



Birth: Rainbow Children's Hospital

GUC-00077495 IP18-00036154
Baby RUSHIKA SINGH
15-04-2025 1 Y 2 M 10 D (F)
Dr. PADMAPRIYA EKAMBARAM



DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		25/6/25 11:30 AM	<i>Dr. P. Ekambaram</i> 02/07/25				
Activity Sheet update by Pharmacy		9.35	<i>[Signature]</i>				



ACTIVITY RECORD FOR BILLING

Name:

UHID No: IP No: GUC-00077495 IP18-00036154 Dept:

Date of Admission: Time: Baby RUSHIKA SINGH 15-04-2025 1 Y 2 M 8 D (F) Dr. PADMAPRIYA EKAMBARAM ge: Time:

Room / Bed No: Ward: ble bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/06	11:00pm	ER	ICU	[Signature]

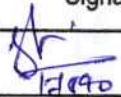
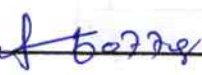
CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Mohanesh	24/6/26	To be revised	[Signature]
2.	Dr. Neeraj	25/6/26	to be revised	[Signature]
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/6	CBC, CRP, PD ₂	26019938	<i>Jh</i> 12/90
23/06	RBP	26019937	<i>Jh</i> 12/90
24/6/2020	CRP urine P/E	26019972	<i>Jh</i> 12/90
24/6/26	LFT, peripheral smear, Dengue NS-1		
	electrophoresis	26019994	<i>J</i>
	Iron Blood culture		
	Iron total iron		
	binding capacity		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/6	IV line placement	(1)	1716303	
24/6	WEC	(1)	18008429	

ANY OTHER INFORMATION:

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Date: 26/6/2026 Time: 7.30am

Prepared By:

Staff Nurse 	Shift / Ward	Billing Assistant	Billing Supervisor
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DISCHARGE TRACKING SHEET

UHID-

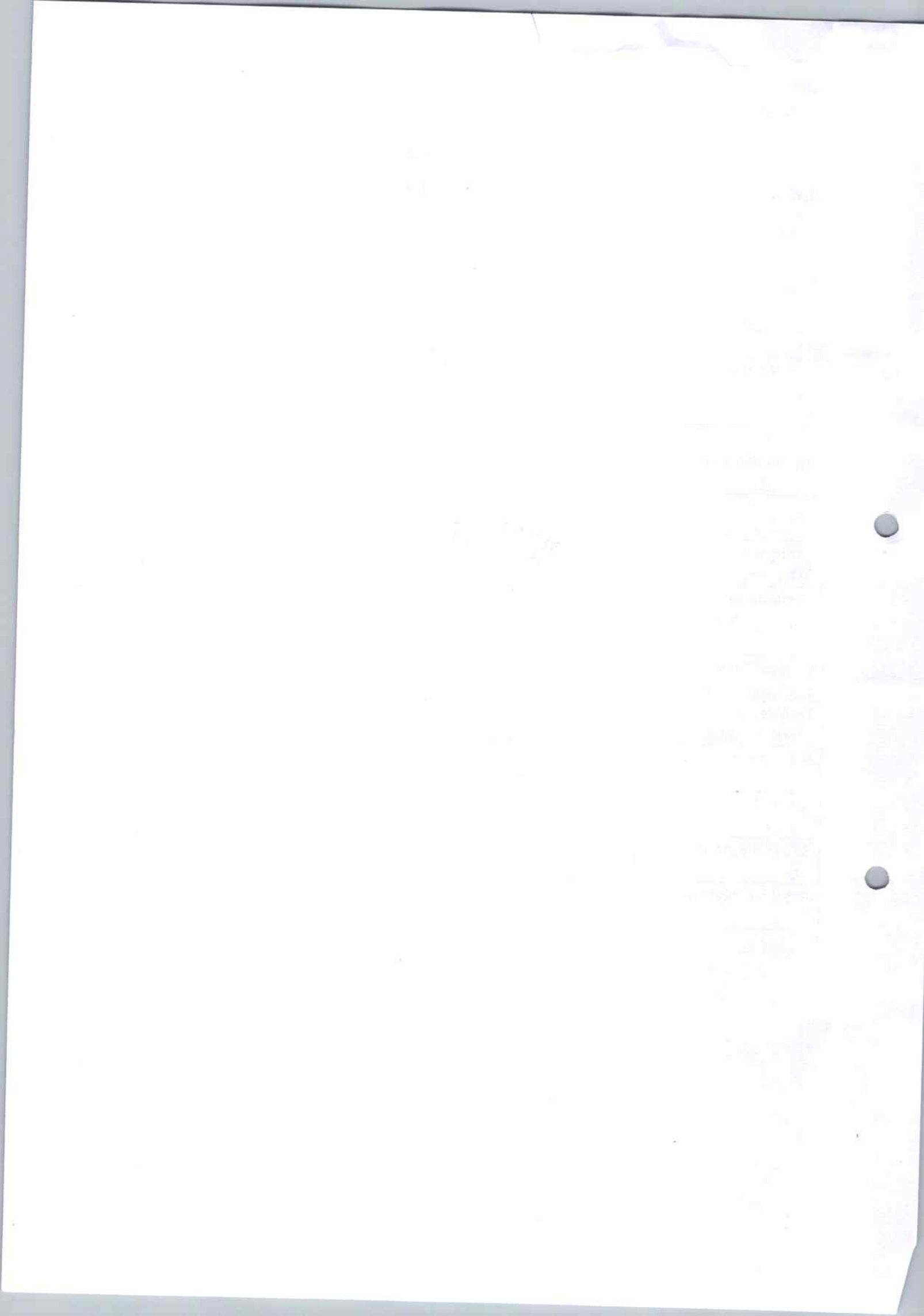
FLOOR-

NAME OF CONSULTANT-

GUC-00077495 IP18-00036154
Baby RUSHIKA SINGH
15-04-2025 1 Y 2 M 10 D (F)
Dr. PADMAPRIYA EKAMBARAM



ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
	INTIME	OUT TIME			
Discharge Announcement					
Arrangement of File by Nursing		26/6/25	<i>[Signature]</i>		
Preparation of Discharge Summary		12:00			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					





BED SIDE CHECK LIST FOR NURSES

	Date: 23/6	24/6								
Doctor's Orders	yes	yes								
Carried out or not	yes	yes								
Bed Side										
Structured Handover done	yes	yes								
IV Site	yes	yes								
Central Lines	no	no								
Arterial Lines	no	no								
Feeding Catheter	no	no								
Urinary Catheter	no	NA								
Skin Care	yes	yes								
Eye Care	yes	yes								
Mouth Care	yes	yes								
Sterillum Bottle, Stethoscope	yes	yes								
Suction Bottle (Should be clean & empty)	yes	yes								
Intubation Tray	no	no								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	no	NA								
Ventilator Tubing, (Any Water, Blood)	no	no								
Humidification	yes	no								
Check all Infusion (Labelling, Correct Preparation)	yes	yes								
Chest Physio & Neb	no	no								
Handed Over By Name :	[Signature]									
Signature :	[Signature]									
Date & Time:	24/6 2:45 PM									
Hand Over Taken By Name :	[Signature]									
Signature :	[Signature]									
Date & Time:	24/6 2:45 PM									

ADMISSION SHEET

Registration Details :



Admission No : IP18-00036154 Admit Date : 23-Jun-2026 Admit Time : 10:29 PM UHID : GUC-00077495

Patient Details :

Patient Name : Baby RUSHIKA SINGH Age : 1 Y 2 M 8 D
Guardian : Mr OMPRIYA SINGH DOB : 15-04-2025 08:48 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : flat no.5v, north block sis meridian 100 feet
road Velacheri Chennai Tamil Nadu INDIA
600042 Phone No : 8056001872
E-mail : singhomisunny@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : ER 101 Ward Name : 0F-EMERGENCY
Room No : ER 101 Admission Type : First Visit

Contact Details :

Name : Mr OMPRIYA SINGH Relationship : Father
Contact Address : flat no.5v, north block sis meridian 100 feet
road Velacheri Chennai Tamil Nadu INDIA
600042 Phone No : / 8056001872

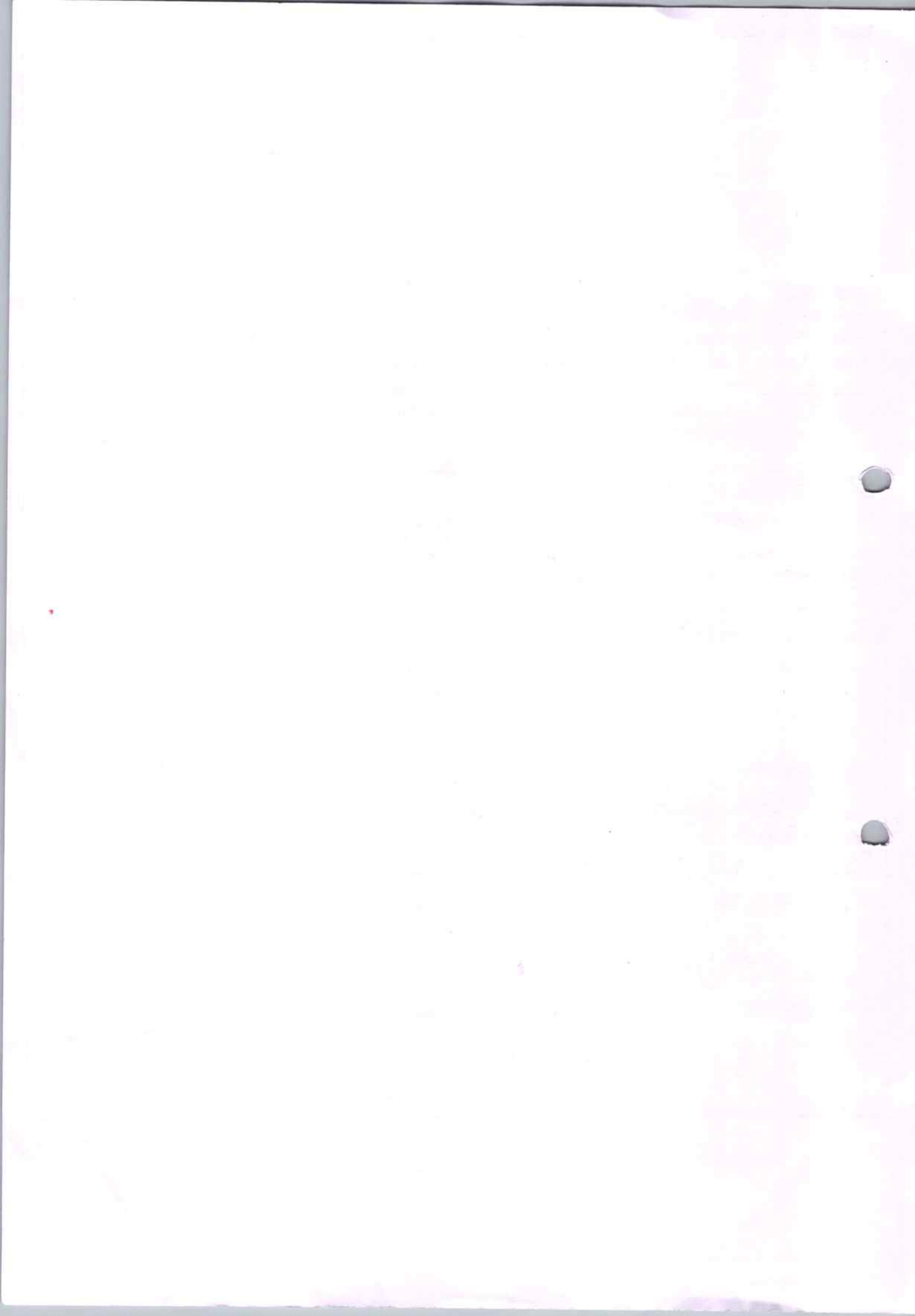

Signature

Doctor Details :

