

Rainbow
Children's
Hospital
It takes a lot to bring one little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE TRACKING SHEET

ANC-00015296 IP28-00004473
Baby Of SWARNA SINHA
17-04-2026 0 Y 1 M 12 D (M)
Dr. EZHILARASI



UHID : FLOOR: CONSULTANT NAME: DR.

| ACTIVITY | IN TIME | OUT TIME | REMARKS | <To be filled by Admin> |
|------------------------------------|---------|---------------------------------------|--------------------|-------------------------|
| Activity Sheet updated by Nursing | | 30/5/26 3P AM H. E. 01/17/26 | | |
| Activity Sheet updated by Pharmacy | | 2:40 pm | <i>[Signature]</i> | |



DISCHARGE TRACKING SHEET

ANC-00015296 IP28-00004473
Baby Of SWARNA SINHA
17-04-2026 0 Y 1 M 12 D (M)
Dr. EZHILARASI



UHID :

FLOOR:

CONSULTANT NAME: DR.

| ACTIVITY | IN TIME | OUT TIME | REMARKS | <To be filled by Admin> |
|------------------------------------|---------|-----------------------------------|---------|-------------------------|
| Activity Sheet updated by Nursing | | 30/5/26 3:20 PM [Signature] | | |
| Activity Sheet updated by Pharmacy | | 2:40 PM [Signature] | | |

ACTIVITY RECORD FOR BILLING



Name: ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 10 D (M)
 UHID No: IP No: Dept:
 Dr. EZHILARASI
 Date of Admission: TI Charge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:



WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|---------|------|-----|-----------------------------|
| 27/5/26 | 6:10pm. | ER | 312 | <i>[Signature]</i> 18603 |
| | | | | |
| | | | | |
| | | | | |
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CROSS CONSULTATION VISIT

| | Doctor Name | Date | Order No. | Signature |
|-----|-------------|---------|-----------------------------------|--------------------|
| 1. | Dr. Sameera | 28/5/26 | 14766 To be revised | <i>[Signature]</i> |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

INVESTIGATIONS

| Date | Investigations | Order No. | Signature |
|---------|----------------------|-----------|-----------|
| 27/5/26 | RBS, Calcium, | 7233 | <u>ES</u> |
| | serum Electrolytes | | |
| 28/5/26 | CBC, LRP, SGOT, SGPT | 7250 | Nayy |
| | Respiratory Biome | | |
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PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|--------------------|---------------------|---------------|------------------|------------------------------|
| 27/5/26 | Neb C O2 | 05 | 147161 ✓ | <i>[Signature]</i> 018603 |
| 28/5/26 | Neb E O2 | 01 | 7226 | RS |
| 28/5/26 | IV placement | ① | 7310 | Nelly |
| " | chest xray | ① | 4025 | Nelly |
| 28/5/26 | Neb G O2 | | | |
| 28/5/26 | Neb 20 | 3 | 41593 | [Signature] |
| 24/5/26 | Neb | 3 | 41593 | <i>[Signature]</i> ✓ |
| 30/5/26 | Nebulization | 21 | 7770 | <i>[Signature]</i> |
| | | | | |
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ANY OTHER INFORMATION:

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Date: 30/5/26 Time: 0:30 Prepared By: *[Signature]*

| | | | |
|-----------------------------------|--------------|-------------------|--------------------|
| Staff Nurse <i>[Signature]</i> | Shift / Ward | Billing Assistant | Billing Supervisor |
|-----------------------------------|--------------|-------------------|--------------------|



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|----------------|
| 27/5/26 | SIB Dr. Mithun | |
| 8:40 PM | Child Fed | |
| | do font breathing ↓. | |
| | Saturation in room air 93-97% in RA. | |
| | On FF - 90 ml - on demand. | |
| | U/o: Adequate | |
| | O/g: Gurg + actively | |
| | PWF | |
| | RR: 36-40 /min. | |
| | SpO ₂ : 91-95% in RA. | |
| | Rx: B/LASG | |
| | B/L w/urget | |
| | Plan: ① Advise Dr. Ezhilarasi, to start | |
| | O ₂ by nasal prongs 2L | |
| | ② Watch for clonus | |
| 27/5/26 | SIB Dr. Mithun | |
| 11:00 PM | Baby Fed. | |
| | No further clonus | |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|---|----------------|
| <u>cont.</u> | On 2L of O ₂ | |
| | RR: 40/min. | |
| | SPO ₂ : 95-98% on 2L of O ₂ . | |
| | ops RS: B/L Aet (+) | |
| | NO SER / ICR / SSR. | |
| | B/L wheeze (+) ↓↓ | |
| | Plan: ① To continue vitals monitoring. | |
| | ② To inform if SPO ₂ < 96%. | |
| | ③ watch for asthma. | |
| | | |
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| | | |
| <u>28/5/26</u> | SIB Dr. Millura | |
| <u>4:00AM</u> | No available cry for past 1 1/2 hrs. | |
| | Taky FF - by bottle will 90-110 ml. | |
| | U/o: Adequate. | |
| | ops: Gey + Activity (+) | |
| | SER (+) | |
| | RR: 30/min - 42/min. | |
| | RS: B/L Aet (+) B/L wheeze (+) | |
| | | |
| | | |
| | | |
| | Plan: To give Neb. humin, SPT, Neb. Adrenaline | |
| | To give sup. Pico 2.5ml SPT | |

cont.

To give sup. Pico 2.5ml SPT
 To give after rehydration.



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------|---|--------------------------|
| 28/5/26 8:45AM | S/B Dr. Aneshu | |
| | BRONCHITIS (moderate) | |
| | <ul style="list-style-type: none"> - c/o cough (+), fast breathing improving but persisting. - Afebrile since admission. - No vomiting - Baby demanding feeds, - Multiple irritable cry episodes overnight - Baby alert <p>peripheral pulses well felt CRT < 3sec.</p> | |
| | <p>S/E - RS - B/LAE (+) crepitations (+) S/C (+) mild head bobbing (+) . WOB ↑ → Post feed</p> <p>SpO₂ - 100% @ 2L O₂ RR - 40/m</p> <p>CVS - HR - 130/m S/S (+) no murmur CRT < 3sec fee fee</p> <p>PA - soft C/S - AF @ level.</p> | |
| | To decide plan @ Dr. Ezhil mam. | <p>Aneshu 163765</p> |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|---|---|
| 28/5/26 10:00am | S/B Dr. Ezhilarasi Afebrile Distress ↓↓ RR: 38/min Minimal suprasternal retraction Lungs B/L are clear good Abd: soft | S/B Dr. Ezhilarasi |
| | | IV access Maintenance fluid To do CBC, CRP, SCD7, SEPT Viral panel. |
| | | Adrenaline neb. Q6h (1-1-1) Budecort 1mg Q6h (1-1-1) Levalin neb. 0.6 Q6h (1-1-1-1) |
| | | |
| 28/5/26 3:30pm | S/B Dr. Aneshu | S/B |
| | - Baby reviewed. | |
| | - Fast breathing & distress - improving | |
| | - No fever. | |
| | - B/LAE (+) RR - 42/min SCR (+) SpO ₂ - 100% @ 2L O ₂ CBC - ↓ Hb CRP - < 5 Viral panel awaited. | |
| | - To continue the same | Aneshu 163765 |

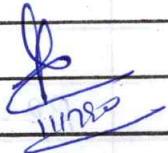


PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---------------------------|---------------------|
| 28/5/26 | S/B Dr. <u>Ezhilarasi</u> | |
| 8:30pm | Comfortable | |
| | RR: 38/min | |
| | No retractions | |
| | Lungs: Bil air entry good | |
| | Abd: soft | |
| | | Careful feed |
| | | <i>[Signature]</i> |
| 28/5/26 | S/B Dr. <u>Malini</u> | |
| 8:30pm | No fever spikes | |
| | Distress ↓↓ | |
| | Given some feeds now | |
| | Urine output good | |
| | O/E Baby sleeping | |
| | no retractions | |
| | perfusion good | plan |
| | RR - 42/min | - Continue WFI |
| | HR - 136/min | - Don't give |
| | SpO ₂ - 98% in | O ₂ feed |
| | 2c nasal O ₂ | unless baby |
| | prongs | is cyanotic |
| | P/A - soft | |
| | CALS - AF → | |
| | | <i>[Signature]</i> |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|---|---|
| 28/5 9:30 PM | <p>Baby <u>reopened</u></p> <p>after nasal saline drops</p> <p>↓ Mouth (+)</p> <p>↓</p> <p>RR - 42/min</p> <p>SpO₂ - 97%</p> <p>HR - 146/min</p> <p>WOB (N)</p> <p>no nasal flaring</p> <p>CVC /</p> <p>Ri / NAD</p> <p>P/A - soft</p> | |
| | <p>- continue DBF + top up \bar{c} formula feeds</p> <p>- Nasal saline drops 2-3 drops ^{before} every feed</p> | |
| | |  11/28/26 |
| | | |
| | | |
| | | |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|---|---|
| 29/5/26 | SIBDM with lung | |
| <u>9:15 AM</u> | | |
| | A: Acute wheeze [Parainfluenza III +ve]. | |
| | Baby Buck No fever spikes No new issues. | |
| | Retractions w. | neb. Admox 1000 → 8th long |
| | o/s: to Cyst + Asthma (C) Pink | neb. Levoflox → 8th neb. Budesonid → 8th long |
| | Sept (mild) | RR: 40/min. SpO ₂ : >97% in 100% O ₂ . |
| | s/p: Ps: B/LA (C) NO addnl sounds P/A: soft | On 100% O ₂ by nasal prongs. |
| | Plan: T/c 100% O ₂ by prongs T/c nebulisers | |
| | watch for Distress | |
| | | |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------|--|------------------------|
| 29/5/26 10.15 AM | S/A Dr. <u>Ezhilarasi</u> Tolerating Oral Feeds 20ml No distress | |
| | RR: 36/min | |
| | Cv: S. 82+ | |
| | Lungs: Bil air entry good | |
| | Abd: soft. | |
| | | STOP O ₂ |
| | | Monitor O ₂ |
| | | |
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18/05/26

