GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK (M)
04-12-2022 3 Y 6 M 22 D
Dr. S . KEERTHIVASAN

DISCHARGE TRACKING SHEET

DR- 6th floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing			[illegible]				
Activity Sheet update by Pharmacy		11.22 am	[illegible]				

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ACTIVITY RECORD FOR BILLING

Name: .... Consultant: .... Dept: ....

UHID No: .... Date of Discharge: .... Time: ....

Date of Admission: .... Suggested Billable bed type: ....

Room / Bed No: .... Ward: ....

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK (M)
04-12-2022 3 Y 6 M 20 D
Dr. S . KEERTHIVASAN

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	1:10pm.	ER	406.	[signature] 01720
24/6/26	7.30pm.	4th floor	605	4018950.

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Natraj	24/6/26 at 10PM	to be raised	[signature]
2.	DR. Vaishnavi	26/6/26	To be raised	[signature]
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/6/26	CBC, CRP, RFT	26020011	[illegible] 18969
24/6/26	Bld c/s	20047	[illegible] 018950
24/6/26	Stool Biofire	20075	[illegible]
25/6/26	CBC, CRP, LFT		
25/6/26	Typhoid IgM, Sr. Electrolyte	26020124	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/6/26	Infusion pump	24/6/26 2pm	25/6/26 6pm	6416	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No	Signature
24/6	IV placement	1	1716514.	[illegible]
25/6.	IV placement	1	1716937	[illegible]

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 26/6/26 Time: .... Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]			

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Dr. S. KEERTHIVASAN

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DISCHARGE TRACKING SHEET

DATE: 26/6/26.

Name of Consultant :

Floor : 6th Floor/UHID:

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time	26/6/26 @-11am	26/6 @-11.15 am.	[signature] 10189	
2	Arrangement of File by Nurses				
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 21 D (M)
Dr. S. KEERTHIVASAN

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BED SIDE CHECK LIST FOR NURSES

Date:	24/6	25/6	26/6					
Doctor's Orders	Dr. Keerthi	Dr. Keerth	Dr. Keerth					
Carried out or not	yes	yes	yes					
Bed Side								
Structured Handover done	✓	✓	✓					
IV Site	✓	✓	✓					
Central Lines	✗	✗	✗					
Arterial Lines	✗	✗	✗					
Feeding Catheter	✗	✗	✗					
Urinary Catheter	✗	✗	✗					
Skin Care	✓	✓	✓					
Eye Care	✓	✓	✓					
Mouth Care	✓	✓	✓					
Sterillum Bottle, Stethoscope	✓	✓	✓					
Suction Bottle (Should be clean & empty)	✗	✗	✗					
Intubation Tray	✗	✗	✗					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	✗	✗					
Ventilator Tubing, (Any Water, Blood)	✗	✗	✗					
Humidification	✗	✗	✗					
Check all Infusion (Labelling, Correct Preparation)	✓	✓	✓					
Chest Physio & Neb	✗	✗	✗					
Handed Over By Name :	Anupriya	[illegible]	[illegible]					
Signature :	[signature]	[signature]	[signature]					
Date & Time:	24/6 9pm	25/6	26/6					
Hand Over Taken By Name :	[illegible]	[illegible]	[illegible]					
Signature :	[signature]	[signature]						
Date & Time:	25/6	25/6/23 8pm						

Doc. No. : RCH/ FRM / GENERAL / 088

IP18-00036166 ...SHEK 3 Y 6 M 22 D ...SAN (M)

Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 22 D (M)
Dr. S . KEERTHIVASAN

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TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

☑ Telephone Order ☐ Verbal Order ☐ Critical Result Reporting

Name of Reporter: Ms. Sharim

A. Order as per Medication Chart ☐ N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any)	☐ N/A ☐ Intervention for Critical Results?
CRP - 215	continu antibiotic.

Order Recipient Response: **Please Tick**	Yes	No
Write Down by the receiver		
Read Back by the recipient		
Confirmed by the reporter		

Receiving by:	**Ordering Doctor Signature**
Name : Serajul	Name :
Receiving Time : 10 Am Date: 25 / 06 / 26	Signature Time : Date: / /
Signature: Serajul	

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

Rainbow Children's Hospital BirthRight Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036166 **Admit Date** : 24-Jun-2026 **Admit Time** : 12:21 PM **UHID** : GUC-00093025

Patient Details :

Patient Name	: Baby ARYAN ABISHEK	**Age**	: 3 Y 6 M 20 D
Guardian	: Mr DR.VISHNU ABISHEKRAJU	**DOB**	: 04-12-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 115, WILLOW BLOCK, KENEES WOODS APARTMENTS, KOTTUR GARDENS, KOTTURPURAM Kotturpuram Chennai Tamil Nadu INDIA 600085	**Phone No**	: 8220610100/ 9535325395
		E-mail	: no@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 103 **Ward Name** : 0F-EMERGENCY

Room No : ER 103 **Admission Type** : First Visit

Contact Details :

Name	: Mr DR.VISHNU ABISHEKRAJU	**Relationship**	: Father
Contact Address	: 115, WILLOW BLOCK, KENEES WOODS APARTMENTS, KOTTUR GARDENS, KOTTURPURAM Kotturpuram Chennai Tamil Nadu INDIA 600085	**Phone No**	:

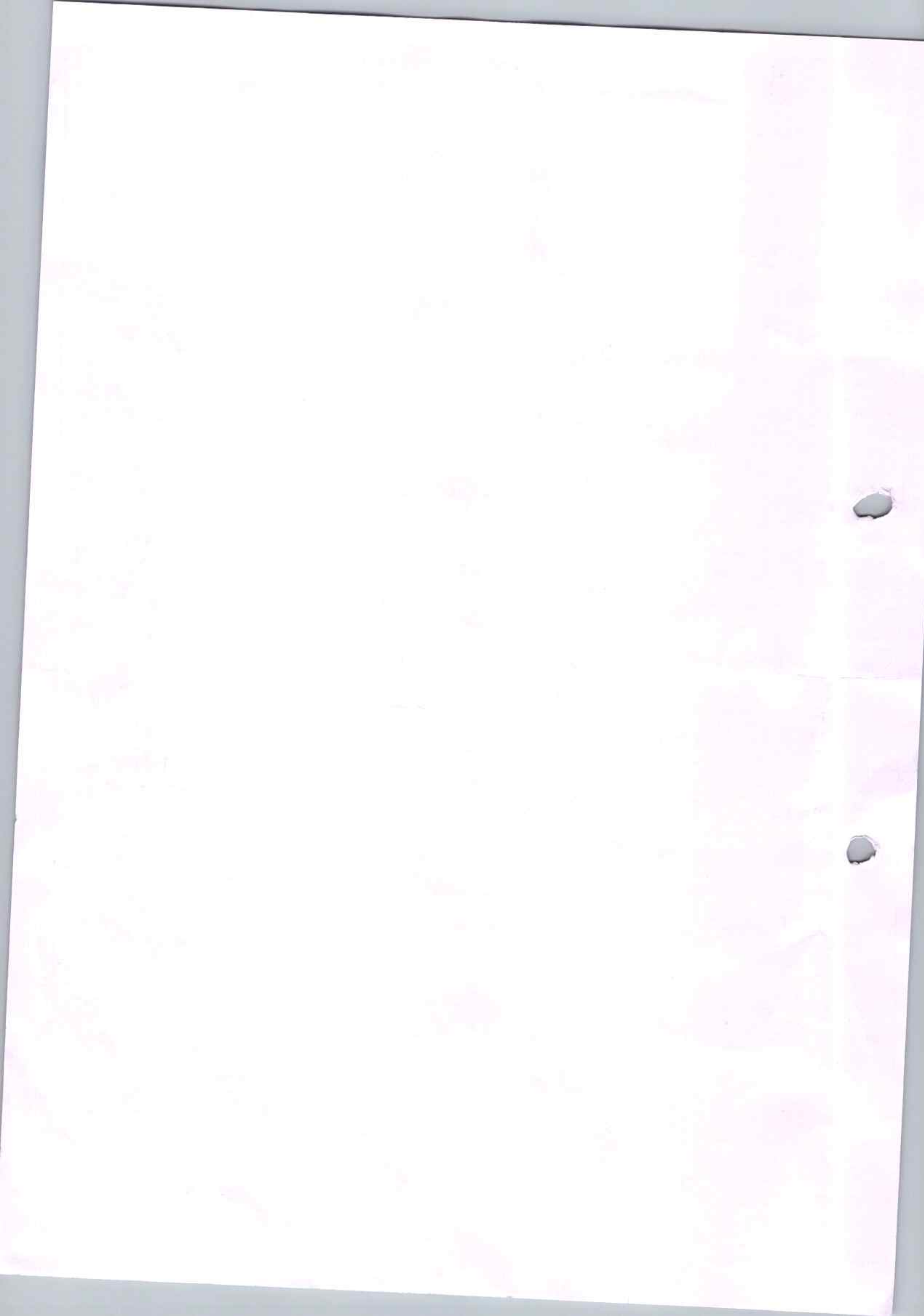
Signature

Doctor Details :

Doctor Name	: Dr. S . KEERTHIVASAN	**Specialisation**	: PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

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



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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby ARYAN ABISHEK	Age :	3 Y 6 M 20 D
IP No:	IP18-00036166	Sex:	Male
Consultant:	Dr. S . KEERTHIVASAN	Ward/Bed No:	0F-EMERGENCY/ER 103

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 c[illegible] 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.

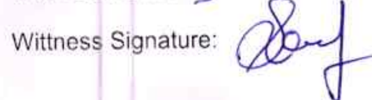
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

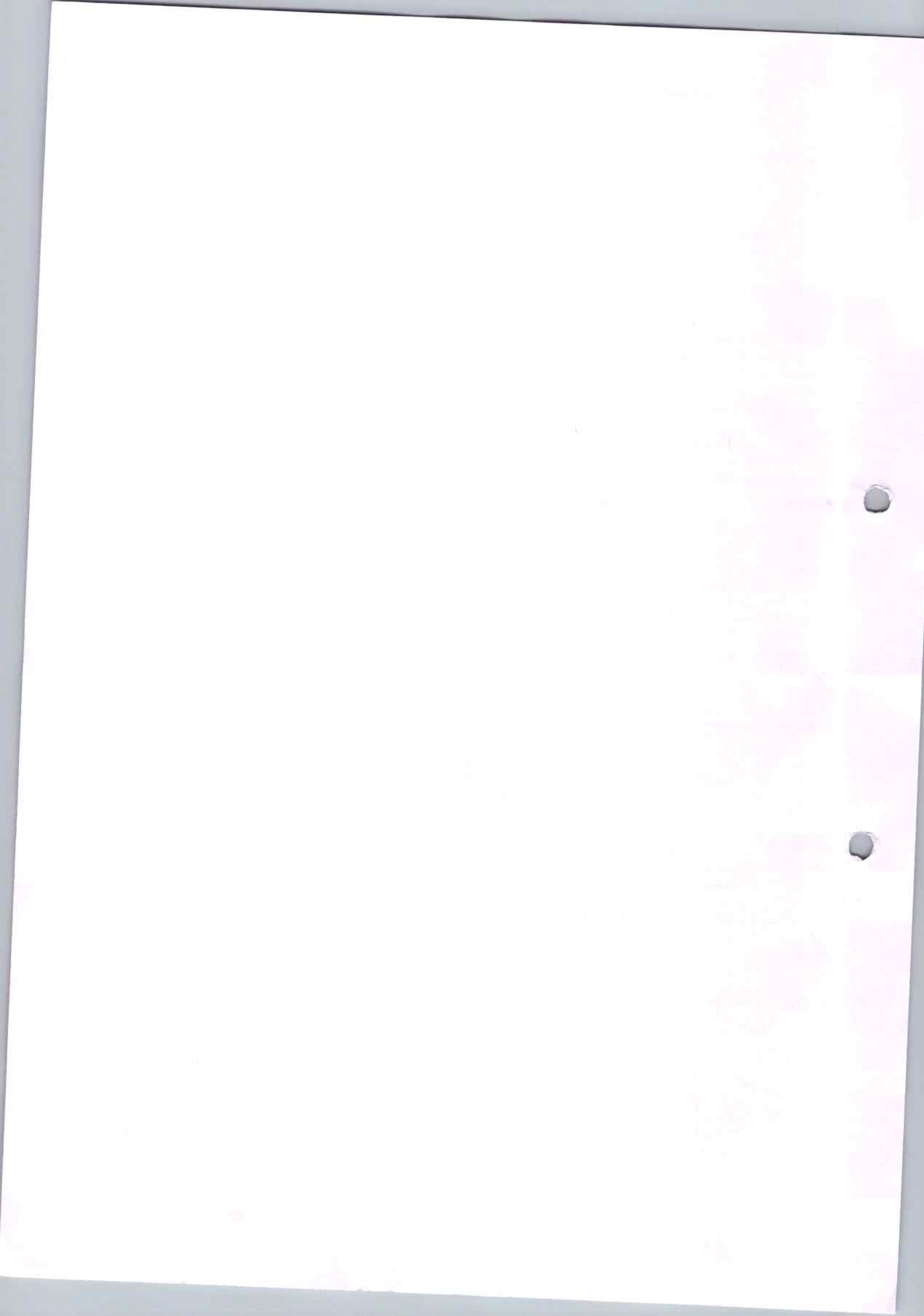
Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Re[illegible]ivers Signature:.................)

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:

Name: Dr. Shilpa B
Relationship: Mother.
Date: 24/6/26 Time: 12:21pm
Wittness Name: Siva Sankar
Wittness Signature: 

Patient Address:
115, WILLOW BLOCK, KENEES WOODS APARTMENTS, KOTTUR GARDENS, KOTTURPURAM Kotturpuram Chennai Tamil Nadu INDIA 600085



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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 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.