Doctor Name : Dr. PADMAPRIYA EKAMBARAM Specialisation : GENERAL PEDIATRICS
Referral Doctor : self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



GENERAL CONSENT FOR TREATMENT

Patient Name: Baby RUSHIKA SINGH Age : 1 Y 2 M 8 D
IP No: IP18-00036154 Sex: Female
Consultant: Dr. PADMAPRIYA EKAMBARAM Ward/Bed No: 0F-EMERGENCY/ER 101

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

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature: *[Signature]*)

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

Signature of Patient/Relative: *[Signature]*

Name: Mr. OMPRIYA SINGH

Relationship: FATHER

Date: 23/06/2026

Time: 10:29 AM

Witness Name: P. Thamarai Selvan

Witness Signature: *[Signature]*

Patient Address:
flat no.5v, north block sis meridian
100 feet road Velacheri Chennai Tamil
Nadu INDIA 600042

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BILLING POLICY

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

DECLARATION

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

Patient Name : <u>Baby Divyansha Singh</u>	UHID Number : <u>77225</u>
Self/Attendant Name : <u>Mr. Omprakash Singh</u>	Relation : <u>FATHER</u>
Self/Attendant Signature : <u>Omprakash Singh</u>	Name & Signature of Financial Counselor
Phone Number : <u>9</u>	<u>[Signature]</u>





It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00077495

IP18-00036154

Baby RUSHIKA SINGH

15-04-2025 1 Y 2 M 8 D (F)

Dr. PADMAPRIYA EKAMBARAM



Pediatric Multiorgan History & Physical Examination

Name: _____

Rushika Singh

Age/Sex _____

1y 1mf Female

Information given by: _____

Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o - Fever x 1 day

Febrile seizures - 1st episode

History of present illness :

- Fever - x 1 day ^{from} ~ 9 PM

High grade, intermittent fever, not associated with chills, no h/o very while passing urine

- No other focus - Cough/cold/vomiting & loose stools

Febrile seizures

- Crying continuously - 2 high grade fever

- suddenly become unresponsive, loss of tone,

- both eye deviation to one side (right),

less than < 1 min - become conscious

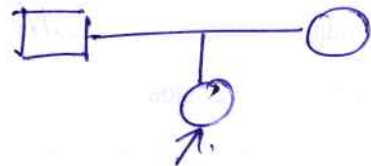
Past History : (Including details of any previous investigation or treatment)

No H/o previous admission

Birth & Neonatal History:

Date PT / LSCS (preclampsia) / BW - 2.31kg / (36w)
CIAB / No NICU stay
Photoblamp x 1 day

Family Chart



Birth & Socio Economic History:

About Father : No family H/o febrile seizures

About Mother :

Any additional information : Mother from Mathya Pradesh

Developmental History :

(N) for age

Immunization History :

Up to date - IAP schedule

Anthropometry :

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

Weight (kgs) 8.5kg (Centile _____)

On Examination :

Temperature : 103°F Pulse Rate : 130/min B.P. _____ SPO2 98% @ RA

Resp. rate and type of breathing : 38/min

Rash

RBS - 197 mg/dl

WOB - (N)

Sensorium - (N)

Lymphadenopathy Pallor (+)

recognising parents available

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : b/lc AET

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S S2

Any murmur : No murmur

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

Per Abdomen :

Inspection : _____

Palpation : soft, non tender, no organomegaly

Ausculation : _____

Spine : _____ External Genitelia : _____

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

Central Nervous System :

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

Cranial Nerves : _____

Motor System :

Nutriton : _____

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

- AF at level
- Comtable

Patient Sticker

Reflexes :

DTR

Plantars

Superficials:

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

- Febrile seizures - Probable simple febrile seizures - 1st episode
- ? Breath holding spells

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment:

Planned Labs:

- CBC / CRP
(electrolytes, iCa) - RP-2
urine R/E.
- RBS

Planned Management

- IV line
- paracetamol
• IV fluids - SOS
Antibiotics based on reports

Signature of the Doctor: T. Yuvany

Name of the Doctor: T. Yuvany

Date & Time: 23/6/26 @ 10.30 PM

Signature of the Consultant: F. Padmapriya

Name of the Consultant: PADMAPRIYA CRAMBRAM

Date & Time: 24/6/26 @ 10.30am

Patient Sticker

DISCHARGE PLANNING FORM

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

1. Anticipated Date of Discharge:

2. Destination Post Discharge: Home
Family Members Notified (Person Contacted)

Transfer
Hospital Facility Notified (Person Contacted)

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

Needs Assistance In:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Remarks

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

Others:

5. Discharge Planning Discussed with the:
 Patient Family Member

Others:

6. Patient/Family Educational Plan:

Educational Topic/s:

Patient's Educational Topic/s discussed with the:

Patient Family Member Others:

Doctor Signature:

Doctor Name:

Date and Time:

Handwritten notes:
July 17 2012
2012/07/17



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 11.30 PM	S/B - Dr Yamaraj Δ - Probable simple febrile seizures - Interictal Anemia	
	Child reviewed. O/E alert, active, afebrile. vitals stable	
	RS - clear PA - soft, non-tender	CNS NAD CNS
<u>Labs</u>	Hb - 8.5 WBC - 7280 PLT - 1.84L	MCV - 57, RBC - 4.56 Mentzer index - 12.5 (413)
	CRP < 5 137/34 123/19 iCa - 1.23	To rule out Thalassemia + [Mother - also had h/o anemia requiring iron & transfusion during pregnancy]
	<u>Plan</u>	
	- Continue paracetamol - SOS - plan - on further evaluation for anemia	
	- watch for seizures - evaluation for Dengue	
	- IVF - SOS	T.Y.J
	To do - Trace urine RE	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/16/26 8:00 AM	SLD. Dr. <u>Lucky Vishwan</u>	
	<p>Δ: ? Degree fever child remind fever spikes + Active laxat</p>	<p>PT underlying anemia vs Thalassemia</p>
	<p>Abilities modified hydration - Adequate i/o - Adequate</p>	
	<p>vitals: stable</p>	
	<p>PA: sputum, no organisms Aur gases (N/A)</p>	
		<p><u>Advice</u></p>
		<p>1) mean room opinion i/o only at Thalassemia</p>
		<p>2) Degree NSI / Iron / TIBC / ... NB Electrolytes / peripheral smear (to do) / blood C/S.</p>
	<p><u>Leucylid</u> 203377 2/16/26.)</p>	<p>3) Continue paracetamol (POs) if temp > 100° every 6h body.</p>
		<p>4) wlt signs / dehydration / monitor vitals.</p>
		<p>5)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/06/2025 9:00 AM	S/B Dr. Lucky Vinem	
	Child had one more episode of jerking movements of the upper & lower limbs i.e. uprolling of eyes for 2 mins & child regained consciousness within 5 min	
	Temp: 103.6°	
	RBS - 123	
	BP: 130/70 mmHg	
	PR: 160-170/min.	
		Advice:
		1) Syp. Frisium 2.0ml Po Qm.
		2) Motinul air spinon 1/6/ CFS
		3) T. NEOMAC 17mg (3k tabs)
		Stat P/R
	S/B Dr. Padmapriya	4) To do EEG today
10:30 AM	Child reviewed.	
	H/o noted: ? Breath holding spells.	
	? Seizures:	
	Anemia - 9 IDA	
	R/o Thalassemia (Beta)	
	No Hepato splenomegaly.	Syp. Pedichlough - 4 ml stat.
	Pallor ++.	
	8.5 kg	S. Padmapriya
	Wt - 15 th - 50 th Centile	
	Ht - 45 cm	
	46.5 cm	44268

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3:00 pm	26/6/26 S/B Dr. Padmapriya	
	<u>Child reviewed.</u>	
	<ul style="list-style-type: none"> - No further S2 - / Breath holding spells - Appetite - poor. - H/o anemia in mother - during pregnancy requiring iron & Txn 	
	Baby is pale; no thalassaemic facies. Lungs clear <u>Abd</u> no hepatosplenomegaly.	
	<u>Reports seen.</u>	
	HB - 8.5	
	Mentzer index 12.5 (borderline)	
	P. smear - Hypochromic microcytic & hypochromic normocytic picture with elliptocytes, target cells & polychromasia	
	s/o IDA	
	S.Iron: (22) ↓	
	TIBC = 402, UIBC (380) ↑	
	[Cultivation - not done due to high grade fever]	
	HB electrophoresis -	
	Plt: 3.5 lacs. (manual count with clumps)	
	Minc R/E - Neg	Cant come
	Dengue serology - Neg	For Dr. Meena (to review.) (hematology) 26/6/26
	VEGG (N)	26/6/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/06/26	S/O. Dr. <u>Wany Vianesh</u>	
9:50 AM	<p>Δ: Brain w/holdy spells / ? Complex focalc region / (probable-mitochond) ? Iron defing anemia / anemia</p> <p>Appetite - Improving Hydration - Adequate (over spells ⊕) V/O - Adequate</p> <p>NO further episodes of Seizures / brain w/holdy spells per V/O Anemia in mother - Requir transfusion & Iron. Pallor ⊕</p> <p>No Thalassemia facies vitals - ⊕</p> <p>RS: clear WS / ⊕ PA: soft INT, no organomegaly GVS -</p> <p>Iron profile suggestive of Iron def anemia VEEG - ⊕</p>	
		Advice
		①. To trace for hb electrophoresis reports
		②. Meena main episode i/v/o r/o Thalleimia today evening
		③. Plan for discharge if no further episodes of seizures / r/o Thalleimia
		④. Continue opp. AZEE (10mg/100g) - 2ml 10 ⁰ 24H x 4 days
	Luckyjit 203370	
	No discharge today.	44/268

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B Dr. Moore (Pro)</u>	
25/6/26		
5pm	History & Present Illness	
	Female child	<u>Sussex</u>
	Breast lumps & spots	Syp Janateman P
	Microcytic Hypochromic anemia	5mg/5ml
	probable IDA	2.5ml po once a day
	Ab exam mlt mtrle ⊕	(2 Low set 1000)
	HPLC awaited	Syp meclizem 2
		5ml po once a day
		day
		To follow up HPLC
		Repeat CBC, Resc
		after 2 weeks
		Dr. Moore
26/06/26		1915
5:00 PM	S/B. Dr. Wanyanzwa	
	child revised	
	Afebrile	
	Active (mild)	
	Prolapsed anal feces	
	No further signs	
	itch - stools	
	Rx: BLAC ⊕ (No added prob)	
	Other mpts - ⊕	

Continue as charted

PA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB. Dr. Lucy Vignani	
26/6/26 9:50 AM	<p>Δ: complex fetal signs / 2 breath-holding spells / Child drowsy (20A / Beta Thalassaemia trait)</p> <p>Melrose (smile 2PM yesterday) - > 20 hrs.</p>	
	<p>Plan for discharge today No further episodes of breath-holding spells / fetal signs</p>	
	vitals - stable.	
	<p>RS: clear PA: systolic, no cyanosis</p>	<p>CVS: S1/2+ / no murmur CNS: NFN.</p>
	<p><u>Advice</u></p>	
	<p>1. Symp. ROND FENON (50mg/5ml) 2.5ml @ 4hr.] 1/7/26 2. Symp. MECONERYL 2 5ml PO @ 4hr.] 3. Paracetamol (505) 4. Symp. FRISUM (50mg/5ml) 2.5ml PO @ 4hr.</p>	
	<p>at home of fever (3 days) 5. Symp. AZECL 200mg/5ml 2ml - o - o x 2 days. 5 - Hb electrophoresis report to be waited ~ follow up</p>	
	<p><u>Lucy Vignani</u></p>	
	<p>6) Symp. Polytion CL 5ml od x 1 month → Hb electrophoresis - report noted → Thalassemia trait (present)</p>	
	<p>→ parents to be counselled for underlying Hb electrophoresis</p>	
	<p>HbA2 - 5.7 Hb Adult - 84.10.</p>	<p>Hb F - 4.90</p>



CROSS CONSULTATION FORM

Doctor Name: DR. MOHINSH Date: 24/6/26 Time: 11 am

Diagnosis:

Hospital:	Type of Referral : <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
Referred for : <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations : Thanks for Referral.