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 12 D (M)
 Dr. EZHILARASI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|--------------------------|
| 29/5/26 | S/B tr. rings sei | |
| 5pm | | |
| | Breast Reviewed | |
| | Monitor SpO ₂ since 3:30 pm | |
| | Maintaining saturation | |
| | No distress. | |
| | <u>o/e</u> | |
| | Pink | |
| | sleeping | |
| | Normo thermic | |
| | CP/PT ++/++ | |
| | HR - 131/min | |
| | RR - 36/min | |
| | SpO ₂ - 98 - 99% in RN | |
| | RS - B/L AE ⊕ | Rx |
| | CUS - SIS ⊕ | 1) continue same line of |
| | P/A - soft | treatment |
| | CNS - AFE ⊕ | 2) Monitor intake |
| | pH - ⊕ | |
| | | <u>Ch</u> |
| | | 14/5/26 |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|-----------------------------------|------------------------------|
| 30/5/26 | SIBD n. hitting | |
| 9:45 AM | S: LRTI / Parainfluenza | |
| | Baby Fed | |
| | c/o cry (+) | |
| | Demanding more feeds | |
| | c/o | |
| | c/o: Adequate | |
| | c/o: Irritable | Neb. Adrenaline → 0.5h |
| | PPWF | Neb. beclometh → 0.6h |
| | CPT 2/2/2 | Neb. Budesonide → BD |
| | c/o: c/w: S/C (+) | SpO ₂ : 98% on RA |
| | RS: B/LA (+) | RR: 36/min |
| | P/A: soft | |
| | Plan: (1) watch for clonus | |
| | (2) If to spec re-bulbation today | |
| | M | |
| | 10:07 | |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 10 D (M)
 Dr. EZHILARASI



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 | 8.9 | | | | |
| PCV | | | | | |
| RBC | | | | | |
| WBC | | | | | |
| N/L | | | | | |
| Platelets | | | | | |
| CRP | 45 | | | | |
| ESR | | | | | |
| PCT | | | | | |
| RBS | | | | | |
| Na | 138 | | | | |
| K | 5.2 | | | | |
| Cl | 106 | | | | |
| Ca/Mg | 9.9 | | | | |
| Phosphate | | | | | |
| Urea | | | | | |
| Creatinine | | | | | |
| ALP | | | | | |
| SGPT | 26 | | | | |
| SGOT | 34 | | | | |
| 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 | | | | | |

Ref. No. : F / HW / DC / INPR / 05



Patient Name : . ANC-00015296 IP28-00004473 Age :
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 10 D (M)

Gender M F
 Dr. EZHILARASI

Consultant :

Date of Admission :

DRUG ALLERGIES : *Nil*

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



REGULAR PRESCRIPTIONS

4-1407g

DRUG: Ncb. Adrenaline

| Dose | Route | Frequency | Start Dt. | Date Time | 27/5 | 28/5 | 29/5 | 30/5 |
|--|-------|-----------|-----------|------------------------------------|---------------|-----------------------|-----------------------|---------------|
| 2ml | P/N | Q8H | 27/5 | 11 PM | RS 6:30 AM | 7 AM RS 6:30 AM | 6 AM RS 6:30 AM | RS 6:30 AM |
| Name & Signature of the Doctor starting the Drugs: | | | | 19447 | | | | |
| Additional Instructions: | | | | With 2ml NS 6 AM - 2 PM - 10 PM | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | |

DRUG: Ncb. Levolin.

| Dose | Route | Frequency | Start Dt. | Date Time | 27/5 | 28/5 | 29/5 | 30/5 |
|--|-------|-----------|-----------|---------------------------|---------------|-----------------------|-----------------------|---------------|
| 0.63 mg | P/N | Q6H | 27/5 | 8 PM | NS 6:30 AM | 2 AM RS 6:30 AM | 2 AM RS 6:30 AM | RS 6:30 AM |
| Name & Signature of the Doctor starting the Drugs: | | | | 19447 | | | | |
| Additional Instructions: | | | | 2 AM - 8 AM - 2 PM - 8 PM | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | |

DRUG: Ncb. Budewit

| Dose | Route | Frequency | Start Dt. | Date Time | 27/5 |
|--|-------|-----------|-----------|--|---------------|
| 0.5 | P/N | BS | 27/5 | 5 AM | RS 6:30 AM |
| Name & Signature of the Doctor starting the Drugs: | | | | 19447 | |
| Additional Instructions: | | | | 5 PM | |
| Daily Doctor's Endorsement by a Sign. | | | | stop Aneski 10:30 6 5 | |

DRUG: SYP-ALEX

| Dose | Route | Frequency | Start Dt. | Date Time | 27/5 | 28/5 | 29/5 | 30/5 |
|--|-------|-----------|-----------|-----------------------|---------------|-----------------------|---------------|---------------|
| 1 ml | P/O | TDS | 27/5 | 9 PM | RS 6:30 AM | 9 AM NS 6:30 AM | NS 6:30 AM | NS 6:30 AM |
| Name & Signature of the Doctor starting the Drugs: | | | | 19447 | | | | |
| Additional Instructions: | | | | 3 PM NS 6:30 AM | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | 9 PM RS 6:30 AM | | | | |



Sheet No. 1 **REGULAR PRESCRIPTIONS** Weight 4.14kg Ward 312

DRUG : DONSTAT SUSPENSION **Date/Time** 27/5

| | | | | | | | | | | |
|--------|-------|-----------|-----------|------|------|------|-------|------|-------|------|
| Dose | Route | Frequency | Start Dt. | 27/5 | 8 AM | 6 AM | 12 PM | 6 PM | 12 PM | 6 PM |
| 0.6 ml | P/O | Q6H | 27/5 | | NG | RS | RS | RS | RS | RS |

Name & Signature of the Doctor Starting the Drugs: [Signature]
 Additional Instructions: [Blank]
 Daily Doctor's Endorsement by a Sign

DRUG : 34 P. LEVOLIN **Date/Time** 27/5

| | | | | | | | | | | |
|------|-------|-----------|-----------|------|-------|------|------|------|------|------|
| Dose | Route | Frequency | Start Dt. | 27/5 | 10 PM | 7 AM | 9 AM | 3 PM | 9 PM | 3 PM |
| 1 ml | P/O | TDS | 27/5 | | RS | NC | NC | NC | NC | NC |

Name & Signature of the Doctor Starting the Drugs: [Signature]
 Additional Instructions: [Blank]
 Daily Doctor's Endorsement by a Sign

DRUG : Neb. BUDECORT **Date/Time** 28/5

| | | | | | | | | | | |
|------|-------|-----------|-----------|------|------|------|------|------|------|------|
| Dose | Route | Frequency | Start Dt. | 28/5 | 4 AM | 4 PM | 4 PM | 4 PM | 4 PM | 4 PM |
| 1mg | Neb | Q12H | 28/5 | | RS | RS | RS | RS | RS | RS |

Name & Signature of the Doctor Starting the Drugs: [Signature]
 Additional Instructions: 4 AM - 0 - 4 PM
 Daily Doctor's Endorsement by a Sign

DRUG : **Date/Time**

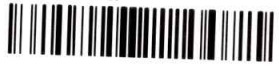
| | | | | | | | | | | |
|------|-------|-----------|-----------|--|--|--|--|--|--|--|
| Dose | Route | Frequency | Start Dt. | | | | | | | |
|------|-------|-----------|-----------|--|--|--|--|--|--|--|

Name & Signature of the Doctor Starting the Drugs:
 Additional Instructions:
 Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 10 D (M)
 Dr. EZHILARASI

Patient



MEDICATION RECONCILIATION FORM

Drug Allergies: NIL

Not known any Drug Allergies

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

Shifting From: ER

Shifted to: 312

| 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 | <u>SYP. ALEX</u> | <u>1 ml</u> | <u>P/O</u> | <u>TSD</u> | <u>27/5</u> | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | <u>SYP. DOMSTAL SUSPENSION</u> | <u>0.6 ml</u> | <u>P/O</u> | <u>Q6H</u> | <u>27/5</u> | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | <u>SYP</u> | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input 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 |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 12 D (M)
 Dr. EZHILARASI

MEDICATION HISTORY RECORDED / VERIFIED BY

* C - Continue, DC - Discontinue

Doctor Name & Signature: Dr. Hiltunastu

Date & Time: 27/5/26 5:30 pm

Nurse Name & Signature: Spitua PC

Date & Time: 27/5/26 e 5:30 pm

MEDICATION RECONCILIATION FORM

Medication Reconciliation will be done at the time of admission, transfer, or discharge in the setting of a patient's care. It is also performed whenever there is a change in the patient's medication regimen. (Example: at the time of admission to a hospital unit.)

