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Morning Duty (27/5/26)</u>
27/5/26	8Am	Patient Hand over taken from Night duty staff, Baby is stable and ALERT, I/V line present and patent, No further complaints present → [Signature]
27/5/26	9Am	① Bilalae Shasht given to patient as per drug chart order → [Signature]
27/5/26	9Am	I/V fluid's stopped as per doctor mithuna maam order → [Signature]
27/5/26	10Am	DR. Ezhilarasi maam came and she saw the child she said to continue I/V fluid in Evening and continue same treatment → [Signature]
27/5/26	12Pm	Patient vital signs checked and documented in HIP → [Signature]
27/5/26	1Pm	Baby I/O completed and documented in HIP → [Signature]
27/5/26	2Pm	Patient Hand over given to Evening duty staff [Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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NURSES NOTES

(USE BALL POINT PEN ONLY)

- No known Drug Allergies
- Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty (27/5/26)
	8pm	Patient details handing over taken from the evening morning duty staff IV line (A) and patient IVF 30ml/hr by evening plan to change half maintenance. Other medication as per drug chart.
	4pm	by none given to the child as per drug chart as the patient child stable.
	5pm	Dr. Ezhilarasi came and saw the patient she said continue same to stop IVF 15ml/hr and improve oral intake.
	6pm	child was sleeping no other focal complain.
	7pm	2/o discussed and documented child is stable no other focal complain → Vitals checked and documented vitals stable.
	8pm	Handing over given to the next duty staff.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty
27/5/26	8pm	child hand over taken from evening duty staff
		child active alert awake child stable
		IV line present and pattern child had
		diat vomiting to 1 episode
	9pm	snj - Emeset 1mg Bililac 1 sachet p/o given
		child passed urine
		DNS 15ml/hr connected child is slept
		no complaint
28/5/26	12AM	child vitals stable no fever spike
		child is slept
	1AM	vitals checked and recorded snj - xone
		3tsmg IV given
	6AM	snj - pan 10mg snj - Emeset 1mg IV given
	8AM	child vitals checked and recorded
		child hand over to next duty staff
		<u>Morning Duty (28/5/26)</u>
28/5/26	8AM	Patient Hand over taken from Night duty staff, Baby is stable and well oriented, IV line present and pattern
28/5/26	9AM	Bililac sachet given to patient as per drug chart

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		order
28/5/26	10:20Am	DR. Ezhilarasi mam came and she saw the child she said to stop IV fluids and to continue ceftriaxone
28/5/26	12Pm	tin tomorrow patient vital signs checked and documented in file
28/5/26	1Pm	Baby I/O collected and documented in file
28/5/26	2Pm	Patient hand over giving to Evening Duty Staff
		Evening shift (28/5/26)
	2Pm	→ Patient details handed over taken from other evening morning duty staff, no lines present and patient medication as per drug chart.
	4Pm	vitals checked and documented vitals checked and documented. Medication given to the child as per order

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ANC-00015803 IP28-00004455
 Baby JASHWITHA J
 24-02-2025 1 Y 3 M 3 D (F)
 Dr. EZHILARASI



NURSES NOTES

(USE BALL POINT PEN ONLY)

Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		8:30 → child Stable no other Complain.
		8:30 → D/o discovered and documented improved Oral intake.
		8:30 → vitals checked and documented
		8:30 → Handing Over given to the next duty staff
Night Duty Notes (28/10/2026)		
28/10/26	8AM	child hand over taken from evening duty staff child active alert awake child stable iv line present and pattern child oral intake good no vomiting
	9pm	Bifilac sachet 1 D/o given baby passed urine no other complaints
29/10/26	12AM	vitals stable no fever spike child is slept
	4AM	vitals checked and recorded sig-xone 375mg iv given
	6AM	sig-pan 10mg iv given
	8AM	vitals checked and recorded child hand over to next duty staff

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