1 1/2 yrs / Dev Normal.

H/o Fevers followed by seizure activity.
(crying continuously, sudden cessation of breathing,
followed by unresponsiveness, bluish discoloration lips,
uprolling eyeballs). 2 such episodes.

O/E: Conscious. Irritable Crying. Hct = 46.5 crf
No Ne markers.
No skin/hair changes.

Consultant :

Name : Signature : Date & Time :


△: Complex FEBRILE SEIZURE /
Acute febrile illness

Plan:

- Cont. oral clonazepam for 3 days followed by intermittent prophylaxis.
- Anemia work-up
- Consider Iron supplements.

f/w.

- Can consider EEG study


Dr. MOHANISH
112808

708



Kushika singh / 1y2m

Mentzer index = 12.5

mcv - 57
 MCH - 19
 MCHC - 33
 RDW - 15.7

RESULT SHEET

Date	23/6/26				
Time					
Hb	8.5 ↓				
PCV	26				
RBC	4.56				
WBC	7280				
N/L/M/E	51/41/7/1				
Platelets	1.84L				
CRP	<5				
ESR					
PCT					
RBS	197				
Na	137				
K	3.4				
Cl / Bicarb	103/19				
Ca/Mg	1.23				
Phosphate					
Urea	34				
Creatinine	0.29				
ALP	230				
SGPT	34				
SGOT	61				
T.Bill/Conj	0.6 / 0.0				
T.Protein	6.7				
S.Albumin	4.3				
S.Globulin	2.4				
A/G Ratio	1.7				
Uric Acid	9.7	10			
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date	24/6/21				
Time					
CUE - Alb	-				
CUE - Sugar	-				
CUE - Ketones	+				
CUE - PUS Cells	-				
CUE - RBC Cells	-				
CUE	-				
Dengue NSI	Neg				
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
S-Iron	22	↓	↓		
(50-120)					
TTBC (250-450)	402		⊕		
WBC (135-192)	380		↑↑		

Culture and Sensitivities : PS: *relativ*
metalytic hypochromic Anemic *mild neutrophils*

Radiology :
 USG :
 X-Ray :
 ECHO :
 CT :
 MRI :

Others (ECG, Contrast Studies etc.): *V EEG - Normal*

GUC-00077495 IP18-00036154
 Baby RUSHIKA SINGH
 15-04-2025 1 Y 2 M 8 D (F)
 Dr. PADMAPRIYA EKAMBARAM



ADMISSION RECONCILIATION FORM

Drug Allergies: None 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: ICU

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	CROCIN DROPS (PARACETAMOL)	1.2ml	P/O	Q 6H		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<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

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature: T. Yuvraj & T. Y.

Date & Time: 23/6/2025 @ 10:00pm

Nurse Name & Signature: Shobha Srinivasan

Date & Time: 23/06/2025 @ 10:40pm

Faint handwritten notes at the top of the page, possibly including a date or page number.

Handwritten notes in the middle section, appearing to be a list or series of observations.

Large section of handwritten notes, possibly a detailed description or a long list of items.

Handwritten notes at the bottom of the page, including what appears to be a signature or a final note.



DRUG CHART

Date of Admission: 23/6/26 Drug Allergies: NFI 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 : P-100 drops				Date/Time															
Dose	Route	Frequency	Start Date																
1.2ml	P/O	Q6H	23/6	3:30 PM	4:30 PM	5:30 PM	6:30 PM	7:30 PM	8:30 PM	9:30 PM	10:30 PM	11:30 PM							
Doctor's Signature		Valid Period	Pharm.																
T.M.				23/6 2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM						
Additional Instructions:																			
Temp > 100° F																			
DRUG :				Date/Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			
DRUG :				Date/Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name

GUC-00077495 IP18-00036154
 Baby RUSHIKA SINGH
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 Dr. PADMAPRIYA EKAMBARAM



REGULAR PRESCRIPTIONS

Weight 8.5kg Ward P13 P102

DRUG : <u>Syp. FRISIUM</u>				Date Time																
Dose <u>2.5ml</u>	Route <u>PO</u>	Frequency <u>Q24H</u>	Start Date <u>24/06</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Luchyngub</u>																				
Additional Instructions: <u>203297</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Syp. COBIUM</u>				Date Time	<u>24/6</u>	<u>25/6</u>	<u>26/6</u>													
Dose <u>2.5ml</u>	Route <u>PO</u>	Frequency <u>Q24H</u>	Start Date <u>24/6</u>		<u>10 AM</u>	<u>9 AM</u>	<u>10 AM</u>													
Name & Signature of the Doctor Starting the Drugs: <u>Luchyngub</u>																				
Additional Instructions: <u>203777</u> <u>24/6/26</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Syp AZEE</u>				Date Time	<u>25/6</u>	<u>26/6</u>														
Dose <u>2ml</u>	Route <u>PO</u>	Frequency <u>Q24H</u>	Start Date <u>25/06</u>		<u>2 PM</u>	<u>12 PM</u>														
Name & Signature of the Doctor Starting the Drugs: <u>Luchyngub</u>																				
Additional Instructions: <u>203777</u> <u>(20mg/5ml)</u>																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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 Baby RUSHIKA SINGH
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 Dr. PADMAPRIYA EKAMBARAM



Weight 8.5 kg Ward 7th Floor

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/06	10:50pm	Paracetamol suppository	~ 120mg	PR	stat	<u>Shikha</u>
25/06	12AM	Syr A288	170mg (4.5ml)	PO	stat.	<u>NS</u> <u>RS</u>

GUC-00077495 IP18-00036154

Baby RUSHIKA SINGH

15-04-2026 1 Y 2 M 9 D (F)

Dr. PADMAPRIYA EKAMBARAM



Io. : RCH/ FRM / CLINICAL / 125



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

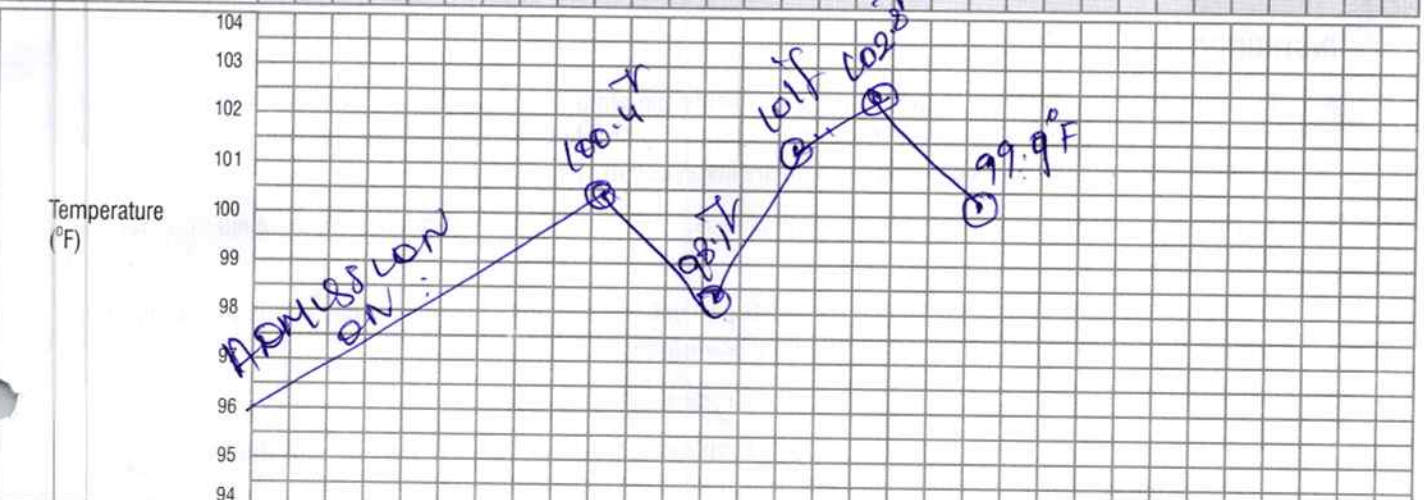
Rainbow®
Children's
Hospital
It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/6/2026 Time: 12 AM 2 AM 3:30 AM 4:30 AM 7 AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 140b/h 120b/h 140b/h 130b/h



Resp Rate (Number) 30b/h 30b/h 30b/h 30b/h 30b/h

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) 0 0 0 0 NA
O₂ Saturations (%) 99% 99% 99% 99% 95%

Conscious Level Normal / Altered

GCS* 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 0 0 0

Pain Score 0 0 0 0 0
Observer's Initials [Signatures]

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.