| NO. | GENERIC NAME CAPITAL LETTERS | MEDICATION NAME | DOSE | ROUTE | FREQ | START DATE | STOP DATE | ADMISSION CHANGING | DM |
|-----|------------------------------|-----------------|------|-------|------|------------|-----------|-------------------------------------|----|
| 1 | AMOXICILLIN | AMOX | 500 | PO | BID | 1/10 | 1/10 | <input checked="" type="checkbox"/> | |
| 2 | DORSIFLEX | DORSIFLEX | 100 | PO | BID | 1/10 | 1/10 | <input checked="" type="checkbox"/> | |
| 3 | | | | | | | | <input type="checkbox"/> | |
| 4 | | | | | | | | <input type="checkbox"/> | |
| 5 | | | | | | | | <input type="checkbox"/> | |
| 6 | | | | | | | | <input type="checkbox"/> | |
| 7 | | | | | | | | <input type="checkbox"/> | |
| 8 | | | | | | | | <input type="checkbox"/> | |
| 9 | | | | | | | | <input type="checkbox"/> | |
| 10 | | | | | | | | <input type="checkbox"/> | |

Medication History Recorded & Verified By: *[Signature]*
 Doctor Name & Signature: *[Signature]*
 Date & Time: *[Date]*
 Nurse Name & Signature: *[Signature]*
 Date & Time: *[Date]*



ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 11 D (M)
 Dr. EZHILARASI



c. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

| Date: 27/5/26 | Time: 6:30pm | 9pm | 12am | 4am | 6am |
|---|---|------------|-------------|------------|-------------|
| Doctor/Nurse/Family Concern? | ✓ | ✓ | ✓ | ✓ | ✓ |
| Temperature (°F) | 98.7°F | 98°F | 98.2°F | 98.3°F | 97.9°F |
| Heart Rate (bpm) and Blood Pressure (mmHg) * | 142b/m | 150b/m | 152b/m | 160b/m | 160b/m |
| Resp. Rate (bpm) (Over 1 Minute) * | 42b/m | 42b/m | 42b/m | 44b/m | 45b/m |
| Resp Mod/ Severe Distress None / Mild | ✓ | ✓ | ✓ | ✓ | ✓ |
| Receiving O ₂ (l/min) O ₂ Saturations (%) | 95% | 02(2L) 96% | 02(2L) 100% | 02(2L) 99% | 02(2L) 100% |
| Conscious Level Normal / Altered | ✓ | ✓ | ✓ | ✓ | ✓ |
| GCS * | 15/15 | 15/15 | 15/15 | 15/15 | 15/15 |
| TOTAL SCORE | | | | | |
| Number of shaded boxes | 02 | 03 | 03 | 03 | 03 |
| Pain Score | 0/10 | 0/10 | 0/10 | 0/10 | 0/10 |
| Observer's Initials | E | E | E | E | E |
| 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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed | | | | |
| NB: Scores 3 should be recorded overleaf | | | | | |

* 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.

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) |

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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|---|------|---------------------|--------------------------------|------|------|
| Date | Time | Early Warning Score | Date | Time | Name |
| | | | | | |
| | | | | | |
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| | | | | | |

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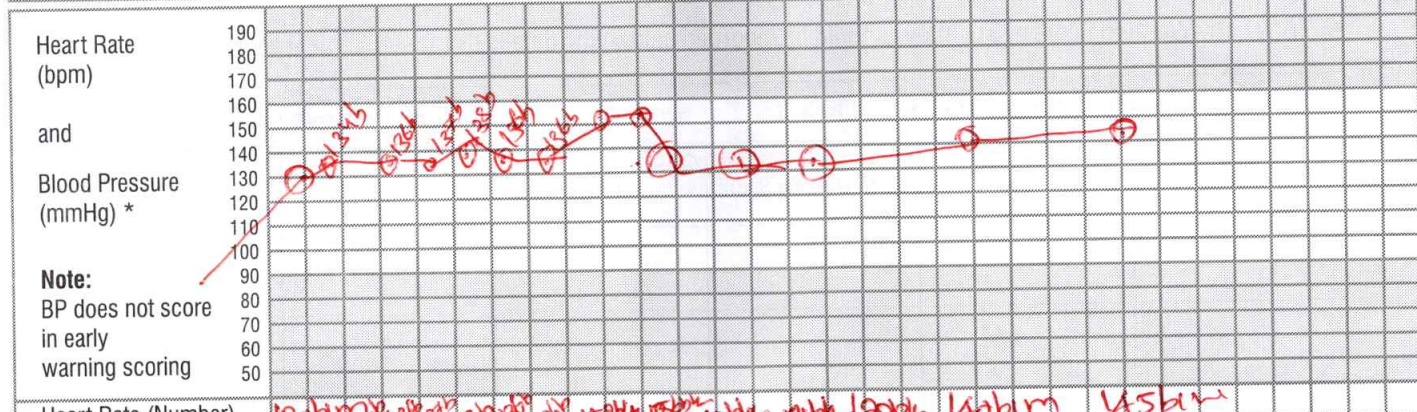
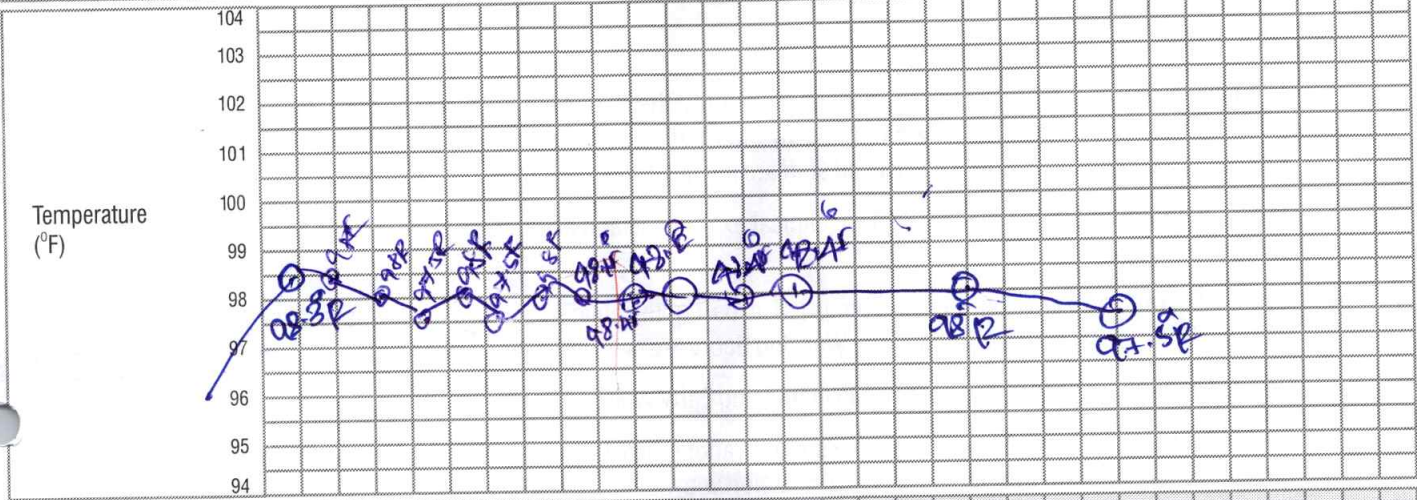
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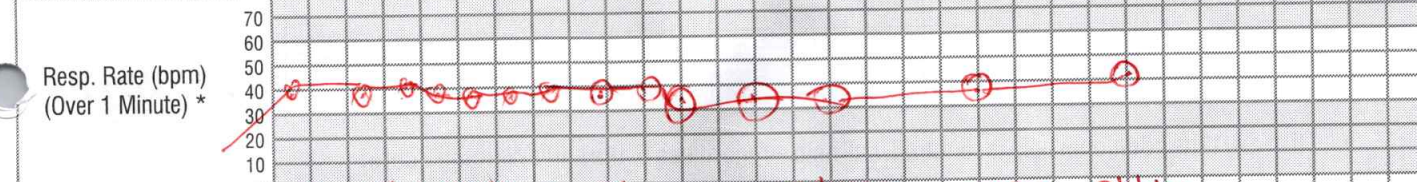


EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/5/26 Time: 8:00 AM 10:00 AM 12:00 PM 1:00 PM 3:00 PM 4:00 PM 5:00 PM 6:00 PM 8:00 PM 12:00 AM 4:00 AM
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 130bpm 140bpm 145bpm 140bpm 145bpm 150bpm 155bpm 140bpm 140bpm 145bpm 150bpm 150bpm



Resp Rate (Number) 35bpm 35bpm 35bpm 35bpm 35bpm 35bpm 35bpm 35bpm 35bpm 35bpm 35bpm 35bpm

| | | |
|----------------------------------|-------------------------|---|
| Resp Distress | Mod/ Severe None / Mild | <input checked="" type="checkbox"/> |
| Receiving O ₂ (l/min) | | <u>02</u> |
| O ₂ Saturations (%) | | <u>100%</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> <u>98</u> |
| Conscious Level | Normal / Altered | <input checked="" type="checkbox"/> |
| GCS * | | <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> <u>15/15</u> |
| TOTAL SCORE | | <u>02</u> <u>02</u> <u>02</u> <u>02</u> <u>02</u> <u>02</u> <u>01</u> <u>01</u> <u>01</u> <u>01</u> <u>01</u> <u>01</u> |
| Pain Score | | <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> <u>0/10</u> |
| Observer's Initials | | <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> <u>EE</u> |