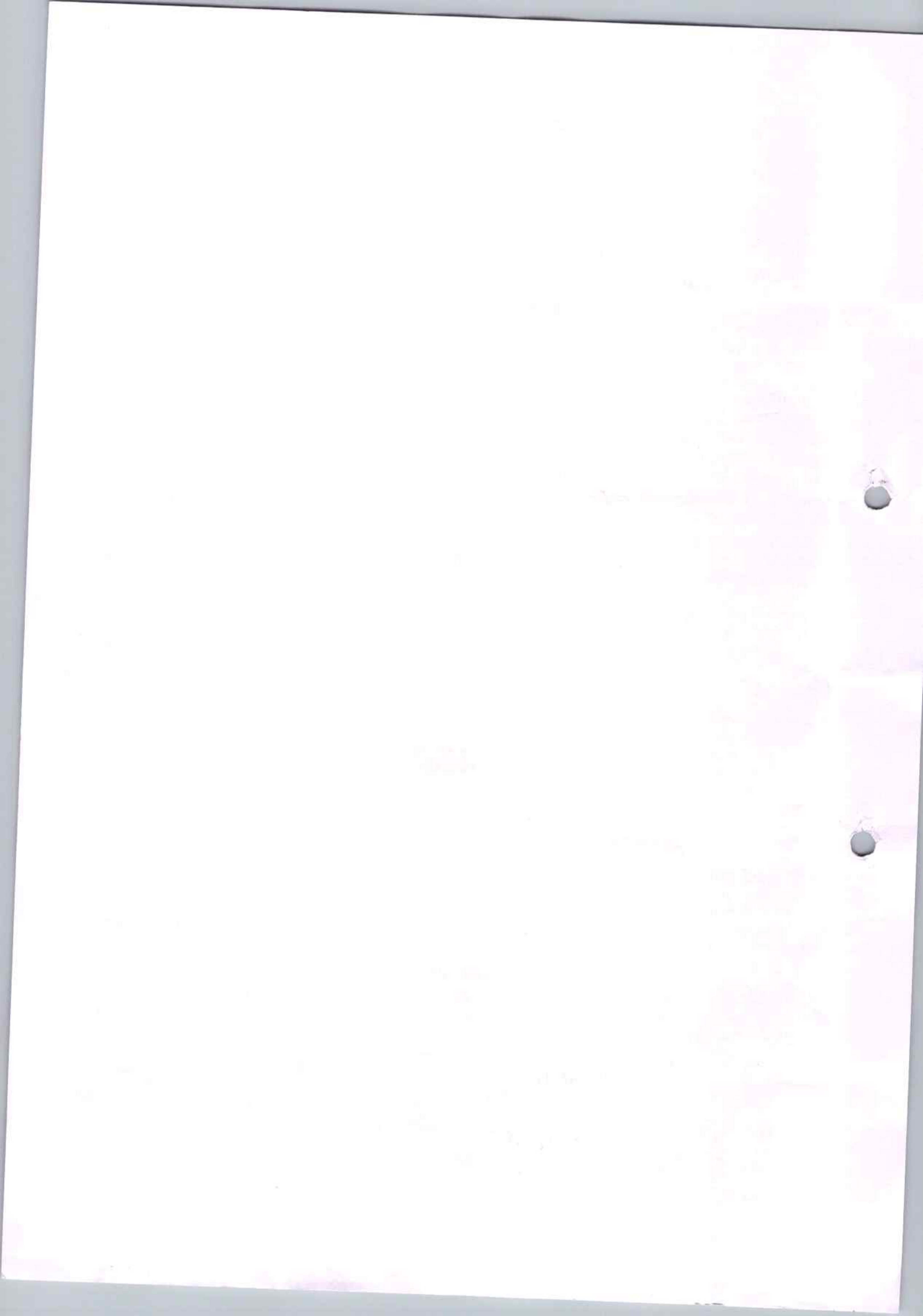
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

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

Patient Name : Aryan Abishek	UHID Number : GUC-00093095
Self/Attendant Name : Shilpa B	Relation : Mother
Self/ Attendant Signature : [signature] Phone Number :	Name & Signature of Financial Counselor [signature]

RCH/GDY/FRM/CLINICAL/426



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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK

UHID ID: 04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

Department:

Consultant:

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S. KEERTHIVASAN

Pediatric Multiorgan History & Physical Examination

Name: ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x 2 days (high grade)
c/o loose stools x 2 days (10 epi since yesterday evening, blood stained)
c/o vomiting x 2 days (1 epi/day).

History of present illness :

Child was apparently normal 2 days back after which he developed fever,
H/o loose stools x 2 days
(10 epi / blood stained,

H/o vomiting x 2 days
(1 epi / day).
H/o loss of appetite.

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S. KEERTHIVASAN

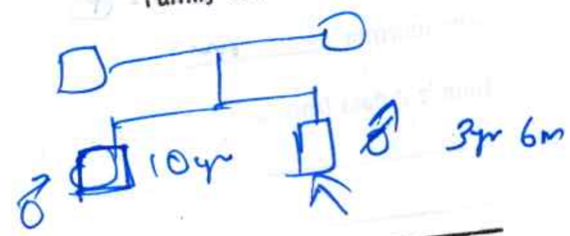
Past ... y previous investigation or treatment)

No H/O Previous Admission.

Birth & Neonatal History:

EM LSCS i/v/o Prev. LSCS. Baby cried Immediately. No H/O NICU Admn.

Family Chart



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Attained Appropriate for Age

Immunization History :

Immunized till 2 year acc to IAP

Anthropometry :

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

Weight (kgs) 15.2 kg (Centile ______)

On Examination : Looks dehydrated, dry oral mucosa

Temperature : 99.6°F Pulse Rate : 154 B.P. 94/62 SPO2 98%.

Resp.rate and type of breathing :

Rash No

Lymphadenopathy No

Oedema : No

Allergies (if any): NIL

(P.T

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : No distress.

Air entry & breath sounds : B/L AE ⊕

Any addes sounds : No

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

Cardiovascular System :

Inspection of procordium : No precordial bulge

Heart Sounds : S1 S2 ⊕

Any murmur : No

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

Per Abdomen :

Inspection : Soft, umbilicus in midline.

Palpation : Epigastric tenderness ⊕

Asculation : BS ⊕

Spine : N.

External Genitelia :

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

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutriton :

Tone: N

Co-ordinator :

Power

Posture :

Involuntary Movements :

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Dr. S. KEERTHIVASAN

Reflexes : **Superficials:**

DTR

Plantars N

Sensory System : N

N

Bladder / Bowel :

Clinical Summary & Diagnostic: ACUTE DYSENTRY WITH DEHYDRATION

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Plenty of oral fluids.

Desired goals of the treatment : Hydration to be maintained.

Planned Labs:

CBC, CRP

RP-2

Planned Management

1) Inj. Emset 1.6mg I.M Sos.

2) Inj. XONE 750mg IV BD

3) Inj. Pan 15mg IV OD.

4) Inj. Emset 1.6mg IV Sos.

5) Inj. IV DNS @ 50ml/hr.

6) Inj. INJ METROGYL 150mg IV TDS.

Signature of the Doctor: 12/13/22 (Dr Diran)

Name of the Doctor:

Date & Time:

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

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 Facilty Notified (Person Contacted)

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

   ☐ Needs Assistance In:

			Remarks
☐ Medication	☐ Yes	☐ No	....
☐ Bathing	☐ Yes	☐ No	....
☐ Eating	☐ Yes	☐ No	....
☐ Walking	☐ Yes	☐ No	....
☐ Dressing	☐ Yes	☐ No	....
☐ Toileting	☐ Yes	☐ No	....

4. Nutritional Plan:

   ☐ Dietary Instruction Discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: ....

5. Discharge Planning Discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: ....

6. Patient/Family Educational Plan:

   ☐ Educational Topic/s: ....

   ☐ Patient's Educational Topic/s discussed with the:

   ☐ Patient ☐ Family Member ☐ Others: ....