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)



②

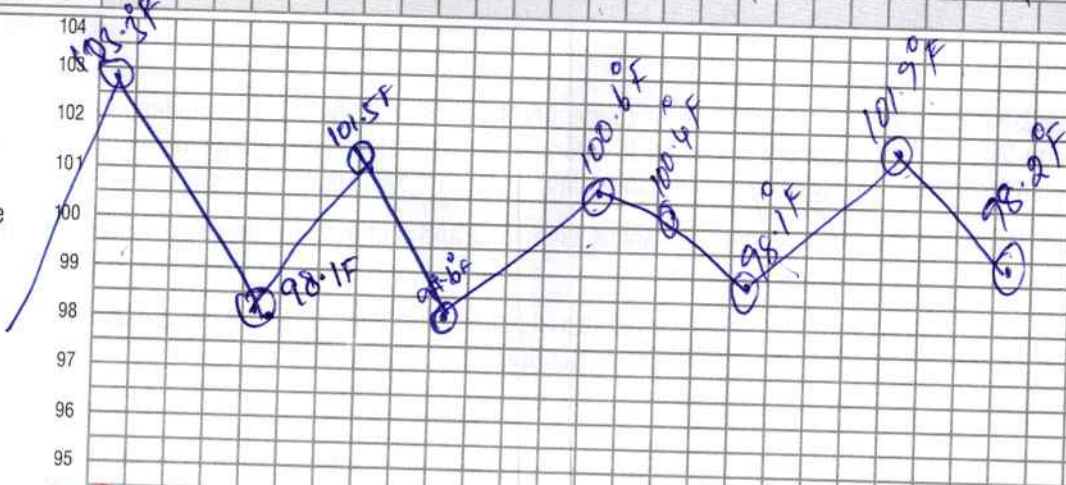
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/6/2025 Time: 8am
 Doctor / Nurse / Family Concern? 11am 8:30pm 4pm 8:45P 10:00am 12P 4PM 7PM

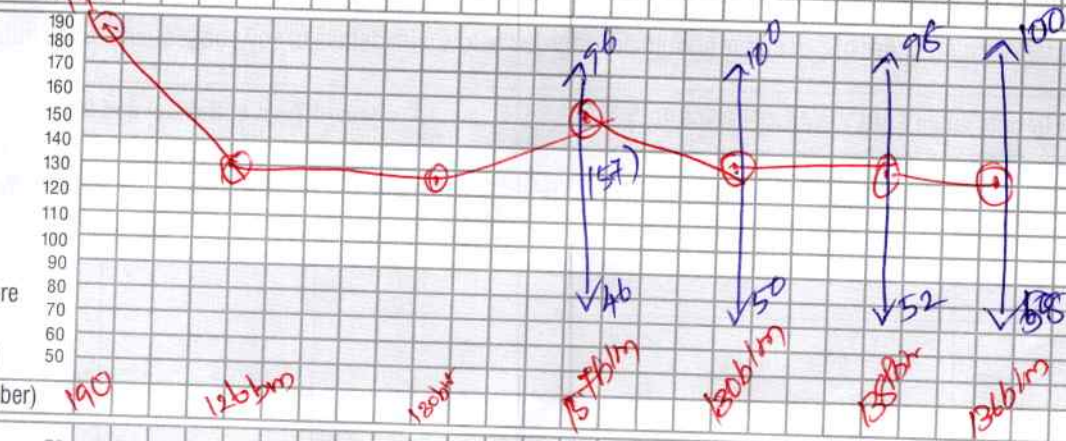
Temperature (°F)



Heart Rate (bpm)

Blood Pressure (mmHg) *

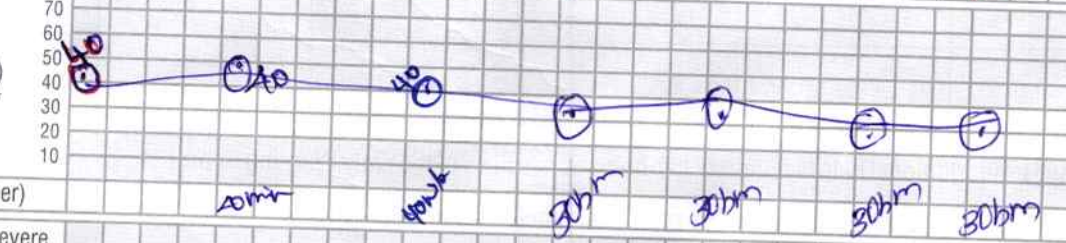
Note: BP does not score in early warning scoring



Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)



Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

RA	RA	RA	RA	RA	RA	RA
0	0	0	0	0	0	0
15/15	15/15	15/15	15/15	15/15	15/15	15/15
PE	PE	PE	PE	PE	PE	PE
0	0	0	0	0	0	0
PE	PE	PE	PE	PE	PE	PE

ACTIONS

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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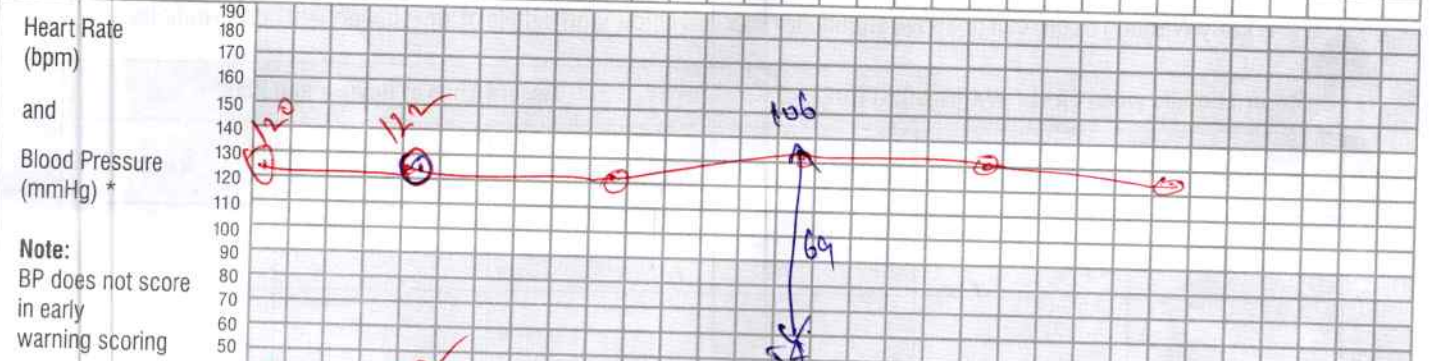
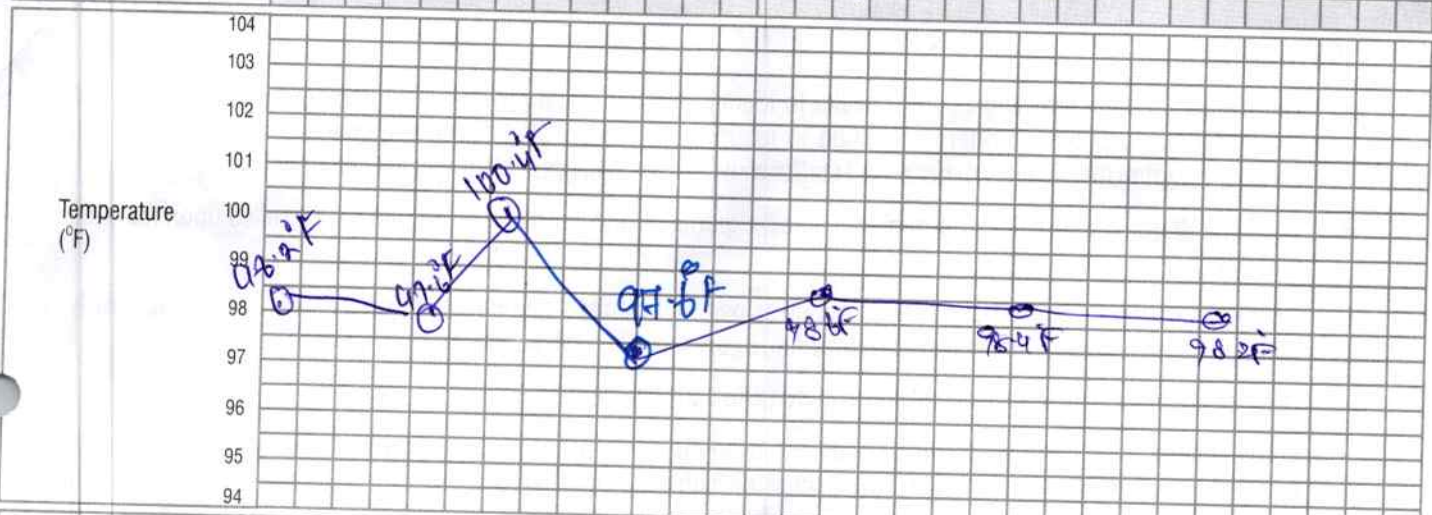
Doc. No. : RCH/ FRM / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/6/26 Time: 8am 10am 2pm 4pm 8pm 12am 4am
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 120 122 120b/min 130b/min 120b/min 128b/min



Resp Rate (Number) 30 32 30b/min 30b/min 32b/min 30b/min

Resp Mod/ Severe Distress None / Mild NR NR RA RA RA RA

Receiving O₂ (l/min) 100 100 100l 100l 98l 99l

O₂ Saturations (%) 100 100 100 100 98 99

Conscious Level Normal / Altered ✓ ✓ ✓ ✓ ✓ ✓

GCS * Alert Alert Alert Alert Alert Alert

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials PS PS PS PS PS PS

ACTIONS
 Scores 3 should be added overleaf
 Score 1 : Continue normal observation by staff nurse
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Baby RUSHIKA SINGH 1 Y 2 M 9 D (F)

15-04-2025 Dr. PADMAPRIYA EKAMBARAM



FLUID CHART

Sheet No. : 9

- 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													
	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	Baby Sleeping												
	01:00 am													
Total Intake :						Total Output :								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am	Similac 180ml												
	07:00 am	Plus												
Total Intake :						Total Output :								
Total 24 hrs. Intake		180ml				Total 24 hrs. Output		1 time Diaper Changed						