ACTIONS

Score 1 : Continue normal observation by staff nurse
 Score 2 : Shift in charge nurse to be informed and continue hourly observations
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 Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* 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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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| B | BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free) |
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| 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) |

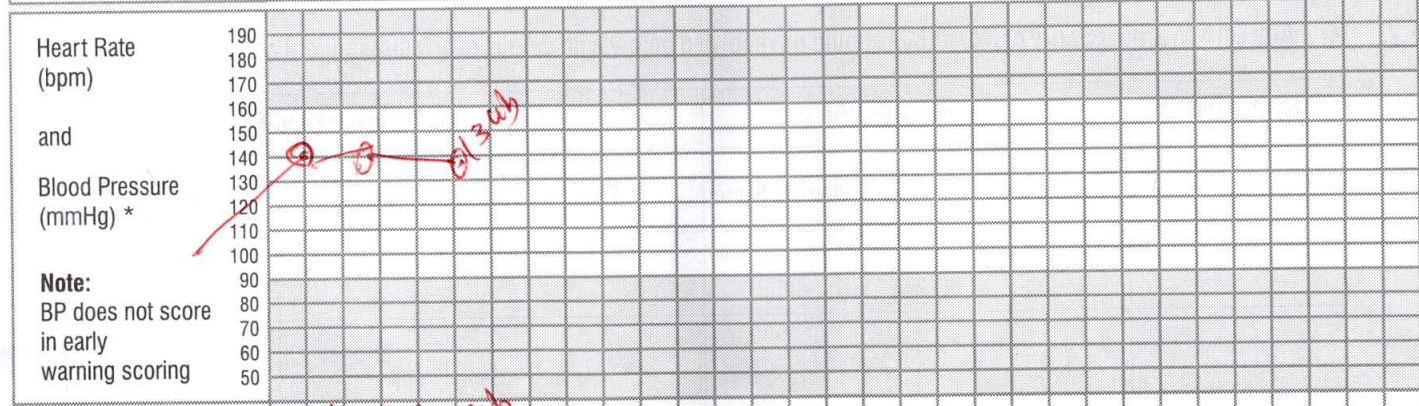
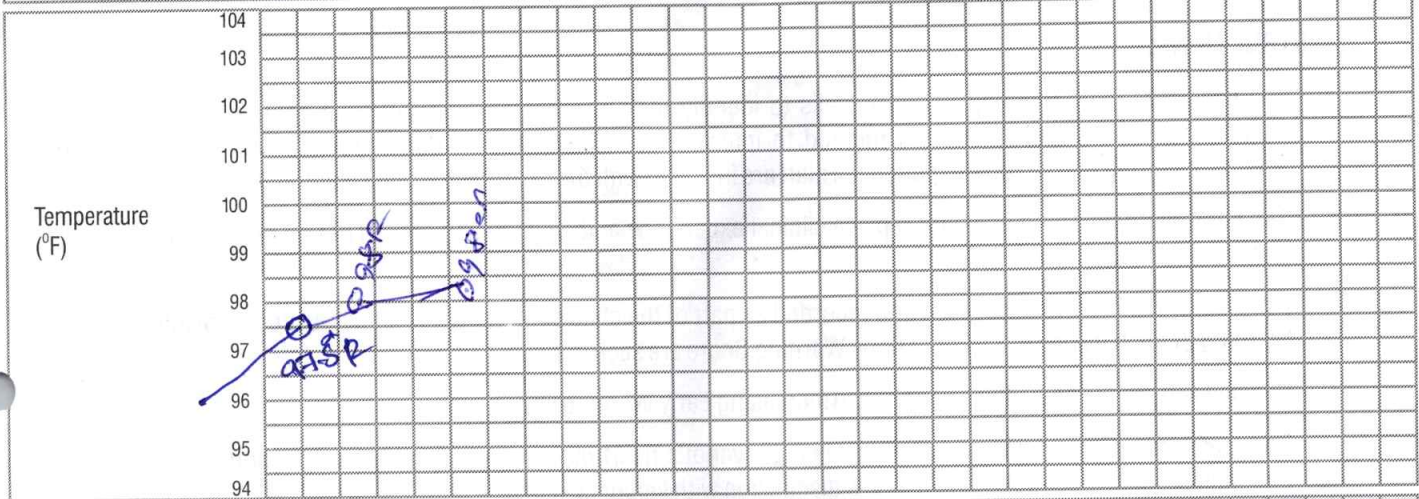


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

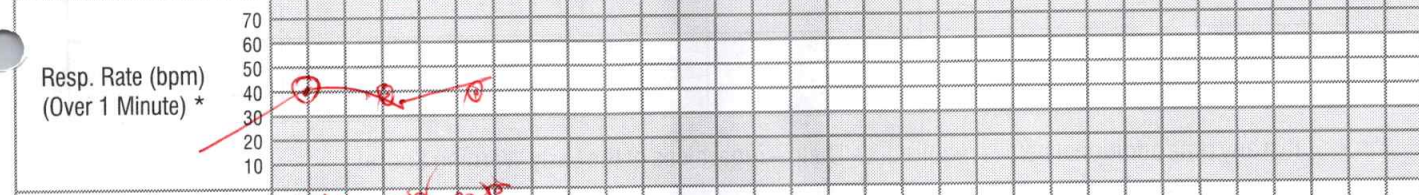


EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/5/26 Time: 2:00 pm 12:30 pm
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 140/100 140 135



Resp Rate (Number) 40/100 40 40

| | | | | |
|----------------------------------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Resp Distress | Mod/ Severe None / Mild | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Receiving O ₂ (l/min) | O ₂ Saturations (%) | <u>100%</u> | <u>98%</u> | <u>98%</u> |

| | | | | |
|-----------------|----------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Conscious Level | Normal Altered | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| GCS * | | <u>15/15</u> | <u>15/15</u> | <u>15/15</u> |

| | | | |
|------------------------|-------------|--------------|-------------|
| TOTAL SCORE | | | |
| Number of shaded boxes | <u>01</u> | <u>01</u> | <u>01</u> |
| Pain Score | <u>0/10</u> | <u>0/10</u> | <u>0/10</u> |
| Observer's Initials | <u>AS</u> | <u>V. AS</u> | <u>AS</u> |

ACTIONS

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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|---|------|---------------------|--------------------------------|------|------|
| Date | Time | Early Warning Score | Date | Time | Name |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| 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) |



FLUID CHART

Sheet No. : ①

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

| Date | | Time | Intake | | | Output | | | | | IV Site Thrombopnebitis Score | Sign. Nurse | |
|--------------------------------|--|----------|-----------------|-------|-----|---|-----------|-------|------------------------|-------|-------------------------------|-------------|---------|
| | | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | | Mouth | I.V | N.G | | | | | | | |
| 27/5/26 | | 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 | FF 60ml | | | | | | | | | I | Nay |
| Total Intake : FF 60ml | | | | | | Total Output : | | | | | | | |
| | | 08:00 pm | | | | | ✓ | | | ✓ | | | |
| | | 09:00 pm | | | | | | | | | | | |
| | | 10:00 pm | PP 60ml | | | | | | | ✓ | | | RS 60ml |
| | | 11:00 pm | | | | | ✓ | | | | | | |
| | | 12:00 am | | | | | | | | ✓ | | | |
| | | 01:00 am | PP 30ml | | | | | | | | | | |
| Total Intake : PP 90ml | | | | | | Total Output : M 2 times U 3 times | | | | | | | |
| | | 02:00 am | | | | | | | | | | | |
| | | 03:00 am | | | | | | | | | | | |
| | | 04:00 am | PP 90ml | | | | | | | ✓ | | | RS 60ml |
| | | 05:00 am | | | | | | | | | | | |
| | | 06:00 am | | | | | | | | ✓ | | | |
| | | 07:00 am | PP 60ml | | | | | | | | | | |
| Total Intake : PP 150ml | | | | | | Total Output : M 0 U 3 times | | | | | | | |
| Total 24 hrs. Intake | | | 280ml | | | Total 24 hrs. Output | | | U 6 times M 2 times | | | | |

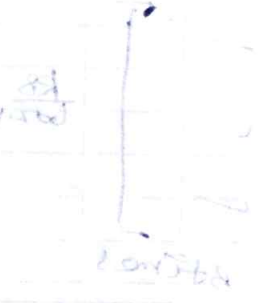
PLUK

10.5

All measurements are in meters unless otherwise stated.

| Time | Depth | Temp | Salinity | Wind | Wave | Cloud | Visibility | Remarks |
|---------------|-------|------|----------|------|------|-------|------------|---------|
| 07:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 08:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 09:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 10:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 11:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 12:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 13:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 14:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 15:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 16:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 17:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 18:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 19:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 20:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 21:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 22:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 23:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 00:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 01:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 02:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 03:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 04:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 05:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 06:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| Total intake: | | | | | | | | |
| 0.5 | | | | | | | | |

| Time | Depth | Temp | Salinity | Wind | Wave | Cloud | Visibility | Remarks |
|---------------|-------|------|----------|------|------|-------|------------|---------|
| 07:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 08:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 09:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 10:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 11:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 12:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 13:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 14:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 15:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 16:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 17:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 18:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 19:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 20:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 21:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 22:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 23:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 00:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 01:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 02:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 03:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 04:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 05:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| 06:00 | 0.5 | 12.0 | 35.0 | 0 | 0 | 0 | 10 | |
| Total intake: | | | | | | | | |
| 0.5 | | | | | | | | |