Doctor Signature: ....

Doctor Name: ....

Date and Time: ....

GUC-00093025 IP18-00036
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

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

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SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
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Dr. S. KEERTHIVASAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 1pm	S/B Dr. Keerthivasan	
	Dysentry	
	c/o fever, c/o loose stools, c/o vomiting } x 2 days	
	O/E lethargic, vitals stable, P/A - soft, not tender, BS+	
	Adv:	
	- Inj. xone & metro,	
	- IV fluids	
	- Inform reports	
	- Stool biofire SOS	
	[signature] 125882	
24/6/26 2PM	S/B Dr. Chandiralege.	
	Acute dysentry	
	Child reviewed	
	Alert, Active, Dull looking	
	Fever spikes, vomiting ⊕	
	Loose stools 5 episodes /day	
	Oral intake - Improving	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E Afebrile	
	CVS-S1S2 (+)	
	RS- B/L AE (+)	
	P/A -soft, non tender	
		Adv.
To do:		- monitor intake
~~midaz~~		- w/f fever spikes, loose stools
~~Stool biofire~~		- To decide on stool biofire
Blood C/S		
	Sd/- 19/24.	
24/6/24 7pm.	S/B Dr. Chandiralega.	
	D - Acute gastroenteritis ? colitis	
	Child reviewed	
	sleeping	
	on IV fluids	
	Fever spikes, loose stools present	
	Oral intake - minimal	
	Hydration - peripheries warm	
	peripheral pulses felt	
	CRT < 3 secs	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E	
	Afebrile.	
	CVS - S1 S2 (+)	
	RS - B/L AE (+)	
	P/A soft, non tender	
		Adv:
		- To send stool biofire
		- Continue ceftriaxone, metronidazole.
	[signature] 19/12/24	- monitor vitals
		To do next pick
		CBC, CRP, CFT, Typhoid IgM
		Sr. electrolytes
24/6/20 10 PM	S/B Dr. Nataraj	
	S. Na+: 127	TC 2,050 N 71
		CM: 2047
		AGE [with] severe dehydration
		CM, Na+
		Live change: CBC
	[signature]	[signature] 8528

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26.	S/B Dr.	Kavitha
9am		
	Δ - Acute	Dysentry - EAEC/ ETEC/ Shigella (+).
	c/o Loose stools (+) -	watery to semisolid - last passed at 4 am. medium volume.
	Abdominal pain -	periumbilical
	No vomit	
	Appetite - better.	
	U.O - voided	6 times yesterday.
	O/E - Alert	
	Hydration - oral	mucosa - moist
	Lips	dry
	Skin	turgor (N).
	PP WF; Pulse	volume - good, CRT <3 secs.
	Vitals - stable.	
	P/A - soft, non-tender	
	CVS/ RS/ NAD	
	CNS - NFND.	
	Hb - 11.6 → 9.4	CRP - 207 → 215
	PCV - 34 → 27	Na⁺ - 127 → 130
	TC - 2050 → 2240	OT/PT - 88/72.
	Plt - 3.13 → 2.47.	Alb - 2.8

GDC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 21 D (M)
Dr. S. KEERTHIVASAN

(3)

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26. 10 am	loose stools (+) watery - medium to large vol. 3 episodes (+).	
		Advice Continue IVF/ (Dr) Xone/ Metronidazole Zinc / Pan / Racecadotril. Plan - to stop IV Para q6h Monitor vitals / I/O / sensorium (signature) 17873
25/6/26 6pm	S/B Dr. Kavitha Child reviewed No fever loose stools → better Oral intake - better Activity - not much improvement O/E - Alert PPWF, Pulse volume - good CRT < 2secs P/A - soft umbilicus - mild tenderness (+) Other systems - WNL.	
		Advise Plenty of fluids Monitor vitals / S/O

(signature) 12878

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S. KEERTHIVASAN

RESULT SHEET

Date	24/6/26	25/6/26				
Time						
Hb	11.6	9.4 ↓				
PCV	34	27				
RBC	4.36	3.55				
WBC	2.05	2240				
N/L / M	71/24	66/31/3				
Platelets	3,13,000	2.47 ↓				
CRP	207	215 ↑				
ESR						
PCT						
RBS	136					
Na	127	130 ↑				
K	4.1	3.3				
Cl	96	106				
Ca/Mg						
Phosphate / HCO3	/18					
Urea	25					
Creatinine	0.33					
ALP		86				
SGPT		72 ↑				
SGOT		88 ↑				
T.Bill/Conj		0.45 0.2/0.2				
T.Protein		5.6				
S.Albumin		2.8 ↓				
S.Globulin		2.8				
A/G Ratio / GGT		1/10				
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Stool Biofire – E.A EC
ETEC
Shigella / EIEC

Radiology :

USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: 4th floor Shifted to: 6th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. ceftriaxone	750mg	IV	Q12H	24/6	☑ C ☐ DC
2	Inj. pantoprazole	15mg	IV	Q24H	24/6	☑ C ☐ DC
3	Inj. metronidazole	150mg	IV	Q8H	24/6	☑ C ☐ DC
4	Prepolid	1sachet	PO	Q12H	24/6	☑ C ☐ DC
5	Syp. Zinconia.	5ml	PO	Q24H	24/6	☑ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Chendiselegu [signature]

Date & Time : 24/6/26

Nurse Name & Signature: Angel 01895

Date & Time : 24/6/26 @ 7pm

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

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

MEDICATION RECONCILIATION FORM

Drug Allergies: —— ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 406

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP TAXIM O 100	5ml	P/O	BD	24/6/26 9:00am	☐C ☑DC
2	SYP. METROGYL 200	3ml	P/O	BD.	24/6/26 9:00am	☐C ☑DC
3	VOMIKIND 2mg/5ml	4ml	P/O	OD	24/6/26 9:00am	☐C ☑DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : (Dr. Pranav) 127328.

Date & Time : 24/6/26, 12:30pm.

Nurse Name & Signature: Subhadip & [signature] 2263

Date & Time : 24/6/26 & 12:50pm

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

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

DRUG CHART

Date of Admission: 24/6/24 Drug Allergies: ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL DOCTOR
- Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- 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: INJ. EMSET				Date/Time
Dose	Route	Frequency	Start Date	
1.5 mg	I.M	SOS	24/6/24	
Doctor's Signature		Valid Period	Pharm.	
[signature]				
Additional Instructions:				

DRUG: SYP. PARACETAMOL				Date/Time
Dose	Route	Frequency	Start Date	
250 mg	P/o	4.5 ml SOS	24/6/26 MD	stopped.
Doctor's Signature		Valid Period	Pharm.	
[signature]				
Additional Instructions:				

DRUG: INJ. PARACETAMOL				Date/Time	24/6
Dose	Route	Frequency	Start Date	2pm	PSA/MA
150 mg	IV	SOS	24/6/26		
Doctor's Signature		Valid Period	Pharm.	7.45 pm	AA/P3
[signature] 19/24.					
Additional Instructions: Q6H if Temp > 100F					

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

Docu. No. : RCH /FRM / CLINICAL / 118

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Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S. KEERTHIVASAN