23/6/2025

Admission on 23/6/2025

Diaper changed

INVOICE

Date: _____

To: _____
 Attention: _____
 Street: _____
 City: _____ State: _____ Zip: _____

No.	Description	Qty	Unit Price	Amount
1	Item 1	10	\$1.00	\$10.00
2	Item 2	5	\$2.00	\$10.00
3	Item 3	20	\$0.50	\$10.00
4	Item 4	15	\$0.75	\$11.25
5	Item 5	8	\$1.50	\$12.00
6	Item 6	12	\$1.00	\$12.00
7	Item 7	10	\$1.20	\$12.00
8	Item 8	10	\$1.00	\$10.00
9	Item 9	10	\$1.00	\$10.00
10	Item 10	10	\$1.00	\$10.00
11	Item 11	10	\$1.00	\$10.00
12	Item 12	10	\$1.00	\$10.00
13	Item 13	10	\$1.00	\$10.00
14	Item 14	10	\$1.00	\$10.00
15	Item 15	10	\$1.00	\$10.00
16	Item 16	10	\$1.00	\$10.00
17	Item 17	10	\$1.00	\$10.00
18	Item 18	10	\$1.00	\$10.00
19	Item 19	10	\$1.00	\$10.00
20	Item 20	10	\$1.00	\$10.00
21	Item 21	10	\$1.00	\$10.00
22	Item 22	10	\$1.00	\$10.00
23	Item 23	10	\$1.00	\$10.00
24	Item 24	10	\$1.00	\$10.00
25	Item 25	10	\$1.00	\$10.00
26	Item 26	10	\$1.00	\$10.00
27	Item 27	10	\$1.00	\$10.00
28	Item 28	10	\$1.00	\$10.00
29	Item 29	10	\$1.00	\$10.00
30	Item 30	10	\$1.00	\$10.00
31	Item 31	10	\$1.00	\$10.00
32	Item 32	10	\$1.00	\$10.00
33	Item 33	10	\$1.00	\$10.00
34	Item 34	10	\$1.00	\$10.00
35	Item 35	10	\$1.00	\$10.00
36	Item 36	10	\$1.00	\$10.00
37	Item 37	10	\$1.00	\$10.00
38	Item 38	10	\$1.00	\$10.00
39	Item 39	10	\$1.00	\$10.00
40	Item 40	10	\$1.00	\$10.00
41	Item 41	10	\$1.00	\$10.00
42	Item 42	10	\$1.00	\$10.00
43	Item 43	10	\$1.00	\$10.00
44	Item 44	10	\$1.00	\$10.00
45	Item 45	10	\$1.00	\$10.00
46	Item 46	10	\$1.00	\$10.00
47	Item 47	10	\$1.00	\$10.00
48	Item 48	10	\$1.00	\$10.00
49	Item 49	10	\$1.00	\$10.00
50	Item 50	10	\$1.00	\$10.00
51	Item 51	10	\$1.00	\$10.00
52	Item 52	10	\$1.00	\$10.00
53	Item 53	10	\$1.00	\$10.00
54	Item 54	10	\$1.00	\$10.00
55	Item 55	10	\$1.00	\$10.00
56	Item 56	10	\$1.00	\$10.00
57	Item 57	10	\$1.00	\$10.00
58	Item 58	10	\$1.00	\$10.00
59	Item 59	10	\$1.00	\$10.00
60	Item 60	10	\$1.00	\$10.00
61	Item 61	10	\$1.00	\$10.00
62	Item 62	10	\$1.00	\$10.00
63	Item 63	10	\$1.00	\$10.00
64	Item 64	10	\$1.00	\$10.00
65	Item 65	10	\$1.00	\$10.00
66	Item 66	10	\$1.00	\$10.00
67	Item 67	10	\$1.00	\$10.00
68	Item 68	10	\$1.00	\$10.00
69	Item 69	10	\$1.00	\$10.00
70	Item 70	10	\$1.00	\$10.00
71	Item 71	10	\$1.00	\$10.00
72	Item 72	10	\$1.00	\$10.00
73	Item 73	10	\$1.00	\$10.00
74	Item 74	10	\$1.00	\$10.00
75	Item 75	10	\$1.00	\$10.00
76	Item 76	10	\$1.00	\$10.00
77	Item 77	10	\$1.00	\$10.00
78	Item 78	10	\$1.00	\$10.00
79	Item 79	10	\$1.00	\$10.00
80	Item 80	10	\$1.00	\$10.00
81	Item 81	10	\$1.00	\$10.00
82	Item 82	10	\$1.00	\$10.00
83	Item 83	10	\$1.00	\$10.00
84	Item 84	10	\$1.00	\$10.00
85	Item 85	10	\$1.00	\$10.00
86	Item 86	10	\$1.00	\$10.00
87	Item 87	10	\$1.00	\$10.00
88	Item 88	10	\$1.00	\$10.00
89	Item 89	10	\$1.00	\$10.00
90	Item 90	10	\$1.00	\$10.00
91	Item 91	10	\$1.00	\$10.00
92	Item 92	10	\$1.00	\$10.00
93	Item 93	10	\$1.00	\$10.00
94	Item 94	10	\$1.00	\$10.00
95	Item 95	10	\$1.00	\$10.00
96	Item 96	10	\$1.00	\$10.00
97	Item 97	10	\$1.00	\$10.00
98	Item 98	10	\$1.00	\$10.00
99	Item 99	10	\$1.00	\$10.00
100	Item 100	10	\$1.00	\$10.00

Total Invoice: _____
 Total Net Invoice: _____
 Total Tax Invoice: _____
 Total Due Invoice: _____
 Payment Terms: _____
 Bank Name: _____
 Account Number: _____
 Branch Name: _____
 City: _____ State: _____ Zip: _____

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V							
24/6/2026	08:00 am								changed diaper	0	IAA
	09:00 am	H ₂ O 200ml				✓				0	V/A
	10:00 am								changed diaper	0	V/A
	11:00 am	Milk 150ml								0	V/A
	12:00 pm					✓			changed diaper	0	V/A
	01:00 pm								changed diaper	0	V/A
	Total Intake : 200ml				Total Output : 2 times of diaper						
	02:00 pm								changed diaper	0	AA
	03:00 pm	H ₂ O 100ml							Diaper	0	AA
	04:00 pm									0	AA
	05:00 pm	H ₂ O 100ml								0	AA
	06:00 pm								Diaper	0	AA
	07:00 pm	Similac 150ml							Diaper	0	AA
Total Intake : 250ml				Total Output : 2 times diaper change							
	08:00 pm									0	PL
	09:00 pm	H ₂ O 50								0	PL
	10:00 pm									0	PL
	11:00 pm								Diaper changed	0	PL
	12:00 am	H ₂ O 50							Diaper changed	0	PL
	01:00 am									0	PL
Total Intake : 100ml				Total Output : Diaper changed							
	02:00 am									0	PL
	03:00 am	Similac 100ml								0	PL
	04:00 am	PLC								0	PL
	05:00 am									0	PL
	06:00 am									0	PL
	07:00 am	H ₂ O 50				✓			Diaper changed	0	PL
Total Intake : 230ml				Total Output : Diaper changed							
Total 24 hrs. Intake		Total 24 hrs. Output : 7 Times Diaper changed									

RT FLU

Time	Temp	SpO2	HR	RR	BP	Weight	Height	Head Circ	Chest Circ	Abd Circ	Other
08:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
09:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
10:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
11:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
12:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
13:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
14:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
15:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
16:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
17:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
18:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
19:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
20:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
21:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
22:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
23:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
00:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
01:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
02:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
03:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
04:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
05:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
06:00	37.5	98	100	20	110/70	15.0	75	20	25	20	
07:00	37.5	98	100	20	110/70	15.0	75	20	25	20	

3 days of therapy

lowest temp
 lowest HR

lowest BP

lowest RR

lowest SpO2

lowest HR

lowest RR

lowest BP

lowest SpO2

lowest HR

lowest RR

lowest BP

lowest SpO2

lowest HR

lowest RR

lowest BP

lowest SpO2



FLUID CHART

Sheet No. : 3

- 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			
25/6/25													
	08:00 am												
	09:00 am										0	0	So
	10:00 am								Diaper changed		0	0	So
	11:00 am										0	0	So
	12:00 pm										NO	NO	So
	01:00 pm										NO	NO	So
Total Intake :						Total Output :							
	02:00 pm	H2O	30ml										NO Diapers
	03:00 pm												
	04:00 pm	DBF	✓										
	05:00 pm								Diaper changed				NO Diapers
	06:00 pm	Simila	150ml										
	07:00 pm	Plus											NO Diapers
Total Intake :						Total Output :							
	08:00 pm	H2O	50										NO Diapers
	09:00 pm												
	10:00 pm	H2O	50ml										
	11:00 pm												
	12:00 am								Diaper changed				
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												Diaper changed
	03:00 am	Simila	120ml										NO Diapers
	04:00 am												
	05:00 am												
	06:00 am								Diaper changed				
	07:00 am	Simila Plus	120ml										NO Diapers
Total Intake :						Total Output :							
	02:00 am												Diaper changed
	03:00 am	Simila	120ml										NO Diapers
	04:00 am												
	05:00 am												
	06:00 am								Diaper changed				
	07:00 am	Simila Plus	120ml										NO Diapers
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							
620 ml						Diaper changed 477 ml							



UNIVERSITY OF THE PHILIPPINES
DILMUN CAMPUS
DILMUN, QUEZON CITY

FLUID INTAKE

All measurements in ml
Add up each column separately after 24 hours

Date	Time	Fluid Intake	Urine Output	Stool Output	Other Output	Total Intake	Total Output
	07:00 AM						
	08:00 AM						
	09:00 AM						
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Ⓞ

NURSING CARE RECORD

Date: 23/6/2026

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
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		-		-	-	-	
Afternoon		<i>[Faint handwritten notes]</i>		<i>[Faint handwritten notes]</i>	<i>[Faint handwritten notes]</i>	<i>[Faint handwritten notes]</i>	
Night	11 PM	Above the child central Conalitem monitor the vital signs. Provided in comfortable position	8 AM	Above the child central Conalitem monitor the vital signs. Administered the medication	to reduce the Temp	Child is comfortable	<i>[Signature]</i>

GUC-00077495 IP18-00036154
 Baby RUSHIKA SINGH
 15-04-2025 1 Y 2 M 10 D (F)
 Dr. PADMAPRIYA EKAMBARAM

Singh



NURSING CARE RECORD



Date: 24/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Assess the child condition monitored the vital sign Maintain the I/O Chart	4pm	Assessed the child condition monitored the vitals sign Maintain the I/O chart.	Patient vitals are stable.	Re assessment done.	021245
Night	8pm	Assess the child condition Monitor vitals Maintain I/O Chart	11pm	Assessed the child condition monitored vitals Maintain I/O	Encourage oral feeds	Re-assessment done	Prex 6020



NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known						
Diagnosis: febrile seizure & probable simple febrile seizure		If Yes Specify:						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	23/6/2026	24/6/26	24/6/26	24/6/26	25/6/26	25/6	
	Shift	N	M	E	N	M	E	
ASSESSMENT	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA	
	Diet:	normal diet	normal diet	normal diet	normal diet	normal	normal diet	
ASSESSMENT	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	RA	RA	RA	RA	
	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:	100.4F	98.1F	98.6F	98.8F	98.4F	97.6F
		Res:	30b/m	30b/m	40b/m	40b/m	46	40b/m
	SpO ₂ :	99.7%	99.7%	99.7%	97%	100	100%	
	Pulse:	140b/m	126b/m	130b/m	130b/m	120	120b/m	
	BP:	-	141/114	#	96/66	90/50	120b/m	
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	9	9	9	9	9	9	
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Skin Integrity	normal	normal	Normal	Normal	Normal	Normal		
Recommendations	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:	no	no	no	NA	NA	-	
	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:	normal diet	normal	Normal diet	Normal diet	Normal 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 :	Prasanna	Hasini	Prasanna	Prasanna	Prasanna	Prasanna		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	24/6/26	24/6/26	24/6/26	24/6/26	25/6/26	25/6/26		
Time:	8 AM	1:30 PM	7:30 PM	5 AM	9 AM	2 PM		
Taken Over By Name :	Hasini	Prasanna	Prasanna	Prasanna	Prasanna	Prasanna		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	24/6/26	24/6/26	24/6/26	25/6/26	25/6/26	25/6/26		
Time:	8 AM	1:30 PM	8 PM	9 AM	2 PM	8 PM		

WIRING DIAGRAM

Item No.	Description	Quantity	Unit	Remarks
1
2
3
4
5
6
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Handwritten notes and signatures in the bottom left corner, including a signature that appears to be 'R. S. ...' and some illegible text.

Handwritten notes and signatures in the bottom middle section, including a signature that appears to be 'S. S. ...' and some illegible text.

Handwritten notes and signatures in the bottom right corner, including a signature that appears to be 'J. S. ...' and some illegible text.