2.5m
0.5m

2.5m

0.5m



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.

| 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 | FF | 20ml | | | | | | | | ✓ | | |
| | | 09:00 am | | | | | | | | | | | | |
| | | 10:00 am | N | | | | | | | | | ✓ | 0 | |
| | | 11:00 am | P | | | | | | | | | | 0 | Nay |
| | | 12:00 pm | | | | | | | | | | | 0 | |
| | | 01:00 pm | FF | 15ml | 16ml | | | | | | | | 0 | |
| Total Intake : | | | | 30 + 20 = 50ml | | | | M-0 | Total Output : | | | | U- 2 times | |
| | | 02:00 pm | | | 16ml | | | | | | | | 0 | Hes 10ml |
| | | 03:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | | 04:00 pm | | | 16ml | | | | | | | | 0 | |
| | | 05:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | | 06:00 pm | | | 16ml | | | | | | | | 0 | |
| | | 07:00 pm | FF | 30ml | 16ml | | | | | | | | 0 | |
| Total Intake : | | | | 30ml + 96 = 126ml | | | | M-0 | Total Output : | | | | 2 void | |
| | | 08:00 pm | | | 16ml | | | | | | | | 0 | PS 10ml |
| | | 09:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | | 10:00 pm | | | 16ml | | | | | | | | 0 | |
| | | 11:00 pm | PP | 15ml | 16ml | | | | | | | ✓ | 0 | |
| | | 12:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| | | 01:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| Total Intake : | | | | 15ml + 96ml = 111ml | | | | M-1 time | Total Output : | | | | U- 3 times | |
| | | 02:00 am | | | 16ml | | | | | | | | 0 | PS 10ml |
| | | 03:00 am | PP | 15ml | 16ml | | | | | | | ✓ | 0 | |
| | | 04:00 am | | | 16ml | | | | | | | | 0 | |
| | | 05:00 am | PP | 30ml | 16ml | | | | | | | ✓ | 0 | |
| | | 06:00 am | | | 16ml | | | | | | | | 0 | |
| | | 07:00 am | PP | 17ml | 16ml | | | | | | | ✓ | 0 | |
| Total Intake : | | | | 62ml + 96ml = 158ml | | | | M-0 | Total Output : | | | | U- 8 times | |
| Total 24 hrs. Intake | | | | | 462 ml | | | | | Total 24 hrs. Output | | U- 10 times M- 1 time | | |



FLUID CHART

Sheet No. : 03

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

| Date | | Time | | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|-----------------------------|----------|---------|-------|-----------------------|-------|--|--------------------------------|-----------|-------|----------|-------------------|--------------------------------|------------------|
| | | | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | | | Mouth | I.V | N.G | | | | | | | | |
| <u>29/5/26</u> | | | | | | | | | | | | | |
| | 08:00 am | | | 16ml | | | | | | | ✓ | 0 | 1.2 ml 2.1 ml |
| | 09:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| | 10:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| | 11:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| | 12:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | 01:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| Total Intake : | | | | * 96ml | | | Total Output : 2 void | | | | | | |
| | 02:00 pm | | | 16ml | | | | | | | ✓ | 0 | b 1.2 ml |
| | 03:00 pm | FF 30ml | | 16ml | | | | | | | ✓ | 0 | |
| | 04:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | 05:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | 06:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | 07:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| Total Intake : | | | | 20 ml + 16 ml = 36 ml | | | Total Output : 0-3 | | | | | | |
| | 08:00 pm | FF 30ml | | 16ml | | | | | | | ✓ | 0 | ps 1.2 ml |
| | 09:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | 10:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | 11:00 pm | | | 16ml | | | | | | | ✓ | 0 | |
| | 12:00 am | FF 30ml | | 16ml | | | | | | | ✓ | 0 | |
| | 01:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| Total Intake : | | | | 30 + 80 ml = 110 ml | | | Total Output : 0-3 fine | | | | | | |
| | 02:00 am | | | 16ml | | | | | | | ✓ | 0 | ps 1.2 ml |
| | 03:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| | 04:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| | 05:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| | 06:00 am | FF 30ml | | 16ml | | | | | | | ✓ | 0 | |
| | 07:00 am | | | 16ml | | | | | | | ✓ | 0 | |
| Total Intake : | | | | 30 + 96 ml = 126 ml | | | Total Output : 0-2 fine | | | | | | |
| Total 24 hrs. Intake | | | | 423 ml | | | Total 24 hrs. Output | | | | 0-10 fine. M-0 | | |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 12 D (M)
 Dr. EZHILARASI




FLUID CHART

Sheet No. : 021.....

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

| Date | | Time | | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------------|----------|----------|--|-----------------------------|-------|-----|--------|-----------|-------|----------|-------|---------------------------------|-------------|-----|
| | | | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | | | Mouth | I.V | | | | | | | | N.G |
| <u>2015/26</u> | | | | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | | |
| Total Intake : | | | | Total Output : | | | | | | | | | | |
| Total 24 hrs. Intake | | | | Total 24 hrs. Output | | | | | | | | | | |

Patient's Name: Baby Of SWARNA SINHA
 MRD NO:
 Age: M O F
 Consultant:
 Date: 17-04-2026 0 Y 1 M 11 D (M)
 Dr. EZHILARASI


PHLEBITIS ASSESSMENT

CANNULA 1
 Date: 28/5/26 Time: 11:30am
 Location: Metacarpal
 Size: 24G
 Cannula inserted by: S/N Nagalakshmi

CANNULA 2
 Date: Location: Size: (continue same)
 Cannula inserted by:

| Date | Time | Phlebitis | Infiltration | Nursing Intervention | Sign |
|---------|---------|---|---|----------------------|------|
| 28/5/26 | 11:30am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | patte | 0 |
| " | 12pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 1pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 2pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 3pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 4pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 5pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 6pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 7pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 8pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 9pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 10pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 11pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| 28/5/26 | 12am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 1am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 2am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 3am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 4am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 5am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 6am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 7am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 8am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 9am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 10am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 11am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 12pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 1pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |

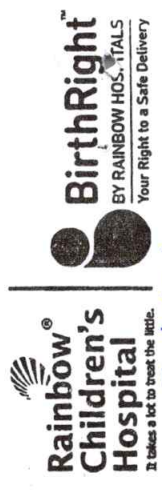
| Date | Time | Phlebitis | Infiltration | Nursing Intervention | Sign |
|---------|------|---|---|----------------------|------|
| 28/5/26 | 2pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 3pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 4pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 5pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 6pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 7pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 8pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 9pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 10pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 11pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| 28/5/26 | 12am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 1am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 2am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 3am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 4am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 5am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 6am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 7am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 8am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 9am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 10am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 11am | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 12pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |
| " | 1pm | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | " | 0 |

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

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

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

ANC-00015298 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 11 D (M)
 Dr. EZHILARASI



CHECKLIST FOR THROMBOPHLEBITIS

28/5/26 29/5/26 30/5/26

| S. No. | SITE OBSERVATION | STAGE / ACTION | SCORE | DAY-1 | | | DAY-2 | | | DAY-3 | | | Remarks |
|--------|--|---|-------|-------------|---|---|-------------|---|---|-------------|---|---|---------|
| | | | | M | E | N | M | E | N | M | E | N | |
| 1 | IV site appears healthy | No signs of phlebitis / Observe cannula | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 | One of the following signs is evident: * Slight pain near the IV Site / * Slight redness near IV Site | Possibly first signs of phlebitis / Observe cannula | 1 | - | - | - | - | - | - | - | - | - | |
| 3 | Two of the following Signs are evident: Pain at IV site Redness | Early stage of phlebitis / Resite Cannula | 2 | - | - | - | - | - | - | - | - | - | |
| 4 | All of the following Signs are evident: Pain along Path of cannula Redness around Site Swelling | Medium stage of phlebitis / Resite Cannula Consider Treatment | 3 | - | - | - | - | - | - | - | - | - | |
| 5 | All of the following Signs are evident and Extensive: Pain along Path of cannula Redness around Site Swelling palpable Venous cord | Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment | 4 | - | - | - | - | - | - | - | - | - | |
| 6 | All of the following Signs are evident and Extensive: Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia | Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula | 5 | - | - | - | - | - | - | - | - | - | |
| | | Signature of the Nurse | | [Signature] | | | [Signature] | | | [Signature] | | | |

NOTE: Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge: [Signature] Name: [Name]
 Signature of Ward In Charge: [Signature] Name: [Name]