REGULAR PRESCRIPTIONS

Weight. 15.2 kg Ward

DRUG: Inj. XONE				Date / Time	24/6	25/6	26/6
Dose	Route	Frequency	Start Date	8am		SS / SP	SS / SP
750 mg	IV	BD	24/6/26	2pm	MA / PSA		
Name & Signature of the Doctor Starting the Drugs:				11 am			
Additional Instructions:				8pm	PS / AA	AA / PS	
Daily Doctor's Endorsement by a Sign					D1	D2	D3

DRUG: Inj. PANTOPRAZOLE				Date / Time	24/6/26	25/6	26/6
Dose	Route	Frequency	Start Date	12:45pm	PK		
15 mg	IV	OD	24/6/26	6am		PS / AA	PS / AA
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: Inj. EMESET				Date / Time
Dose	Route	Frequency	Start Date	
1.5 mg	IV	OD	24/6/26	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: Inj. METRONIDAZOLE				Date / Time	24/6	25/6	26/6
Dose	Route	Frequency	Start Date	6am		PS / AA	PS / AA
150 mg	IV	TDS	24/6/26	3pm	MA		
Name & Signature of the Doctor Starting the Drugs:				2pm	PSA	SU / SB	
Additional Instructions:				10pm	PS / AA	PS / AA	
Daily Doctor's Endorsement by a Sign					D1	D2	D3

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 15-2kg Ward 105

DRUG: PREDNOKID-L

Dose	Route	Frequency	Start Dt.
1 Sachet	PO	BD	24/6

Name & Signature of the Doctor Starting the Drugs: Dr. Kumar

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/6	25/6	26/6
8 AM		SS SP	
4pm / 8pm		MA PSA	AA PS

DRUG: SYP. ZINCONIA

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	24/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
5ml = 20mg

Daily Doctor's Endorsement by a Sign

Date/Time	24/6	25/6	26/6
2pm	4.30pm MA PSA	SU OB	

DRUG: INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
150mg	IV	Q8H	24/6/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	25/6	26/6
4 AM	AA PS	W.H
12 PM	W.H	
8 PM	W.H	

DRUG: Redotil sachet

Dose	Route	Frequency	Start Dt.
1 Sachet	PO	TDS	24/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/6	25/6	26/6
8 AM		SS SP	
2 PM		SU SD	
10 PM	11 PM PS AA	AA PS	

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

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Patient Sticker

Weight. 15.2 y Ward. ....

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

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

VERIFIED BY : Na... Signature ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

I.V. FLUIDS CHART

Weight. 15.2 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/6/26	12:40pm	INJ. DNS (Full maintenance).	IV	~~[illegible]~~ 50 ml/hr	[signature]	[signature]	25/6/26	[signature]	[signature]

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

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S. KEERTHIVASAN

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

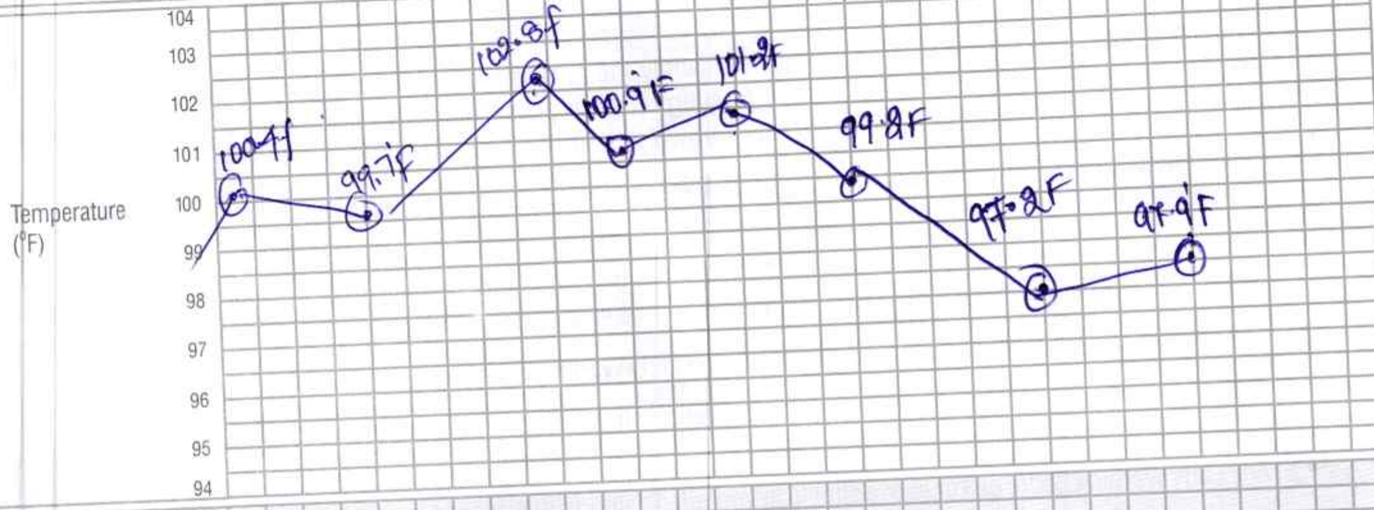
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

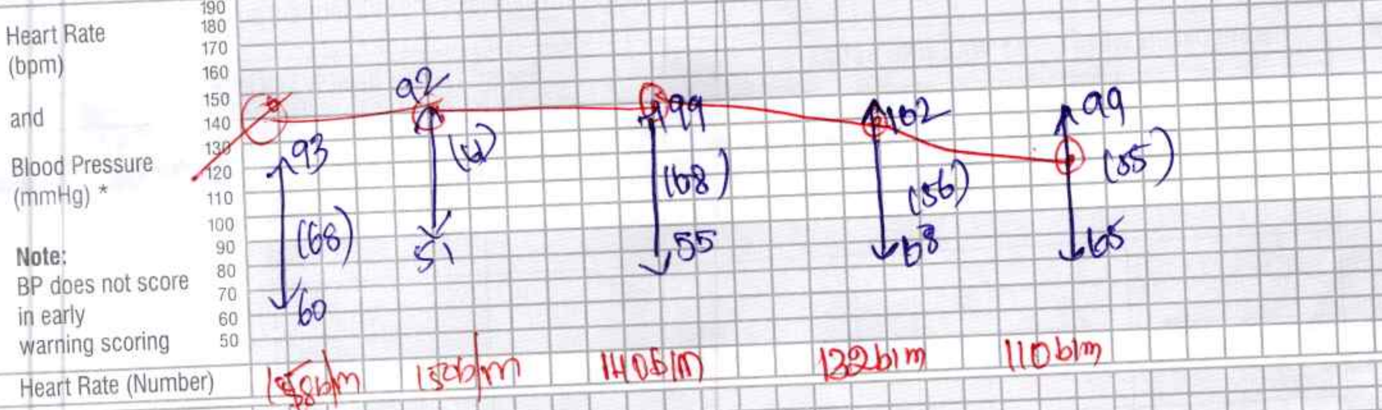
Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/26 Time: 2pm | 4pm | 7.40 pm | 8.30pm | 10pm | 12 Am | 4Am | 6.30AM

Doctor / Nurse / Family Concern?