NURSES NOTES



- No Known Drug Allergies
- Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
23/6/2026	11:30pm	<p><u>ADMISSION</u> <u>MOTHER</u> <u>ON!</u></p> <p>Baby delivered today admitted in ER do PM floor. Baby Conscious & Alert, oriented. In line with - no vit. Influenza (SOS). CBC, CRP, Electrolytes & cal. PP-II reports pending to do urine H/E. Baby stable.</p>	<i>[Signature]</i>						
24/6/2026	12 AM	<p>Baby alert. Signs checked and recorded.</p>	<i>[Signature]</i>						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>PP</td> <td>CP</td> <td>CRP</td> </tr> <tr> <td>tr</td> <td>tr</td> <td>med</td> </tr> </table>	PP	CP	CRP	tr	tr	med	<i>[Signature]</i>
PP	CP	CRP							
tr	tr	med							
	3:30 AM	<p>Temp 101.4 P/Oo drops 1.2ml P/Oo given as per deepest sleep.</p>	<i>[Signature]</i>						
	4:30 AM	<p>Baby alert. Signs checked and recorded. Temp 102.8. Dr. Laxmi Vignesh Rr ph call advised to come and see the baby.</p>	<i>[Signature]</i>						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>PP</td> <td>CP</td> <td>CRP</td> </tr> <tr> <td>tr</td> <td>tr</td> <td>med</td> </tr> </table>	PP	CP	CRP	tr	tr	med	<i>[Signature]</i>
PP	CP	CRP							
tr	tr	med							
	6 AM	<p>Baby pro change made. Baby stable. No complaints.</p>	<i>[Signature]</i>						

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

 No Known Drug Allergies

 Drug Allergies ml

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/6/2016	7:30 AM	Baby default handing over to morning duty staff nurse	[Signature]
	8:45	Baby on fever spike at 8:40 am T. 103.3F	
		Baby on febrile seizure, baby was settled & cooled by pr-wetky s/s RBS-123	[Signature]
	9:00 am	Dr. Lucky s/s came to see the baby advice to give medication as per the medication	[Signature]
	9:00 am	Syn. ^(Cobum) paracetamol was given 2.5 ml was given	[Signature]
	10:30 am	Dr. padmapriya came to see the pt. amon-sceptet to give ^{syn} predichlo 6 ml	[Signature]
	11:00 am	Dr. Mohinsh s/s came to see the baby and check the condition GCS were checked and the temperature	[Signature]
		EEG was done was given	[Signature]
	12:00 pm	syn predichlo was given 6 ml - stat	[Signature]
	12:30 pm	Baby send to EEG.	[Signature]
	1:00 pm	pt centered on ward at 1:30 pm	[Signature]
	1:40 pm	maintain a chart recorded.	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	2:00pm	pt details handed over per to evening duty staff	
	2:pm	Baby details are file handing over taken from morning duty staff. Baby vitals are checked and monitored. Baby <u>Evening duty notes</u>	
24/6/25	2pm.	Child details handing over taken from Morning duty staff. Bed Spub Assessment done. Conscious & Orient child on line ⊕ Rabon Patient taken diet. →	
	2:30pm.	Child vitals sign checked & Recorded. vitals are stable I/O chart Monitored. Today child VEEG taken report done. Inform the Dr. Padmapriya mam. Seen by the child. →	
	4pm	child vitals sign checked & Recorded. vitals are stable. I/O chart monitored. No any other complain. Patient due medication & drug given as per drug chart- Order. →	
	6pm.	Baby No Fever vitals are stable.	
	7:30pm.	Child details handing over to Night duty staff. →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

No Known Drug Allergies

Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE								
		Night duty.									
24/6/26	7.30 PM	Child deteif. handover taken over from evening to night duty staff. Lab + faxes spike - 3.30 PM EFG done, tomorrow Dr. Neema Nam opinion + do, v. l. n. @	→ P. Karthi 6/18								
	8.30 PM	Child vitals checked and recorded. Temp - 100.6°F P-125 1.2 ml given per oral. AS per doctor order	→ P. Karthi 6/18								
	10.00 PM	Child faxes reassessment done. Temp - 100.4°F	→ P. Karthi 6/18								
25/6/26	12.00 AM	Child vitals checked and recorded. Temp - 98.1°F									
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>12 AM</td> <td>CP</td> <td>PP</td> <td>CFT</td> </tr> <tr> <td></td> <td>11</td> <td>14</td> <td>220</td> </tr> </table>	12 AM	CP	PP	CFT		11	14	220	→ P. Karthi 6/18
12 AM	CP	PP	CFT								
	11	14	220								
	2.00 AM	Child in sleeping well. No other specific complaints.	→ P. Karthi 6/18								
	4.00 AM	Child vitals checked and recorded. Temp - 101.9°F P-125 1.2 ml given per oral	→ P. Karthi 6/18								
	6.00 AM	Child vitals recorded and recorded. Intake/output Chart maintained	→ P. Karthi 6/18								

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES



- No Known Drug Allergies
- Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
25/6/26 25/6/26	7:30 AM	child details handover given to night duty staff.							
		← Morning duty on 25/6/26	P. Karunod 602261						
	7:30 AM	Child Report handing over to (M) Duty Staff							
	10 AM	Child was on acetaminophen tablet orally & rectally were taken & on the child & received maintenance bio chart.							
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>8 AM</td> <td>PP</td> <td>CBT</td> </tr> <tr> <td>++</td> <td>++</td> <td>++</td> </tr> </table>	8 AM	PP	CBT	++	++	++	
8 AM	PP	CBT							
++	++	++							
	10:45 AM	Advice by Dr. Padmapriya Man. Advise Discharge on now Dr. Meera Man. Opinion to be get							
	10:45 AM	Sup. Azee 4.5mg Star PIO given							
	1:00 PM	Star given							
	1:00 PM	Child Report handing over to (E) Duty Staff							
		Evening Duty notes							
25/6/26	1:30 PM	Child details hand over taken from Morning duty staff. Child active and alert no in line child Interact better							
	2 PM	Baby sleeping comfortable no any complaints	Jeyaru						
		IO chart maintained & recorded							

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

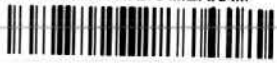
NURSES NOTES

No Known Drug Allergies

Drug Allergies NOT known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
25/6/20	4pm	vitals checked and recorded							
	6pm	Baby active and alert Intake good							
	7pm	PP UP CRT TT TT < 25							
	7:30pm	Flow chart maintained & recorded	Jey						
	7:40pm	Hand over given to night duty staff.	Oliver						
25/6/20	7:30pm	Night duty note on 25/6/20							
		Child details taken over from evening duty staff nurse using IBRAF method on assessment, child is conscious oriented and afebrile, aus - 15/15	R. Jones						
		Swim Assessment done, IN bio is not present! Baby taken diet							
	8pm	vitals checked and recorded, all are hemodynamically stable	R. Jones						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>PP</td> <td>PP</td> <td>CRT</td> </tr> <tr> <td>TT</td> <td>TT</td> <td>C300</td> </tr> </table>	PP	PP	CRT	TT	TT	C300	
PP	PP	CRT							
TT	TT	C300							
	8:30pm	Baby taken feed, sleeping well no specific complaints	R. Jones						
26/6	12pm	vitals checked and recorded, all are hemodynamically stable.							
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>PP</td> <td>PP</td> <td>CRT</td> </tr> <tr> <td>TT</td> <td>TT</td> <td>C300</td> </tr> </table>	PP	PP	CRT	TT	TT	C300	
PP	PP	CRT							
TT	TT	C300							
	2pm	Child slept well, no specific complaints	R. Jones						

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6/2025	19 AM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nil	[Signature]
24/6/25	8 AM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	nil	[Signature]
24/6/25	2 PM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nil	[Signature]
24/6/25	8 PM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NIL	[Signature]
25/6/25	2 AM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NIL	[Signature]
25/6/25	8 AM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NIL	[Signature]
25/6/25	2 PM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nil	[Signature]
25/6/25	8 PM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NIL	[Signature]
26/6/25	8 AM	0/10	nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NIL	[Signature]
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

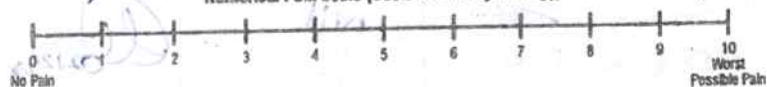
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





Patient Name: Gender: M F
 Age: Date: 24/6/2025

BRADEN 'Q' SCALE
 (for Paediatric use)



Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.
'Activity The degree of physical activity'	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has some sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.
FRICION-SHEAR Friction Occurs when skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.
Highest Risk : 7 High Risk : 8-16 Mild Risk : 17-21 No Risk : 22-28				TOTAL SCORE 27
Evaluator's Name Dr. P. Priya				Date 24/6/2025

Observe

BRADEN 'Q' SCALE

(for Paediatric use)



Patient
Age...

GUC-00077495 IP18-00036154
Baby RUSHIKA SINGH
15-04-2025 1 Y 2 M 10 D (F)
Dr. PADMAPRIYA EKAMBARAM



No.:
25/6 25/6 25/6 25/6
M E N Y

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

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

TOTAL SCORE	28	28	28	28
Evaluator's Name	[Signature]			