Учебная группа: 1001001
 Преподаватель: И.И. Иванов

Дата: 15.11.2018 Место: Кабинет 101

| № п/п | Тема занятия | Неделя | | | | | | | Итого |
|-------|--------------------------|--------|---|---|---|---|---|---|-------|
| | | П | С | Ч | П | С | В | С | |
| 1 | Введение в курс лекций | | | | | | | | 0 |
| 2 | История развития науки | | | | | | | | 0 |
| 3 | Основы теории | | | | | | | | 0 |
| 4 | Практические работы | | | | | | | | 0 |
| 5 | Самостоятельная работа | | | | | | | | 0 |
| 6 | Экспериментальные работы | | | | | | | | 0 |
| 7 | Итоговое занятие | | | | | | | | 0 |
| 8 | Среднее значение | | | | | | | | 0 |
| 9 | Среднее квадратичное | | | | | | | | 0 |
| 10 | Среднее гармоническое | | | | | | | | 0 |
| 11 | Среднее геометрическое | | | | | | | | 0 |
| 12 | Среднее арифметическое | | | | | | | | 0 |
| 13 | Среднее квадратичное | | | | | | | | 0 |
| 14 | Среднее гармоническое | | | | | | | | 0 |
| 15 | Среднее геометрическое | | | | | | | | 0 |
| 16 | Среднее арифметическое | | | | | | | | 0 |
| 17 | Среднее квадратичное | | | | | | | | 0 |
| 18 | Среднее гармоническое | | | | | | | | 0 |
| 19 | Среднее геометрическое | | | | | | | | 0 |
| 20 | Среднее арифметическое | | | | | | | | 0 |
| 21 | Среднее квадратичное | | | | | | | | 0 |
| 22 | Среднее гармоническое | | | | | | | | 0 |
| 23 | Среднее геометрическое | | | | | | | | 0 |
| 24 | Среднее арифметическое | | | | | | | | 0 |
| 25 | Среднее квадратичное | | | | | | | | 0 |
| 26 | Среднее гармоническое | | | | | | | | 0 |
| 27 | Среднее геометрическое | | | | | | | | 0 |
| 28 | Среднее арифметическое | | | | | | | | 0 |
| 29 | Среднее квадратичное | | | | | | | | 0 |
| 30 | Среднее гармоническое | | | | | | | | 0 |
| 31 | Среднее геометрическое | | | | | | | | 0 |
| 32 | Среднее арифметическое | | | | | | | | 0 |
| 33 | Среднее квадратичное | | | | | | | | 0 |
| 34 | Среднее гармоническое | | | | | | | | 0 |
| 35 | Среднее геометрическое | | | | | | | | 0 |
| 36 | Среднее арифметическое | | | | | | | | 0 |
| 37 | Среднее квадратичное | | | | | | | | 0 |
| 38 | Среднее гармоническое | | | | | | | | 0 |
| 39 | Среднее геометрическое | | | | | | | | 0 |
| 40 | Среднее арифметическое | | | | | | | | 0 |
| 41 | Среднее квадратичное | | | | | | | | 0 |
| 42 | Среднее гармоническое | | | | | | | | 0 |
| 43 | Среднее геометрическое | | | | | | | | 0 |
| 44 | Среднее арифметическое | | | | | | | | 0 |
| 45 | Среднее квадратичное | | | | | | | | 0 |
| 46 | Среднее гармоническое | | | | | | | | 0 |
| 47 | Среднее геометрическое | | | | | | | | 0 |
| 48 | Среднее арифметическое | | | | | | | | 0 |
| 49 | Среднее квадратичное | | | | | | | | 0 |
| 50 | Среднее гармоническое | | | | | | | | 0 |
| 51 | Среднее геометрическое | | | | | | | | 0 |
| 52 | Среднее арифметическое | | | | | | | | 0 |
| 53 | Среднее квадратичное | | | | | | | | 0 |
| 54 | Среднее гармоническое | | | | | | | | 0 |
| 55 | Среднее геометрическое | | | | | | | | 0 |
| 56 | Среднее арифметическое | | | | | | | | 0 |
| 57 | Среднее квадратичное | | | | | | | | 0 |
| 58 | Среднее гармоническое | | | | | | | | 0 |
| 59 | Среднее геометрическое | | | | | | | | 0 |
| 60 | Среднее арифметическое | | | | | | | | 0 |
| 61 | Среднее квадратичное | | | | | | | | 0 |
| 62 | Среднее гармоническое | | | | | | | | 0 |
| 63 | Среднее геометрическое | | | | | | | | 0 |
| 64 | Среднее арифметическое | | | | | | | | 0 |
| 65 | Среднее квадратичное | | | | | | | | 0 |
| 66 | Среднее гармоническое | | | | | | | | 0 |
| 67 | Среднее геометрическое | | | | | | | | 0 |
| 68 | Среднее арифметическое | | | | | | | | 0 |
| 69 | Среднее квадратичное | | | | | | | | 0 |
| 70 | Среднее гармоническое | | | | | | | | 0 |
| 71 | Среднее геометрическое | | | | | | | | 0 |
| 72 | Среднее арифметическое | | | | | | | | 0 |
| 73 | Среднее квадратичное | | | | | | | | 0 |
| 74 | Среднее гармоническое | | | | | | | | 0 |
| 75 | Среднее геометрическое | | | | | | | | 0 |
| 76 | Среднее арифметическое | | | | | | | | 0 |
| 77 | Среднее квадратичное | | | | | | | | 0 |
| 78 | Среднее гармоническое | | | | | | | | 0 |
| 79 | Среднее геометрическое | | | | | | | | 0 |
| 80 | Среднее арифметическое | | | | | | | | 0 |
| 81 | Среднее квадратичное | | | | | | | | 0 |
| 82 | Среднее гармоническое | | | | | | | | 0 |
| 83 | Среднее геометрическое | | | | | | | | 0 |
| 84 | Среднее арифметическое | | | | | | | | 0 |
| 85 | Среднее квадратичное | | | | | | | | 0 |
| 86 | Среднее гармоническое | | | | | | | | 0 |
| 87 | Среднее геометрическое | | | | | | | | 0 |
| 88 | Среднее арифметическое | | | | | | | | 0 |
| 89 | Среднее квадратичное | | | | | | | | 0 |
| 90 | Среднее гармоническое | | | | | | | | 0 |
| 91 | Среднее геометрическое | | | | | | | | 0 |
| 92 | Среднее арифметическое | | | | | | | | 0 |
| 93 | Среднее квадратичное | | | | | | | | 0 |
| 94 | Среднее гармоническое | | | | | | | | 0 |
| 95 | Среднее геометрическое | | | | | | | | 0 |
| 96 | Среднее арифметическое | | | | | | | | 0 |
| 97 | Среднее квадратичное | | | | | | | | 0 |
| 98 | Среднее гармоническое | | | | | | | | 0 |
| 99 | Среднее геометрическое | | | | | | | | 0 |
| 100 | Среднее арифметическое | | | | | | | | 0 |

Итого: 0

Подпись преподавателя: И.И. Иванов

Подпись студента: И.И. Иванов

СРЕДНЕЕ АРИФМЕТИЧЕСКОЕ



ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 10 D (M)



THE HUMPTY DUMPTY SCALE

27/5 27/5 28/5 28/5 28/5

| PARAMETER | CRITERIA | SCORE | DATE | DATE | DATE | DATE | DATE |
|---|---|-------|------|------|------|------|------|
| | | | E | N | M | L | N |
| Age | Less than 3 years old | 4 | 4 | 4 | 4 | 4 | 4 |
| | 3 to less than 7 years old | 3 | | | | | |
| | 7 to less than 13 years old | 2 | | | | | |
| | 13 years old and above | 1 | | | | | |
| | | 2 | 2 | 2 | 2 | 2 | 2 |
| Gender | Male | 1 | | | | | |
| | Female | 4 | | | | | |
| Diagnosis | Neurological Diagnosis | 3 | 3 | 3 | 3 | 3 | 3 |
| | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.) | 2 | | | | | |
| | Psych / Behavioral Disorders | 1 | | | | | |
| | Other Diagnosis | 3 | | | | | |
| Cognitive Impairments | Not aware of Limitations | 2 | 2 | 2 | 2 | | 2 |
| | Forget Limitations | 1 | | | | | |
| | Oriented to own ability | 4 | | | | 4 | |
| | History of Falls or Infant-Toddler Placed in Bed | 3 | | | | | |
| Environmental Factors | Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room) | 2 | 2 | 2 | 2 | 2 | 2 |
| | Patient Placed in Bed | 1 | | | | | |
| | Outpatient Area | 3 | | | | | |
| Response to Surgery / Sedation Anesthesia | Within 24 hours | 2 | | | | | |
| | Within 48 hours | 1 | 1 | 1 | 1 | 1 | 1 |
| | More than 48 hours/ None | 3 | | | | | |
| Medication Usage | Sedatives (Excluding ICU patients sedated and paralyzed) | 3 | | | | | |
| | Hypnotics | 3 | | | | | |
| | Barbiturates | 3 | | | | | |
| | Phenothiazines | 3 | | | | | |
| | Antidepressants | 3 | | | | | |
| | Laxatives / Diuretics | 3 | | | | | |
| | Narcotics | 2 | | | | | |
| | One of the Meds listed above | 1 | 1 | 1 | 1 | 1 | 1 |
| | Other Medications / None | 1 | | | | | |
| | Total | | | 16 | 15 | 15 | 14 |

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

Intervention:

| | | | | | |
|-------------------------------|-------|--------|-------|--------|--------|
| Bed in low position | ✓ | ✓ | ✓ | ✓ | ✓ |
| Call device within reach | ✓ | ✓ | ✓ | ✓ | ✓ |
| Wheels Locked | ✓ | ✓ | ✓ | ✓ | ✓ |
| Room free of clutter | ✓ | ✓ | ✓ | ✓ | ✓ |
| Adequate lighting | ✓ | ✓ | ✓ | ✓ | ✓ |
| Wheel chair support | ✓ | ✓ | ✓ | ✓ | ✓ |
| Other intervention(s) Specify | | | | | |
| Nurse's Name: | Nandu | Srinji | Nandu | Alta | Srinji |
| Signature: | Nandu | RS | Nandu | Srinji | RS |
| Date: | 27/5 | 27/5 | 28/5 | 28/5 | 28/5 |
| Time: | 7pm | 10pm | 11pm | 10pm | 10pm |

Handwritten notes at the top left, possibly a title or subject name.