Heart Rate (Number)	158 b/m	152 b/m	140 b/m	132 b/m	110 b/m

	2pm	4pm	8.30pm	12 Am	4Am
Resp Rate (Number)	28 b/m	28 b/m	28 b/m	30 b/m	28 b/m
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA		RA	RA	RA
O_2 Saturations (%)	98%	99%	100%	90%	98%
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

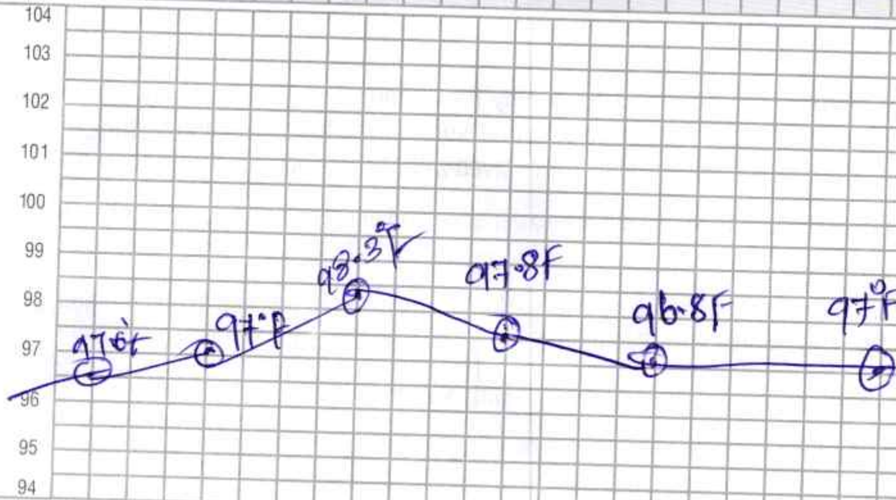
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/6/26 Time: 8Am, 12pm, 4pm, 8pm, 12Am, 4Am

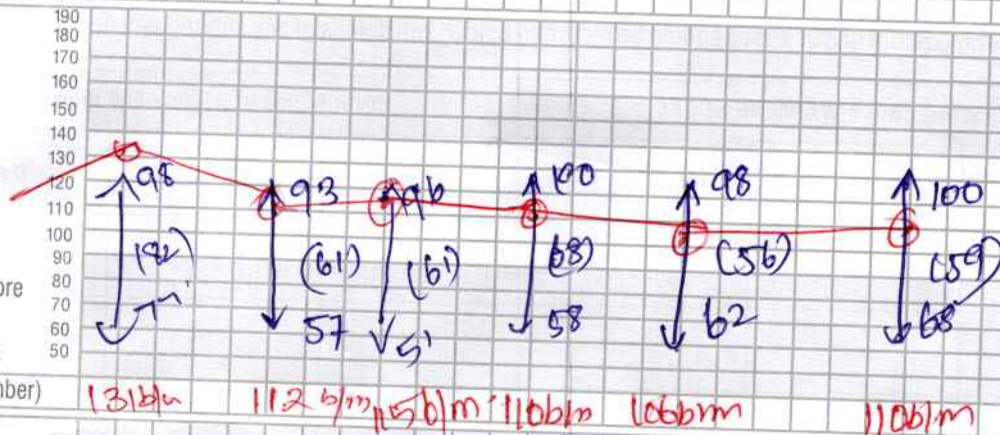
Doctor / Nurse / Family Concern?

Temperature (°F)



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Time	8Am	12pm	4pm	8pm	12Am	4Am
Temperature (°F)	97.6°F	97°F	98.3°F	97.8F	96.8F	97°F
Blood Pressure (mmHg)	98/? (92)	93/57 (61)	96/51 (61)	100/58 (68)	98/62 (56)	100/68 (59)
Heart Rate (Number)	131b/m	112 b/m	156b/m	110b/m	106b/m	110b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	28b/m	30b/m	28b/m	26b/m	26b/m	22b/m
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)						
O_2 Saturations (%)	98%	98%	97%	99%	98%	99%
Conscious Level: Normal	✓	✓	✓	✓	✓	✓
Conscious Level: Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

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Score	Action
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Patient Sticker

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

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

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

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
24/6/26		Nature of Fluid	Route			NG	~~Diarrhoea~~ loose stool	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	→ child Received from ER to 4th floor @ 1:30pm										
Total Intake :						Total Output :						
	02:00 pm	water	50ml	50ml						✓	0	[signature]
	03:00 pm			50ml							0	[signature]
	04:00 pm			50ml							0	[signature]
	05:00 pm	r/c water	100ml	50ml						✓	0	[signature]
	06:00 pm	water	50ml	50ml							0	[signature]
	07:00 pm			50ml							0	[signature]
Total Intake :		250ml + 300ml				Total Output :	2 times urine passed				0	[signature]
	08:00 pm	H2O	50ml	50ml							0	[signature]
	09:00 pm			50ml								
	10:00 pm	H2O	150ml	50ml			semisolid ✓			✓	0	[signature]
	11:00 pm			50ml								
	12:00 am			50ml			✓				0	[signature]
	01:00 am			50ml						✓		
Total Intake :		200ml		300ml		Total Output :	2 time					
	02:00 am			50ml			semisolid ✓				0	[signature]
	03:00 am			50ml								
	04:00 am	H2O	50ml	DC			✓			✓	0	[signature]
	05:00 am			50ml			✓					
	06:00 am			DC							0	[signature]
	07:00 am	H2O	50ml	50ml						✓		
Total Intake :		100ml + 200ml				Total Output :	2 time					

Total 24 hrs. Intake	1,350ml

Total 24 hrs. Output	6 time

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

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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 25/6/26	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
							(loose stool)					
	08:00 am	H2O	50ml	50ml			✓			✓	0	SS/OUH
	09:00 am			DC								
	10:00 am	TC	210ml	50ml			✓✓			✓	0	SS/OUH
	11:00 am			50ml								
	12:00 pm			50ml			✓			✓	0	SS/OUH
	01:00 pm	Jim.	50ml	50ml								
Total Intake : 310ml + 250ml.						Total Output : 3 time.						
	02:00 pm			50ml			(semi) ✓					
	03:00 pm	H2O	50ml	50ml						✓	0	SU/OH
	04:00 pm			50ml								
	05:00 pm	Butter milk	30ml	50ml			(semi) ✓			✓	0	SU/OH
	06:00 pm	H2O	50ml	50ml								
	07:00 pm			DC						✓	0	SU/OH
Total Intake : 130ml + 250ml						Total Output : 3 times						
	08:00 pm	H2O	100ml									
	09:00 pm									✓	0	[illegible]
	10:00 pm	Milk	100ml									
	11:00 pm									✓	0	[illegible]
	12:00 am	H2O	50ml									
	01:00 am										0	[illegible]
Total Intake : 250ml						Total Output : 2 time						
	02:00 am											
	03:00 am										0	[illegible]
	04:00 am	[illegible]										
	05:00 am										0	[illegible]
	06:00 am	H2O	100ml									
	07:00 am									✓	0	[illegible]
Total Intake : 100ml						Total Output : 1 time						

Total 24 hrs. Intake	1,290ml	Total 24 hrs. Output	9 time

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

NURSING CARE RECORD

Date: 24/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify........
- ☑ Maintain Fluid Balance (E)
- ☐ 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	Maintain fluid Balance.		Maintain vital sign's and I/O chart Maintain hand hygiene. Administer IV medication.	Improved fluid volume	Reassessment was done vital are stable	[signature] 018902
Night	8 PM	ensure safety prevent falls injury.	10 PM	keep bed in low position with side rails up. ensure call bell is within reach. follow fall prevention	prevent falls injury	Followed the instruction.	[signature]

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Baby ARYAN ABISHEK
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Dr. S. KEERTHIVASAN

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NURSING CARE RECORD

Date: 25/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure adequate hydration and electrolytes balance.	10am	Monitor intake and output. → Assess for dehydra → Monitor fluids. → Encourage oral fluid	child intake is better.	child vitals is stabled.	Saul [signature]
Afternoon	2pm.	promote adequate nutrition for healing and recovery.	3pm	Assess nutritional status and appetite..	=> patient intake and output is Good	=> patient clinically stable	[signature]
Night	8pm	promote normal bowel and bladder function.	9pm	monitor urinary output	output is good.	child was stable	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 21 D (M)
Dr. S. KEERTHIVASAN

NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Promote Normal bowel and bladder function	9am	Monitor urinary output.	Output is good.	Child was stable.	Sen [signature]
Afternoon							
Night							

Docu. No: RCH /FRM / CLINICAL / 148

Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 21 D (M)
Dr. S. KEERTHIVASAN

NURSING CARE RECORD

Date: ....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S. KEERTHIVASAN

(1)

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes On:- 24/6/26	
24/6/26			
	1.30pm	Child Received from ER to 4th	
		floor child is conscious &	
		oriented child complaints of	
		Acute dysentry with dehydration	[signature]
		Child Iv cannula pattern —	018950
	2pm	Vital sign's checked and	
		Recorded vital are stable	
		CP ++ / PP ++ / CRT <3sec —	[signature] 018950
		Temp. 100.4 inj para 150mg	
		given as per doctor's order	
		Iv fluid DNS 50ml per on flow	[signature]
		Due to medication was	
		given as per doctor's order	018950
		Child take soft diet now —	
	4pm	Dr. keerthivasan phone call	
		advise Blood c/s send	[signature]
		Report need to follow —	018950
		vital sign's checked and	
		Recorded vital are stable	
		CP ++ / PP ++ / CRT <3sec —	
		Continue Iv fluid DNS 50ml	[signature]
		per on flow —	018950
	6pm	I/O chart Maintained —	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 24/6/26 ←	
24/6/26.		No any complaint is —	
	7.30pm	child details hand Over given to ~~[illegible]~~ 6th floor duty Staff - Child Shifted to 6th floor Room no. 605 Child Temp 102.8	[signature] 018900
	7.45PM	informed to Dr Chandralega mam advise inj. para 150mg given as per doctor's order —	[signature] 018900
24/6/26		receiving notes.	
	7.50PM	patient received from 4th floor to 605 - Handing over taken from 4th floor SIN, IV line ⓟ, IVF 0.9 DNS → 50ml/hr, stool Biofire to do	[signature]
	8PM	Vitals checked and recorded. FP +ve, CP +ve, CRT <2 sec. Patient had soft diet. Due medication given.	
	9.40PM	Dr. Keerthivasan sir seen the Baby. Continue IVF, inj. Paracetamol TDS change, next prick, CBC, CRP, LFT, electrolytes, typhoid RGM, trace Biofire reports.	[signature]
	10 PM	Dr. Nagraj sir seen the Baby, Dr advised Redotil TDS, next prick CBC, Na+, CRP to do.	[signature]
	11 PM	Redotil sachet p/o given, Patient I/O chart maintained.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S. KEERTHIVASAN

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26	10AM	Vitals checked and recorded PP ++ CP ++ CRT <2 sec	[signature]
	2AM	IVF 0.9 DNS -> 50ml/hr, stool Biofire reports send to Dr. Keerthivasan via whatsapp images.	[signature]
	4Am	Vitals checked and recorded PP ++ CP ++ CRT <2 sec.	
	6Am	-> child due medication given as per order chart, intake and output chart maintained & record.	[signature]
	7:30Am	-> child detail hand over given to morning duty s/n.	[signature]
		Morning duty Notes.	
25/6/26	7.30pm	child details hand over taken from night duty staff. child conscious & active.	[signature]
	8pm.	child vitals checked & recorded temp is normal. CP ++ PP ++ CRT <2sec	
		Due medication given as per drug chart.	[signature]
	9am.	child IV line out. IV line changed. child sample taken CBC, CRP, LFT, Typhoid IgM, S. electrolytes done	[signature]

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/6/26	10 am	child iv line (+) iv line observ	
		x hay. iv fluids 0.9% DNS	
		50 ml/hr →	Saif [illegible]
	12pm.	child vitals checked a record	
		temp is normal. child	
		have iv. paracetamol. attnd	
		not willing. informed Dr. Kavitha	
		mam. Dr. Kavitha mam	
		advised to with hold paracetm	
	1.Pm	maintained intake and	
		Output chart →	Pravee
	1.30pm.	Hand over given from evening	
		duty staff →	Praveen [illegible]
		evening duty 25/6/26	
25/6/26	1:30pm.	→ Patient handover taken	
		by morning duty S/N →	Lavy
		→ Patient normal by blood.	ON179
	2pm.	→ administered iv and	
		oral medications as	
		per drug chart order	
		→ Monitored I/O chart.	
	4pm.	→ Checked vital signs	
		→ Patient vitals is stable	
		CRT / PR / RR /	
		[illegible] / [illegible] / [illegible] →	Lavy
		→ Provide health education	ON179
		→ Provide comfortable position.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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PHLEBITIS ASSESSMENT

Patient's Name:
MRD NO: GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN
Age :
Sex: ☐ M ☐ F
Consultant

CANNULA 1

Date : 24/6/26 Time: 12.50pm
Location : Metacarpal
Size : 22 G
Cannula inserted by : S/N Praveen

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/6	1 pm	☐Yes ☑No	☐Yes ☑No	patten	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	observed	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	10PM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
25/6	12AM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	2 AM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	6 AM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	8 am	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	healthy	Sujomary
	4pm	☐Yes ☑No	☐Yes ☑No	healthy	Sujomary
	6 pm	☐Yes ☑No	☐Yes ☑No	healthy	Sujomary
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☑Yes ☐No, if yes date and time : 9am
RX any initiated : ☑Yes ☐No ☐NA If Yes specify- yes
Phlebitis score: 1/5

CANNULA 2

Date : 25/6/26. Time:
Location : Metacarpal
Size : 22G
Cannula inserted by : I/C - Mari

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
25/6	9 am	☐Yes ☑No	☐Yes ☑No	Observ	88/04
	11 am	☐Yes ☑No	☐Yes ☑No	observ	88/04
	1 pm	☐Yes ☑No	☐Yes ☑No	observ	88/0
	2pm	☐Yes ☑No	☐Yes ☑No	healthy	Sujomary
	4pm	☐Yes ☑No	☐Yes ☑No	healthy	Sujomary
	6pm	☐Yes ☑No	☐Yes ☑No	healthy	Sujomary
	8pm	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
26/6/26	12 AM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	4 AM	☐Yes ☑No	☐Yes ☑No	healthy	[illegible]
	8 am	☐Yes ☑No	☐Yes ☑No	observ	8/04
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

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

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)........ Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)

0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: ❋ Slight pain near I.V. site or slight redness near I.V site	TWO of the following is evident: ❋ Pain near I.V. Site ❋ Erythema ❋ Induration	ALL of the following is evident: ❋ Pain along path of cannula ❋ Erythema ❋ Induration	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord	ALL of the following is evident and extensive: ❋ Pain along path of cannula ❋ Erythema ❋ Induration ❋ Palpable venous cord ❋ Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/6 (E)	DATE 24/6 (N)	DATE 25/6 (M)	DATE 25/6 (E)	DATE 25/6 (N)
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