25/6 25/6 25/6 25/6



Task / Activity	Start Date	End Date	Duration	Dependencies	Notes
Task 1	1/15	1/20	5 days		
Task 2	1/20	1/25	5 days	Task 1	
Task 3	1/25	2/5	10 days	Task 1, Task 2	
Task 4	2/5	2/10	5 days	Task 3	
Task 5	2/10	2/15	5 days	Task 4	
Task 6	2/15	2/20	5 days	Task 5	
Task 7	2/20	2/25	5 days	Task 6	
Task 8	2/25	3/5	10 days	Task 7	
Task 9	3/5	3/10	5 days	Task 8	
Task 10	3/10	3/15	5 days	Task 9	
Task 11	3/15	3/20	5 days	Task 10	
Task 12	3/20	3/25	5 days	Task 11	
Task 13	3/25	4/5	10 days	Task 12	
Task 14	4/5	4/10	5 days	Task 13	
Task 15	4/10	4/15	5 days	Task 14	
Task 16	4/15	4/20	5 days	Task 15	
Task 17	4/20	4/25	5 days	Task 16	
Task 18	4/25	5/5	10 days	Task 17	
Task 19	5/5	5/10	5 days	Task 18	
Task 20	5/10	5/15	5 days	Task 19	
Task 21	5/15	5/20	5 days	Task 20	
Task 22	5/20	5/25	5 days	Task 21	
Task 23	5/25	6/5	10 days	Task 22	
Task 24	6/5	6/10	5 days	Task 23	
Task 25	6/10	6/15	5 days	Task 24	
Task 26	6/15	6/20	5 days	Task 25	
Task 27	6/20	6/25	5 days	Task 26	
Task 28	6/25	7/5	10 days	Task 27	
Task 29	7/5	7/10	5 days	Task 28	
Task 30	7/10	7/15	5 days	Task 29	
Task 31	7/15	7/20	5 days	Task 30	
Task 32	7/20	7/25	5 days	Task 31	
Task 33	7/25	8/5	10 days	Task 32	
Task 34	8/5	8/10	5 days	Task 33	
Task 35	8/10	8/15	5 days	Task 34	
Task 36	8/15	8/20	5 days	Task 35	
Task 37	8/20	8/25	5 days	Task 36	
Task 38	8/25	9/5	10 days	Task 37	
Task 39	9/5	9/10	5 days	Task 38	
Task 40	9/10	9/15	5 days	Task 39	
Task 41	9/15	9/20	5 days	Task 40	
Task 42	9/20	9/25	5 days	Task 41	
Task 43	9/25	10/5	10 days	Task 42	
Task 44	10/5	10/10	5 days	Task 43	
Task 45	10/10	10/15	5 days	Task 44	
Task 46	10/15	10/20	5 days	Task 45	
Task 47	10/20	10/25	5 days	Task 46	
Task 48	10/25	11/5	10 days	Task 47	
Task 49	11/5	11/10	5 days	Task 48	
Task 50	11/10	11/15	5 days	Task 49	
Task 51	11/15	11/20	5 days	Task 50	
Task 52	11/20	11/25	5 days	Task 51	
Task 53	11/25	12/5	10 days	Task 52	
Task 54	12/5	12/10	5 days	Task 53	
Task 55	12/10	12/15	5 days	Task 54	
Task 56	12/15	12/20	5 days	Task 55	
Task 57	12/20	12/25	5 days	Task 56	
Task 58	12/25	1/5	10 days	Task 57	
Task 59	1/5	1/10	5 days	Task 58	
Task 60	1/10	1/15	5 days	Task 59	
Task 61	1/15	1/20	5 days	Task 60	
Task 62	1/20	1/25	5 days	Task 61	
Task 63	1/25	2/5	10 days	Task 62	
Task 64	2/5	2/10	5 days	Task 63	
Task 65	2/10	2/15	5 days	Task 64	
Task 66	2/15	2/20	5 days	Task 65	
Task 67	2/20	2/25	5 days	Task 66	
Task 68	2/25	3/5	10 days	Task 67	
Task 69	3/5	3/10	5 days	Task 68	
Task 70	3/10	3/15	5 days	Task 69	
Task 71	3/15	3/20	5 days	Task 70	
Task 72	3/20	3/25	5 days	Task 71	
Task 73	3/25	4/5	10 days	Task 72	
Task 74	4/5	4/10	5 days	Task 73	
Task 75	4/10	4/15	5 days	Task 74	
Task 76	4/15	4/20	5 days	Task 75	
Task 77	4/20	4/25	5 days	Task 76	
Task 78	4/25	5/5	10 days	Task 77	
Task 79	5/5	5/10	5 days	Task 78	
Task 80	5/10	5/15	5 days	Task 79	
Task 81	5/15	5/20	5 days	Task 80	
Task 82	5/20	5/25	5 days	Task 81	
Task 83	5/25	6/5	10 days	Task 82	
Task 84	6/5	6/10	5 days	Task 83	
Task 85	6/10	6/15	5 days	Task 84	
Task 86	6/15	6/20	5 days	Task 85	
Task 87	6/20	6/25	5 days	Task 86	
Task 88	6/25	7/5	10 days	Task 87	
Task 89	7/5	7/10	5 days	Task 88	
Task 90	7/10	7/15	5 days	Task 89	
Task 91	7/15	7/20	5 days	Task 90	
Task 92	7/20	7/25	5 days	Task 91	
Task 93	7/25	8/5	10 days	Task 92	
Task 94	8/5	8/10	5 days	Task 93	
Task 95	8/10	8/15	5 days	Task 94	
Task 96	8/15	8/20	5 days	Task 95	
Task 97	8/20	8/25	5 days	Task 96	
Task 98	8/25	9/5	10 days	Task 97	
Task 99	9/5	9/10	5 days	Task 98	
Task 100	9/10	9/15	5 days	Task 99	
Task 101	9/15	9/20	5 days	Task 100	
Task 102	9/20	9/25	5 days	Task 101	
Task 103	9/25	10/5	10 days	Task 102	
Task 104	10/5	10/10	5 days	Task 103	
Task 105	10/10	10/15	5 days	Task 104	
Task 106	10/15	10/20	5 days	Task 105	
Task 107	10/20	10/25	5 days	Task 106	
Task 108	10/25	11/5	10 days	Task 107	
Task 109	11/5	11/10	5 days	Task 108	
Task 110	11/10	11/15	5 days	Task 109	
Task 111	11/15	11/20	5 days	Task 110	
Task 112	11/20	11/25	5 days	Task 111	
Task 113	11/25	12/5	10 days	Task 112	
Task 114	12/5	12/10	5 days	Task 113	
Task 115	12/10	12/15	5 days	Task 114	
Task 116	12/15	12/20	5 days	Task 115	
Task 117	12/20	12/25	5 days	Task 116	
Task 118	12/25	1/5	10 days	Task 117	
Task 119	1/5	1/10	5 days	Task 118	
Task 120	1/10	1/15	5 days	Task 119	
Task 121	1/15	1/20	5 days	Task 120	
Task 122	1/20	1/25	5 days	Task 121	
Task 123	1/25	2/5	10 days	Task 122	
Task 124	2/5	2/10	5 days	Task 123	
Task 125	2/10	2/15	5 days	Task 124	
Task 126	2/15	2/20	5 days	Task 125	
Task 127	2/20	2/25	5 days	Task 126	
Task 128	2/25	3/5	10 days	Task 127	
Task 129	3/5	3/10	5 days	Task 128	
Task 130	3/10	3/15	5 days	Task 129	
Task 131	3/15	3/20	5 days	Task 130	
Task 132	3/20	3/25	5 days	Task 131	
Task 133	3/25	4/5	10 days	Task 132	
Task 134	4/5	4/10	5 days	Task 133	
Task 135	4/10	4/15	5 days	Task 134	
Task 136	4/15	4/20	5 days	Task 135	
Task 137	4/20	4/25	5 days	Task 136	
Task 138	4/25	5/5	10 days	Task 137	
Task 139	5/5	5/10	5 days	Task 138	
Task 140	5/10	5/15	5 days	Task 139	
Task 141	5/15	5/20	5 days	Task 140	
Task 142	5/20	5/25	5 days	Task 141	
Task 143	5/25	6/5	10 days	Task 142	
Task 144	6/5	6/10	5 days	Task 143	
Task 145	6/10	6/15	5 days	Task 144	
Task 146	6/15	6/20	5 days	Task 145	
Task 147	6/20	6/25	5 days	Task 146	
Task 148	6/25	7/5	10 days	Task 147	
Task 149	7/5	7/10	5 days	Task 148	
Task 150	7/10	7/15	5 days	Task 149	
Task 151	7/15	7/20	5 days	Task 150	
Task 152	7/20	7/25	5 days	Task 151	
Task 153	7/25	8/5	10 days	Task 152	
Task 154	8/5	8/10	5 days	Task 153	
Task 155	8/10	8/15	5 days	Task 154	
Task 156	8/15	8/20	5 days	Task 155	
Task 157	8/20	8/25	5 days	Task 156	
Task 158	8/25	9/5	10 days	Task 157	
Task 159	9/5	9/10	5 days	Task 158	
Task 160	9/10	9/15	5 days	Task 159	
Task 161	9/15	9/20	5 days	Task 160	
Task 162	9/20	9/25	5 days	Task 161	
Task 163	9/25	10/5	10 days	Task 162	
Task 164	10/5	10/10	5 days	Task 163	
Task 165	10/10	10/15	5 days	Task 164	
Task 166	10/15	10/20	5 days	Task 165	
Task 167	10/20	10/25	5 days	Task 166	
Task 168	10/25	11/5	10 days	Task 167	
Task 169	11/5	11/10	5 days	Task 168	
Task 170	11/10	11/15	5 days	Task 169	
Task 171	11/15	11/20	5 days	Task 170	
Task 172	11/20	11/25	5 days	Task 171	
Task 173	11/25	12/5	10 days	Task 172	
Task 174	12/5	12/10	5 days	Task 173	
Task 175	12/10	12/15	5 days	Task 174	
Task 176	12/15	12/20	5 days	Task 175	
Task 177	12/20	12/25	5 days	Task 176	
Task 178	12/25	1/5	10 days	Task 177	
Task 179	1/5	1/10	5 days	Task 178	
Task 180	1/10	1/15	5 days	Task 179	
Task 181	1/15	1/20	5 days	Task 180	
Task 182	1/20	1/25	5 days	Task 181	
Task 183	1/25	2/5	10 days	Task 182	
Task 184	2/5	2/10	5 days	Task 183	
Task 185	2/10	2/15	5 days	Task 184	
Task 186	2/15	2/20	5 days	Task 185	
Task 187	2/20	2/25	5 days	Task 186	
Task 188	2/25	3/5	10 days	Task 187	
Task 189	3/5	3/10	5 days	Task 188	
Task 190	3/10	3/15	5 days	Task 189	
Task 191	3/15	3/20	5 days	Task 190	
Task 192	3/20	3/25	5 days	Task 191	
Task 193	3/25	4/5	10 days	Task 192	
Task 194	4/5	4/10	5 days	Task 193	
Task 195	4/10	4/15	5 days	Task 194	
Task 196	4/15	4/20	5 days	Task 195	
Task 197	4/20	4/25	5 days	Task 196	
Task 198	4/25	5/5	10 days	Task 197	
Task 199	5/5	5/10	5 days	Task 198	
Task 20					

GUC-00077495 IP18-00036154
 Baby RUSHIKA SINGH 1 Y 2 M 9 D (F)
 15-04-2025
 Dr. PADMAPRIYA EKAMBARAM



WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a score of 1 if 'YES' in parameter 1 to 9 and Assign a score of -2 if 'YES' in parameter No 10

S.No	Assessment Criteria	Score	Date: 21/6	Date: 24/6	Date: 24/6	Date: 28/6	Date: 28/6	Date: 28/6
			Time: N	Time: M	Time: E	Time: N	Time: E	Time: E
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0	0	0
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0	0	0	0
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0	0	0	0
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0	0	0
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0	0	0
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0	0	0
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0	0	0	0
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0	0	0
9	Previously documented DVT (Assess for both legs)	1	0	0	0	0	0	0
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0	0	0	0
Total Score			0	0	0	0	0	0
Signature of the Nurse								

Intervention: _____

- High Risk = >2 Score
- Moderate Risk = 1-2 Score
- Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

GUC-00077495 IP18-00036154
 Baby RUSHIKA SINGH
 15-04-2026 1 Y 2 M 11 D (F)
 Dr. PADMAPRIYA EKAMBARAM



WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a score of 1 if 'YES' in parameter 1 to 9 and Assign a score of -2 if 'YES' in parameter No 10

S.No	Assessment Criteria	Score	Date:	Date:	Date:	Date:	Date:	Date:
			Time:	Time:	Time:	Time:	Time:	Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	25/8	26/8				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0				
Total Score			0	0				
Signature of the Nurse			<i>[Signature]</i>	<i>[Signature]</i>				

Intervention: _____

- High Risk = >2 Score
- Moderate Risk = 1-2 Score
- Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

FOR A...

70 21 71

NOTE: Add...



Item No.	Description	Quantity	Unit	Price	Total
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 Baby RUSHIKA SINGH
 15-04-2025 1 Y 2 M 9 D (F)
 Dr. PADMAPRIYA EKAMBARAM



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

N F N M F

PARAMETER	CRITERIA	SCORE	DATE				
			DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	23/6	24/6	24/6	25/6	25/6
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4	1	1	1	1	1
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	1	1	1	1	1
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	1	1	1	1	1
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
Response to Surgery / Sedation Anesthesia	Outpatient Area	1					
	Within 24 hours	3	1	1	1	1	
	Within 48 hours	2					
Medication Usage	More than 48 hours/ None	1	1	1	1	1	
	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
Other Medications / None	1						
Total			10	10	10	10	

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		+	+	+	+	+
Nurse's Name:		Dr. Padmapriya	Dr. Padmapriya	Dr. Padmapriya	Dr. Padmapriya	Dr. Padmapriya
Signature:		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		24/6	24/6	24/6	24/6	25/6
Time:		2pm	2pm	2pm	2pm	2pm

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 Baby RUSHIKA SINGH
 15-04-2025 1 Y 2 M 11 D (F)
 Dr. PADMAPRIYA EKAMBARAM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	25/6	25/6			
	3 to less than 7 years old	3	4	4			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4	1	1			
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	1	1			
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	1	1			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
	Within 24 hours	3	1	1			
Response to Surgery / Sedation Anesthesia	Within 48 hours	2					
	More than 48 hours/ None	1					
	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1	1			
Medication Usage	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total			10	10		

Intervention:

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

Bed in low position				
Call device within reach		✓	✓	
Wheels Locked		✓	✓	
Room free of clutter		✓	✓	
Adequate lighting		✓	✓	
Wheel chair support		✓	✓	
Other Intervention(s) Specify		x	-	
Nurse's Name:		Sneha Jay		
Signature:		[Signature]		
Date:		25/6	25/6	
Time:		8:00	8:00	

PARAMETER		UNIT	THEORY	EXPERIMENT
Age	Location			
	Temperature			
	Pressure			
Gender	Male			
	Female			
Diagnosis	Abnormalities			
	Abnormalities in ECG			
	Abnormalities in Chest X-ray			
	Abnormalities in Physical Exam			
Signs	Heart rate			
	Respiratory rate			
Symptoms	Shortness of breath			
	Chest pain			
	Swelling in legs			
Response to treatment	Response to medication			
	Response to lifestyle changes			
Prognosis	Short-term prognosis			
	Long-term prognosis			
	Quality of life			
Patient Education	Medication management			
	Dietary changes			
	Exercise recommendations			
Follow-up	Next appointment			
	Home care instructions			
	Emergency contact information			

Handwritten notes at the top left of the page, including a date and some illegible text.

Handwritten notes at the bottom center of the page, possibly a signature or initials.

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00077495 IP18-00036154
 Baby RUSHIKA SINGH
 15-04-2026 1 Y 2 M 9 D (F)
 Dr. PADMAPRIYA EKAMBARAM



Part - I.

Patient's / Learner Language: English Patient / Learner Literacy: Read Write Speak Willing

care Literacy: Yes No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
23/6/26	1:30 PM	Yes	Room orientation explained about to parents	mother	nil	verbal	none	Yes	good	[Signature]
24/6/26	8 AM	Yes	Room oriented explained about to patient	mother	nil	verbal	none	Yes	good	[Signature]
25/6	8 AM	Yes	follow up on	Mother	NA	Verbal	None	Yes	good	[Signature]
26/6	8 AM	Yes	Health education about nutrition / diet	Mother	Nil	verbal	none	Yes	good	[Signature]

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

Ward: 1000
Room: 1000
Patient Name: [Faded]

1. [Faded] - [Faded] - [Faded]
 2. [Faded] - [Faded] - [Faded]
 3. [Faded] - [Faded] - [Faded]
 4. [Faded] - [Faded] - [Faded]
 5. [Faded] - [Faded] - [Faded]



GUC-00077495 IP18-00036154
 Baby RUSHIKA SINGH
 15-04-2025 1 Y 2 M 9 D (F)
 Dr. PADMAPRIYA EKAMBARAM



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: _____
 Arrival Time: 11:30 pm Mode of Arrival: mother caring Admitting From: ER OPD Direct
 Allergy / Adverse Reaction: nil Body Weight: 8.5 Kg
 Height: _____ cm

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify) _____

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

Family History: nil

Has the child or close family member had recent contact with a communicable disease? Yes No
 If yes please list, _____

Was the child's birth normal? Yes No If No, please describe problems: Em. Lys.

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

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

Observations: Weight: 8.5 kg Length: _____ Head Circumference (< 2 years): _____
 Temp.: 100.4 F HR: 140 b/m RR: 30 b/m BP: _____
 Pain Score: 0/10 Specify Site: _____ (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: Yes No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

Pain Screening: Yes No If Yes, Pain Score: 0/10 Pain Tool Used: N Pass FLACC Wong Baker
 Character of Pain _____ Location _____ Frequency _____ Duration _____

FUNCTIONAL SCREENING: No Abnormalities Detected
 Mobility Problem Walking Problem
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormalities Detected
 Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach: Yes No

Waste Disposal Explained: Yes No

Infusion Pump: Yes No

Hand hygiene Explained: Yes No

Others

Patient Rights & Responsibilities: Yes No

Information given to mother

Nurse's Name: Dr. Parvathi Date: 22/6/2023 Time: 11:30pm Signature: [Signature]



EMERGENCY ROOM TRIAGE FORM

wt. 8.5kg

Patient's Name: Baby - Rushika Singh Age: 2yrs 2m
 Date: 23/6/26 Time of Arrival: 10:10pm Gender: Male Female
 Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known
 Source of Information: Parents Others (Specify) _____ Not known

Mode of Arrival: Ambulatory Wheelchair Ambulance
 Initial Vital Signs: Temp: 103.8°f PR: 168 BP: crx RR: 38 SpO₂: 98%
 Chief Complaints: On fever x today; Rash like previous episode.

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input checked="" type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 120 min

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time: 10:15

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? Yes No
- Have you had cough or a rash in the past 2 weeks? Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse: Sarpul
 Date & Time: 23/6/26 at 10:15pm

Signature of Triage Nurse: Sarpul

23/6/26

10-15pm. Sup. Roomed from 3/4 15quently by *[Signature]*

EMERGENCY ROOM TRIAGE FORM

[Faint handwritten notes and checkboxes are visible in this section, including 'Initial Physiological Observation' and 'Vital Signs'.]

Communicable Disease Triage Section

[Faint handwritten notes and checkboxes are visible in this section, including 'Patient History' and 'Physical Examination'.]



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 23/6/26 Time of arrival: 10:00pm
Chief Complaints: Colic from day, febrile, irritability, loose stools RBS: 197 mg/dl

Height: _____ Weight: 8.5kg BMI: _____ Head Circumference (<2 years) _____

Allergies: Yes No Medications Blood Transfusion Food Other: _____
If yes, identify _____ Nil

Pain Screening: Yes No If Yes, Pain Score: 0/10 Pain Tool Used: N Pass FLACC Wong Baker
 Character _____ Location _____ Frequency _____ Duration _____

RISK FOR FALL:

- If patient is < 6 years tick below fall risk intervention directly
- If Patient is > 6 years Assess the below parameters

History of Falling: within past 3 months

Ambulatory Aids:

- Wheelchair
- Uses furniture for support

Gait/Transferring:

- Bedrest / immobile
- Weak
- Impaired

Mental Status: Forgets limitations

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening:

- No Abnormalities Detected
- Mobility Problem
- Walking Problem
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening:

- No Abnormalities Detected
- Underweight
- Overweight
- Feeding Problem
- Special diet
- Special feeding method

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: 23/6/26 (Date/Time): 10:10pm

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse: 10:20pm

Time	Nursing Notes
10:00pm	ER came to the child, chief complaints of febrile convulsion is episode. Doctor name advised admit to the patients while some checked and recorded. In the placement time, blood samples collected. ER shifted to the ward.

Samples collected by: Sw Arli
 Samples sent by: Sw Sogun

Time: 10:45pm
 Time: 10:50pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>158</u> BP: <u>100</u> CFT: <u>2250</u> RR: <u>38</u> SPO ₂ : <u>100%</u> GCS: <u>15/15</u> Temperature: <u>100.8°F</u> Pain Score: <u>0/10</u> Repeat RBS (if applicable):	Shift - out from ER to: <u>100</u> Time of Shift - out: <u>11:00pm</u> Handover given to: <u>Sw [Signature]</u> (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): In the placement time
Diastolic 24h

Name of the Nurse: Sogun Signature of the Nurse: Sogun
 Date & Time: 23.6.20 at 10:40pm



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Padmapriya Ekambaram Date: 23/6/26
 Type of Admission: OPD ER Referral (if referral, Doctor's Name:
 Start Time of Assessment: Weight: 8.5 kg
 Allergic History:

Chief Complaints:
Fever x 1 day
febrile Seizures - 1st episode

Pediatric Assessment Triangle

A Appearance - TICLS N

B Breathing
 ↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

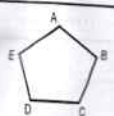
C Circulation
 Normal
 Abnormal
 Pallor
 Cyanosis
 Mottling
 Bleeding


Any urgent interventions needed: Yes No
 If Yes: High temp - paracetamol suppositories

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening

Significant Past History:
 Medication History:
 Relevant Investigations:

Primary Assessment

Airway 
 Open
 Maintainable
 Not Maintainable

Breathing 
 Rate: 20/min SpO₂ on FiO₂ 98% @ RA
 Rhythm:
 Retractions: Suprasterna ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Strid Wheezing Grunting
 Air Entry:
 Palpation Findings (if necessary):

Any urgent interventions needed: Yes No
 If Yes:



Circulation

BP: mmHg

Pulse Volume: Central **+++**
 Peripheral **++**

If in Shock: Compensated
 Hypotensive

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

HR: **130/min**

CFT Central **2.2 sec**
 Peripheral

Murmurs: Yes No

Liver Span:

ECG:

Any Signs of Heart Failure: Yes No

Any urgent interventions needed: Yes No

If Yes



Disability

GCS: **15/15** AVPU:

Pupils: Responsive Non-Responsive

Size Right **2mm**
 Left **2mm**

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes

Exposure



Temp.: **10.3.8F**

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes

Paracetamol suppository

Final Physiological Status:

Respiratory Distress

Respiratory Failure

Respiratory Arrest

Shock - Compensated Hypotensive

Cardiopulmonary Arrest

Hemodynamically Stable

Secondary Assessment:

Head to toe examination with positive findings:

Labs Planned:

- CBC
- CRP
- RP-2
- Urine R/E.

Treatment Planned:

- IV line
- paracetamol

Need for Oxygen: Yes No if yes Low Flow

High Flow ?PV

Final Diagnosis with possible Differential Diagnosis (if necessary):

Folate Seizures

Assessment done by

Name of the Doctor: **T. Ywaray**

Signature: **T. Ywaray**

Date & Time: **23/6/26 & 10.30PM**

Sr. Doctor on Duty (if necessary)

Name of the SDoctor:

Signature:

Date & Time:

PATIENT TRANSFER FORM



GUC-00077495 IP18-00036154

Baby RUSHIKA SINGH
15-04-2025 1 Y 2 M 8 D (F)
Dr. PADMAPRIYA EKAMBARAM



Date & Time of Admission 23/6 e 10:29pm		Date & Time of Transfer Order 23/6 e 11:00pm
Treating Consultant Name Dr. padmapriya	Transfer Ordered by Dr. yuwanaj	Reason for Transfer measles
From Unit ER	To Unit 708	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number of Sheets in Clinical File (12)	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Nil

Shifting Summary / Notes Written by Doctor : Yes No

Simple Febrile Seizures - 1st episode

Name & Signature of Person who is Transferring

Shibu [Signature]
18990

Name of Person Ordered Transfer

T. Yuwanaj

Patient & Clinical Records Received by:

[Signature]

Date & Time of Patient Received : 23/6/2026 at 11:30pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

Date: 11/12/00 Time: 10:00 AM From: 1111 To: 1111 Reason: Transfer to 1111	Receiving Hospital Name: 1111 Address: 1111 City: 1111 State: 1111 Zip: 1111
Name: 1111 Room: 1111 Bed: 1111	Name: 1111 Room: 1111 Bed: 1111

<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

Signature: 1111 Title: 1111 Date: 11/12/00	Signature: 1111 Title: 1111 Date: 11/12/00
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I have reviewed the patient's chart and the information provided on this form is true and correct.
 I have reviewed the patient's chart and the information provided on this form is true and correct.