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|-----|
| 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |
| 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |
| 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 11 D (M)
 Dr. EZHILARASI



THE HUMPTY DUMPTY SCALE

| PARAMETER | CRITERIA | SCORE | 29/5 | | 30/5 | | 31/5 | |
|------------------------------|--|-------|------|------|------|------|------|------|
| | | | DATE | DATE | DATE | DATE | DATE | DATE |
| | | | m | f | N | m | | |
| Age | Less than 3 years old | 4 | 4 | 4 | 4 | 4 | | |
| | 3 to less than 7 years old | 3 | | | | | | |
| | 7 to less than 13 years old | 2 | | | | | | |
| | 13 years old and above | 1 | | | | | | |
| Gender | Male | 2 | 2 | 2 | 2 | 2 | | |
| | Female | 2 | | | | | | |
| Diagnosis | Neurological Diagnosis | 3 | | | | | | |
| | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia, Syncope/Dizziness, etc.) | 3 | 3 | 3 | 3 | 3 | | |
| | Psych/Behavioral Disorders | 2 | | | | | | |
| | Other Diagnosis | 1 | | | | | | |
| Cognitive Impairments | Not aware of Limitations | 3 | | | | | | |
| | Forget Limitations | 2 | | | 2 | 3 | | |
| | Oriented to own ability | 1 | | | | | | |
| | History of Falls or Infant-Toddler Placed in Bed | 4 | 4 | 4 | | | | |
| Environmental Factors | Patient uses assistive devices or infant toddler in crib or Furniture/Lighting (Tripled Room) | 3 | | | | | | |
| | Patient Placed in Bed | 2 | 2 | 2 | 2 | 2 | | |
| | Outpatient Area | 1 | | | | | | |
| | Response to Surgery/Sedation/Anesthesia | 3 | | | | | | |
| Medication Usage | Within 24 hours | 2 | | | | | | |
| | Within 48 hours | 1 | 1 | 1 | 1 | 1 | | |
| | More than 48 hours/None | 3 | | | | | | |
| | Sedatives (Excluding ICU patients sedated and paralyzed) | 3 | | | | | | |
| | Hypnotics | 3 | | | | | | |
| | Barbiturates | 3 | | | | | | |
| | Phenothiazines | 3 | | | | | | |
| | Antidepressants | 3 | | | | | | |
| | Laxatives/Diuretics | 3 | | | | | | |
| | Narcotics | 2 | | | | | | |
| One of the Meds listed above | 1 | 1 | 1 | 1 | 1 | | | |
| Other Medications/None | 1 | | | | | | | |
| Total | | | 17 | 17 | 15 | 16 | | |

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

| Intervention: | 29/5 | 30/5 | 31/5 | 30/5 |
|-------------------------------|------------------|------|------|------|
| Bed in low position | ✓ | ✓ | ✓ | ✓ |
| Call device within reach | ✓ | ✓ | ✓ | ✓ |
| Wheels Locked | ✓ | ✓ | ✓ | ✓ |
| Room free of clutter | ✓ | ✓ | ✓ | ✓ |
| Adequate lighting | - | - | - | - |
| Wheel chair support | - | - | - | - |
| Other Intervention(s) Specify | | | | |
| Nurse's Name: | Asha Kalyansingh | | | |
| Signature: | [Signature] | | | |
| Date: | 29/5 | 29/5 | 29/5 | 30/5 |
| Time: | 10am | 11am | 12pm | 10am |



NURSING SHIFT HAND OVER FORM

| SITUATION | Diagnosis: <u>Acute wheeze</u> | | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known | | | | | | |
|--|---|---|--|---|---|---|---|---|---|
| BACKGROUND | Surgery / Procedure: | | If Yes Specify: | | | | | | |
| | Post OP Day: | | | | | | | | |
| BACKGROUND | Date | Shift | 27/5 E | 27/5 N | 28/5 M | 28/5 E | 29/5 N | 28/5 M | |
| | Medical Condition (Any special condition to be noted): | | | - | - | - | - | - | - |
| Diet: | | | DBF | DBPFF | FF | FF | PR | FF | |
| 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): | | | RA | RA | NP | NP | PR | PR | |
| 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 | |
| ASSESSMENT | Vital Signs: | Temp: | 98.7°F | 98.2°F | 98.2°F | 98.2°F | 98.2°F | 98.2°F | |
| | | Res: | 48b/m | 45b/m | 44b/m | 42b/m | 42b/m | 42b/m | |
| | | SpO ₂ : | 95.1 | 98.7 | 99.1 | 100.1 | 100.1 | 99.1 | |
| | | Pulse: | 142b/m | 154b/m | 142b/m | 140b/m | 130b/m | 138b/m | |
| | | BP: | - | - | - | - | - | - | |
| | | LOC: | Alext | Alert | Alext | Alert | Alert | Alert | |
| | | Fall Risk Score: | 16 | 15 | 15 | 17 | 15 | 15 | |
| | | Pain Score: | 0/10 | 0/10 | 0/10 | 0/10 | 0/10 | 0/10 | |
| | | Skin Integrity: | Intact | Intact | Intact | Intact | Intact | Intact | |
| | | 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 | |
| Recommendations | Physiotherapy: | - | | | | | | | |
| | Others Specify: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| | Special Diet: | DBF | | FF | | PR | | FF | |
| | Critical Lab Test / Values: | - | | | | | | | |
| | Other Special Orders / Medications: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| PU Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | |
| DVT Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | |
| ADL (Dependent / Non Dependent): | Dependent | | Dependent | | Dependent | | Dependent | | |
| Post Operative Procedure Special Orders: | | - | | | | | | | |
| Handed Over By Name : | | Nandhu Nayy | Srinathi Nayy | Nandhu Nayy | Nandhu Nayy | Srinathi Nayy | Srinathi Nayy | Nandhu Nayy | |
| Signature / ID : | | | | | | | | | |
| Date: | | 27/5/26 | 28/5/26 | 28/5/26 | 28/5/26 | 28/5/26 | 28/5/26 | 29/5/26 | |
| Time: | | 8:30pm | 8:15am | 8:30pm | 8:20pm | 8:30pm | 8:30pm | 2:30pm | |
| Taken Over By Name : | | Srinathi Nayy | Nandhu Nayy | Hemalata Nayy | Srinathi Nayy | Nandhu Nayy | Nandhu Nayy | Nandhu Nayy | |
| Signature / ID : | | | | | | | | | |
| Date: | | 27/5/26 | 28/5/26 | 28/5/26 | 28/5/26 | 28/5/26 | 29/5/26 | 29/5/26 | |
| Time: | | 8:30pm | 8:15am | 8:30pm | 8:30pm | 8:30pm | 8:30pm | 9:20pm | |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA 0 Y 1 M 12 D (M)
 17-04-2026
 Dr. EZHILARASI



NURSING SHIFT HAND OVER FORM

| | SITUATION | Diagnosis: <i>choleste</i> | | | 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 | <i>21/5</i> | <i>21/5</i> | <i>20/5</i> | | | |
| | Shift | <i>E</i> | <i>M</i> | <i>30/5</i> | | | |
| | Medical Condition (Any special condition to be noted): | - | - | - | | | |
| ASSESSMENT | Diet: | <i>FF</i> | <i>PP</i> | <i>FF</i> | | | |
| | 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): | <i>RA</i> | <i>RA</i> | <i>PR</i> | | | |
| | 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: <i>98.8</i> | Temp: <i>98.8</i> | Temp: <i>98.8</i> | | | |
| | | Res: <i>32b/m</i> | Res: <i>32b/m</i> | Res: <i>32b/m</i> | | | |
| | | SpO ₂ : <i>98%</i> | SpO ₂ : <i>100%</i> | SpO ₂ : <i>100%</i> | | | |
| | | Pulse: <i>136b/m</i> | Pulse: <i>140b/m</i> | Pulse: <i>136b/m</i> | | | |
| | | BP: - | BP: - | BP: - | | | |
| | | LOC: <i>Alert</i> | LOC: <i>Alert</i> | LOC: <i>Alert</i> | | | |
| RECOMMENDATIONS | Fall Risk Score: | <i>17</i> | <i>15</i> | <i>16</i> | | | |
| | Pain Score: | <i>0/10</i> | <i>0/10</i> | <i>0/10</i> | | | |
| | Skin Integrity: | <i>Intact</i> | <i>Intact</i> | <i>2x</i> | | | |
| | 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: | - | - | - | | | |
| | 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): | <i>Dependent</i> | <i>Dependent</i> | <i>Dependent</i> | | | | |
| Post Operative Procedure Special Orders: | | | | | | | |
| Handed Over By Name : | | <i>Kavya Srinani</i> | <i>Kavya Srinani</i> | <i>Kavya Srinani</i> | | | |
| Signature / ID : | | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | | | |
| Date: | | <i>21/5/26</i> | <i>21/5/26</i> | <i>20/5/26</i> | | | |
| Time: | | <i>8:30</i> | <i>2:15pm</i> | <i>2:30pm</i> | | | |
| Taken Over By Name : | | <i>Srinani</i> | <i>[Signature]</i> | <i>[Signature]</i> | | | |
| Signature / ID : | | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | | | |
| Date: | | <i>21/5/26</i> | <i>21/5/26</i> | <i>21/5/26</i> | | | |
| Time: | | <i>8pm</i> | <i>8:30</i> | <i>8:30</i> | | | |