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		—	X	X	X	X
	Other Intervention(s) Specify		—	X	X	X	X
	Nurse's Name:		Angel	Sarry	[illegible]	[illegible]	[illegible]
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		24/6	24/6	25/6	25/6	25/6
	Time:		2pm	10 PM	8Am	2pm	8pm

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BRADEN 'Q' SCALE

(for Paediatric use)

Ref. No.: F/HW/BRD-Q/NSG/04

Patient Name: Baby ARYAN ABISHEK

Age: 3 Y 6 M 20 D (M)

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				Date :	24/6 E	24/6 N	24/6 M	25/6 E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	[illegible] 01890	[illegible]	[illegible]	[illegible] 647284

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
24/6	2pm	treatment care	Explain about treatment care	Mother	No learning Barrier	oral	None	verbalizing and understanding	good	[signature] 01895
25/6	8am	Hygiene	Explain about hygiene	Mother	Nil	Oral	Nil	verbal	good	[signature]
26/6	8am	Diet	Explain about dietation.	Mother	Nil	oral	Nil	verbal	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
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify ....

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

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

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

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al Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1:30pm Mode of Arrival: Holding Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: 15.2 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: —

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

If yes please list, ...

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

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

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

Observations: Weight: 15.2 kg Length: — Head Circumference (< 2 years): —

Temp.: 100.4 f HR: 156 b/t RR: 28 b/t BP: 93/60 (68)

Pain Score: .... Specify Site: 0/10 .... (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: .... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

Character of Pain — Location — Frequency .... Duration ....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight
☐ Feeding Problem
☐ Overweight
☐ Special diet
☐ Special Feeding Method
☐ No Abnormality Detected

Inform consultant for positive criteria

(P.T.O)

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: ......S/N. Angel...... Date: ......24/6/26...... Time: ......2p.m...... Signature [signature] 018950

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/6/26 Time of arrival : 11 AM

Chief Complaints: C/O Loose stools x 10 episodes, vomiting x2 episode RBS: 143 mg/dL

Height : — Weight : 15.24 BMI : — Head Circumference (<2 years) ....

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

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 11.10 AM

Docu. No. : RCH /FRM / CLINICAL / 120

Time	Nursing Notes
24/6 11.10AM	* patient came in ER, c/o Loose stools x 10 episode.
	vomiting x 2 episode,
	* vital signs check & recorded,
	* patient seened by DR. Keerthana maam
	& Adviced Admission under DR. Keerthi Vasn
	* Iv placement & Blood Sample
	collected.
	* Shift to ward.

Samples collected by: S/N Praveen Time: 12.50PM

Samples sent by : S/N Subhadip Time: 12.55 pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 154 b/m BP: 94/62 (72) CFT: < 3 sec	Shift - out from ER to: 406
RR: 32 b/m SPO_2 : 99 % R/A	Time of Shift - out: 1.10pm
GCS: 15/15 Temperature : 99.6 °F	Handover given to: (Nurse's Name) S/N Angel
Pain Score: 0/10	
Repeat RBS (if applicable):	

☐ LAMA ☐ BROUGHT DEAD

...any): Iv placement done (L) metacarpal 22G

(P.T.O.)

Subhadip
26 & 12.50pm

Signature of the Nurse :

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Date : 24/6/26.

Admitting Doctor : Dr. Keerthivasan.

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

Start Time of Assessment: 24/6/26, 12:00pm Weight: 15.2 kgs.

Allergic History: Nil.

Chief Complaints: c/o fever x 2 days
c/o loose stools x 2 days
(Bloody stools) (10 episodes).
c/o vomiting x 2 day
(4 episode / day)
c/o loss of appetite.

Pediatric Assessment Triangle

A Appearance - TICLS ....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☐ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Significant Past History: ....

Medication History: Syp. Taxim O 100mg 5ml BD, Syp. Flagyl 200mg 3ml

Relevant Investigations: -

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Breathing

Rate: 32/ SpO₂ on FiO₂ 95%.

Rhythm: ....

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

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: B/L = AE (+)

Palpation Findings (If necessary) ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

(P.T.O.)

Circulation

HR: ....

BP: 74/62 mmHg

Pulse Volume: Central ...✓... Peripheral ...++...

If in Shock: Compensated .... Hypotensive ....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

CFT: Central .... 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 .... Left ....

Active Seizures: ☐ Yes ☐ No

Sugars: ....

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Exposure

Temp.: 98.6°F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned:

CBC

CRP

RFT

Treatment Planned: ....

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): ....

Assessment done by

Name of the Doctor: ....

Signature: ....

Date & Time: ....

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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Wt: 15.2kg.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Aaryan Age : 3y 6m Gender: ☑ Male ☐ Female

Date : 24/6/26 Time of Arrival : 11Am.

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance RBS: 143 mg/dL

Initial Vital Signs: Temp: 99.6°F PR: 154 BP: 94/62(72) RR: 32 SpO_2: 99

Chief Complaints: c/o loose stools x 10 episodes, Vomiting x 2 episodes, fever x 2 days

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking	Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

Signature of Parent / Guardian: [signature]

Triage Completion Time : 2min

* CTAS - Canadian Triage and Acuity Scale

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location:

2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

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

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

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

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

Name of Triage Nurse : Praveen

Date & Time : 24/6/26 11:02pm

Signature of Triage Nurse : [signature] 1849

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

* Inj emeset 1 M 1.6 mg @ 11.10 AM

[signature] 012263

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PATIENT TRANSFER FORM

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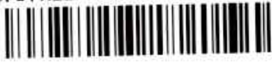
Dr. S . KEERTHIVASAN



	Date & Time of Admission	Date & Time of Transfer Order
	24/6/26 @ 12:21pm.	24/6/26 @ 1:10pm.
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Keerthivasan	DR. Keerthana.	Further manag[t]
From Unit	To Unit	Information to Attendant
ER	406.	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
13	NIL	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500ml	1
2.	Inj Xone 1g	1
3.		
4.		
5.		

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

ACUTE DYSENTRY WITH DEHYDRATION.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Subhadip & [signature] 01723	[signature] Dr. Pranav 127328.

Patient & Clinical Records Received by : S/N Angel 018950 24/6/26 @ 1.30pm

Date & Time of Patient Received :

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

Docu. No. : RCH /FRM / CLINICAL / 102

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
24/6	11:30 Am	143 mg/dl	—	[illegible]

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00093025 IP18-00036166
Baby ARYAN ABISHEK
04-12-2022 3 Y 6 M 20 D (M)
Dr. S . KEERTHIVASAN

	Date & Time of Admission	Date & Time of Transfer Order
	24/6/26@12.21pm	24/6/26 @ 7.30pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Keerthivasan	Dr. Chandiralega	further treatment
From Unit	**To Unit**	**Information to Attendant**
4th floor.	605	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS —	1
2.	Xone —	2
3.	NS - 100ml —	2
4.	10ml —	3
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. Chandiralega

Patient & Clinical Records Received by : S/N Angel 018950 24/6/26 @ 7.30pm.

Date & Time of Patient Received : Saranya 00H6 24/6/26 at 7.30PM.

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