ANC-00015296 IP28-0004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 10 D (M)
 Dr. EZHILARASI



NURSING CARE RECORD

Date:

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

| Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|---|------|--|------------------|-------------------------|------------------------|
| Morning | | | | | | |
| Afternoon | 7pm - Assess the baby general condition - monitor vital signs | 8pm | - Assessed the baby general condition - monitored vital signs | Baby is sleeping | Baby saturation is 95.1 | Navy |
| Night | 8pm - Assess baby condition - Monitor vital signs | 9pm | - Assessed baby condition - Monitored vital signs | baby is stable | baby vites stable. | RS Tomy |

ANC-00015296
 Baby Of SWARNA SINHA
 17-04-2026
 Dr. EZHILARASI
 0 Y 1 M 10 D (M)

NURSING CARE RECORD



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

Date: 28/5/26

| Time | Plan of Care | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|------------------|--|--|---|--------------------------|------------------------|
| Morning 8am | - Assess the baby general condition - monitor vital signs | - Assessed the baby general condition - monitored vital signs | SpO2 is maintained | Baby is stable | Naveen 6/5/26 |
| Afternoon 2pm | - Educated feeding - monitor vitals & signs - Bowls | - Educated feeding - monitored vitals signs | SpO2 - 100% in NP - oxygen - stable | SpO2 up vitals stable | the 6/5/26 |
| Night 8pm | - Assess baby condition - monitor vital signs | - Assessed baby condition - monitored vitals signs | Baby is stable | Baby vitals stable. | PS 6/5/26 |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2028 0 Y 1 M 12 D (M)
 Dr. EZHILARASI



NURSING CARE RECORD

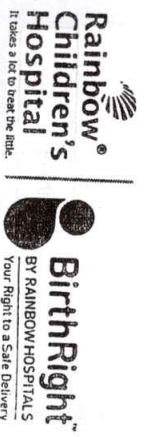
Date: 29.12.2026

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

| Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|---|-------|--|-------------------------|--------------------|------------------------|
| 8 pm | <ul style="list-style-type: none"> → Teach feeding → Teach food hygiene → monitor distress | 10 am | <ul style="list-style-type: none"> → Taught feeding → Taught hand hygiene | child takes feeds well. | iv line is patent | H. Suresh |
| Afternoon | <ul style="list-style-type: none"> → assess the child condition → Encourage feed | 4 pm | <ul style="list-style-type: none"> → assessed the child condition → Encouraged feed | Improved feed | Optimal monitoring | H. Suresh |
| Night | <ul style="list-style-type: none"> → Assess baby condition → monitor vital signs | 9 pm | <ul style="list-style-type: none"> → Assessed baby condition → monitored vital signs | baby is stable | baby vital stable | H. Suresh |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2028 0 Y 1 M 12 D (M)
 D. EZHILARASI

NURSING CARE RECORD



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

Date: 20/5/2028

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|--|------|--|------------|---------------|------------------------|
| Morning | 9am | → Teach feeding → monitor vital signs | 10am | → taught feeding techniques → monitored vital signs | | | |
| Afternoon | | | | | | | |
| Night | | | | | | | |

ANC-00015296 IP28-00004473
 Baby Of SWARNA SINHA
 17-04-2026 0 Y 1 M 10 D (M)
 Dr. EZHILARASI



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

| DATE | TIME | |
|---------|--------|--|
| | | <i>ER receiving notes</i> |
| 27/5/26 | 6:20pm | Baby details handing over taken from ER staff Thambi durai Baby vitals checked and recorded Baby is sleeping well. Monitor vital signs / SpO2. |
| | 8pm | Baby details handing over given to Night duty staff. Nandini 6521 |
| | | <i>Night duty notes:</i> |
| 27/5/26 | 8:30pm | Baby handover taken from evening duty staff nandini |
| | | -> baby is active and alert |
| | | -> baby came with complaints of fast breathing |
| | 9pm | medication given as per drug chart. JRS 6521 |
| | | -> Dr. Withuna mam seen the child as advised so start of 1 litre and collect sample electrolytes, calcium and RBS JRS 6521 |
| | 10pm | Blood sample send to lab. |
| | 12am | Baby vitals checked and recorded Vitals stable. JRS 6521 |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015296

IP28-00004473

Baby Of SWARNA SINHA

17-04-2026

0 Y 1 M 11 D (M)

Dr. EZHILARASI



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies ... Nil

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

| DATE | TIME | |
|---------|--------|---|
| 28/5/26 | 8:30am | <i>Morning duty notes</i> Baby details handing over taken from night duty staff |
| | 9am | Baby is stable and conscious. or is flow on 2Lites Baby start at NPO till further order for Dr. Ezhilarsi mam. she said chest xray do. |
| | 10am | Baby shifted to xray room. In cradle xray was done. fpm send to Ezhil mam |
| | 11am | Dr. Ezhil mam said secure IV line. and take sample SROT, SBPT, CBC, CRP. Respiratory biofire. Respiratory biofire cost explain about Dr. Anesh sir parent's will be accepted. and secured IV line. NE / Nagalakshmi |
| | 12pm | Samples send to the Lab. IV line pattern. IV fluids flow on DNS 16ml in 500ml. |
| | 4pm | Medications are administration as per drug chart. Syp. domstal 0.6ml oral given |
| | 5pm | Vitals are monitoring and recorded. child details handing over given to Evening duty staff |

Navy 601201

NOTE : DO NOT WRITE OUTSIDE THE MARGS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies Nil

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

| DATE | TIME | |
|---------|--------|--|
| 28/5/26 | | Evening shift |
| | 2:30pm | Baby taken over from nig morning shift staff s/n - Mandhini |
| | | Baby looks comfortable, i.v line present left metacarpal - 24 gauge, i.v fluids on - bottle on flow, mild distress present |
| | 3pm | medications given as per drug chart |
| | 4pm | monitored vital signs |
| | 6pm | Respiratory - Suction @ - pure influenza virus positive parents are informed by Dr. Ezhilanar |
| | | Dr. Ezhilanar advised to give feed feed upright position only - 15ml |
| | | Feeds - not during night time |
| | 8:30pm | Baby hand over given to night shift staff |
| | | 11:00 AM |
| | | Night duty notes |
| 28/5/26 | 8:30pm | Baby handover taken from evening duty staff s/n hemalatha |
| | | -> baby is active and alert |
| | | -> baby iv line present and pattern iv flow on pns bottles |
| | | -> baby is on npo Dr. maini said to give pp as baby is hungry |

NO: DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

RI

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) |
|---------|--------|--|
| | 3:30pm | On stop, vital monitoring SpO2 98% No complaint of distress, No complaint of breathing difficulties, |
| | 4pm | Continue monitoring Caring, formula feed given, Dr. Isel / mom scan the and continue same treatment, |
| | 4pm | Downy given as per drug chart, Intra And output Monitoring |
| | 2pm | Feeding one given to x 1/4th day. [Signature] |
| | | Night duty notes: |
| 21/5/26 | 8:30pm | baby handover taken from evening duty staff kanyal. → baby is active and alert on stop baby is on room air → baby iv line present and pattern iv flow on DMS 16ul/hr. |
| | 9pm | medications given as per drug chart. |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
 Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) |
|---------|------|---|
| 22/5/26 | 9pm | meditation given as per drug chart. → JPS 6/2/21 |
| | 11pm | Administer med. Adrenaline as per drug chart. → JPS 6/2/21 |
| | | → baby crying continuously 30 minutes pp 15ml given after some time baby is stable. → JPS 6/2/21 |
| 22/5/26 | 12am | baby vitals checked and recorded vitals stable. → JPS 6/2/21 |
| | 2am | baby sleep well no other complaints. → JPS 6/2/21 |
| | 4am | baby vitals checked and recorded vitals stable. → JPS 6/2/21 |
| | | → Administer nebulization as per drug chart chart. → JPS 6/2/21 |
| | 6am | provide medication as per drug chart. → JPS 6/2/21 |
| | | → baby passed urine and motion → baby vitals checked and recorded vitals stable → JPS 6/2/21 |
| | 8am | → baby handover given to morning duty staff. → JPS 6/2/21 |

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) |
|---------|---------|---|
| 29/5/26 | | morning shift |
| | 8:30am | child taken over from night shift staff |
| | | SN: Srinivas |
| | | child looks alert and active, iv line present |
| | | left mald canal, 24 gauge and it's pattern |
| | | DNS-16ml/hr on flow, passed urine |
| | 9AM | oxygen reduced to 1 liter, nasal prongs |
| | | saturation - 98 to 100% |
| | 10am | medications given as per drug chart |
| | 10:30am | Dr. Ezhilarasi seen the child, advised to |
| | | check SpO2 - in 20% O2 - when trying to |
| | | stop oxygen, SpO2 - 90% reducing - so |
| | | continued oxygen - 1 liter nasal prongs |
| | 4pm | monitored vital signs |
| | | Education feeding to give carefully |
| | 2:30pm | child hand over given to evening shift |
| | | staff |
| | | <u>29/5/26 - Evening duty.</u> |
| | 8:30pm | child is handling over |
| | | taken from morning sleep |
| | | status conscious and responded |
| | | iv line kept in position. |
| | | DNS 16ml/hr on flow, OR 1 liter |
| | | on flow. |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS