ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 16 D (M)
Dr. NEERAJA PATCHA V R

DISCHARGE TRACKING SHEET

R: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	8/6/26 @ 10:30am			
Activity Sheet updated by Pharmacy		11:11 AM		

ACTIVITY RECORD FOR BILLING

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ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

Name: .....

UHID No: .....

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

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	10.40pm	EP	M.b	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Naresh	7/6/26	To be m/c	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/6/2026	CBC, CRP, RP2, Blood c/s		
	RBS	7610	[illegible]
6/6/2026	Dengue NS1, Dengue AntiBody IgM	7611	[illegible]
7/6/26	U/Routine, Urine Culture	7637	RP

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/6/26	Infusion pump.	11pm	7/6/26 @ 10am	8973	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/2026	IV placement	01	148965	[signature]
7/6/26	Ultrasound Abdomen	01	4253	RS

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 8/6/26 Time: 10.30am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 01 Ward			

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,Thirmangalam Anna Nagar West ,Chennai ,Tamil Nadu, INDIA ,600040.
TEL NO :044-69289928
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP28-00004529 **Admit Date** : 06-Jun-2026 **Admit Time** : 09:11 PM **UHID** : ANC-00016114

Patient Details :

Patient Name	: Baby SIDDHARTH S	**Age**	: 2 Y 5 M 14 D
Guardian	: SHRIDHARAN	**DOB**	: 23-12-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: AFR -5 , SUNSTONE APARTMENTS , JESWANTH NAGAR Mogappair West Chennai Tamil Nadu INDIA 600037	**Phone No**	: 9894622130
		E-mail	: suganyamuthalraj@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : SHRIDHARAN **Relationship** : Father

Contact Address : AFR -5 , SUNSTONE APARTMENTS , JESWANTH NAGAR Mogappair West Chennai Tamil Nadu INDIA 600037 **Phone No** : 9894622130

Signature

Doctor Details :

Doctor Name : Dr. NEERAJA PATCHA V R **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Rainbow Website **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

RAINBOW CHILDREN'S MEDICARE LTD. ANNA NAGAR

Printed Date / Time : 06/06/2026 21:15

Printed By : 016745

ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

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...TION FORM

Doctor Name: ..... Date: ..... Time: .....

Diagnosis: .....

Hospital: .....

.....

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

06/02/2026
11:00 AM

Findings and Recommendations :

11 kg

S/B Dr S Nanish kumar

Thanks for the referral

Opinion for Acute urinary retention

O/E: Bladder Palpable / Distended

Did not pass stools

Plan ① Dulcoflex Supp (5mg) PR stat (f/b) Syp Monicol 0-0-12.5ml (+50ml water)

② IVF NS: 110ml over ½ hour (f/b) Inj Lasix 10mg IV stat (slow IV)

③ Monitor Urine output

④ Cont IVF: DNS 44ml/hr

Consultant :

Name : ..... Signature : ..... Date & Time : .....

12 2. PM

- Child reviewed
- Parent stories and unne

Plan

- Cont as advised

Dr
M.

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ _____

UHID ID: _____ ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R
_____

Department: _____ _____

Consultant: _____

ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

... History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever, cold, cough - 1 week

History of present illness : Biphasic fever (M shape) 4 days

c/o fever 1 week ago - started on 29/5/26 - lasted for 2 days Tmax - 102 F°, Afterwards for ~~the~~ next 4 days F/B fever since last 3 days, moderate to high grade at times a/w chills ., Tmax - 104 F°

used 5 days of Syp. Azithro since 30/5/26

Investigated on 5/6 -

Hb - 11.7, WBC - 5800, Plt - 4.12

P - 72/L - 24, CRP - 6.30

↓

start on Syp. Antiflu since yesterday night.

c/o cold, cough since 1 week

c/o ↓ urine output, Intake - since yesterday night

c/o ↓ activity ☹

ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

of any previous investigation or treatment)

H/o constipation since

on syp. Lactulose 5ml HS

(Last past stool 4 days ago)

Birth & Neonatal History:

Family Chart

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally (A)

Immunization History : Immunised as per IAP
16-18 month Vaccine due (DTP, Hib, IPV)

Anthropometry :

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

Weight (kgs) 11.8kg (Centile _____)

On Examination :

Temperature : 100.6F Pulse Rate : 168/min B.P. _____ SPO2 100% RA.

Resp.rate and type of breathing : RR - 32 / min B/L conjuctival redness @

Throat - congestion @

Nasal Voice @

Rash @

Lymphadenopathy

Oedema : @

Allergies (if any):

(P.T.O.)

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE @

Any addes sounds : No added sounds

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 @

Any murmur : No murmur

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

Per Abdomen :

Inspection :

Palpation : soft.

Ausculation :

Spine : (N) External Genitelia : Phimosis @

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System :

Nutriton :

Tone: @ Power

Co-ordinator :

Posture :

Involuntary Movements :

ANC-00018114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : c/o constipation (+)

Clinical Summary & Diagnostic: AFI ↓ evaluation ? Dengue fever ? UTI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:	Planned Management
CBC ✓	1) IVF NNS @
CRP ✓	2) SUP. ANTIFLU 2.5 ml PO Q 12H
Blood c/s ✓	3) INJ. PARACETAMOL
RP2 ✓	1
Urine R.E, c/s @	
Chest X Ray ✓	
Dengue NS 1 Ag IgG IgM	

Signature of the Doctor: [signature] 1UA155

Name of the Doctor: Dr. Divya sri

Date & Time: 6/6/26

Signature of the Consultant:

Name of the Consultant:

Date & Time: 6/6/26

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

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

1. Anticipated Date of Discharge: 48 - 72 hours.

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:

			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: [signature] 164159

Doctor Name: Dr. [illegible]

Date and Time: 6/6/21.

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23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 11:10am	W/R Dr. Neeraja Patcha	
	Fever for last 2 days	
	had fever even before 4 days prior to this episode	
	Also has cold & cough	
	No vomiting	/ temperature settled for last 12hrs
	oral intake poor	
	BO not opened from Wednesday	
	O/E: Baby Pink, dry lips & oral mucosa	
	URTC ...	
	Chest - R:L	
	CVS - S1 S2 heard	
	CNS - NFND	
	P/A - bladder slightly palpable, soft, / tenderness	
	Plan: (1) Strict I/O chart	
	(2) Now bolus of IVF 10ml/kg N saline	
	(3) To do USG abdomen today	
	(4) After bolus if not → feeding tube & drain	
	(5) Dr. Naresh opinion	
	(6) hold off Abx's	
	(7) PIR suppository Dulcolax 5mg	
	(8) Cont IVF full maintainance done	
	(9) Monitor for ... NIL	

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23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 5pm	S/B Dr. Aneesh	
	FEVER FOR EVALUATION ? PROBABLE DENGUE ? UTI	
	- fever spikes persisting low grade - No vomiting/ loose/ stools - Passed stool once - Passed urine twice.	
	Child dull looking pulses well felt ↑↑↑/↑↑ CRT < 3sec	HR - 102/m RR - 30/m
	S/E - RS - B/L AE (+) no added sounds CVS - S1 S2 (+) P/A - Soft CNS - NAD	O/I → 150/220 U/O →
	USG - Abd today	Aneesh 163765

ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 15 D (M)
Dr. NEERAJA PATCHA V R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/2026 9AM	C/s/B Dr. Surendra	
	fever under evaluation - Acute febrile illness	
	no fever spikes yesterday	
	c/o cough & cold - reduced	8770
		CPPCS
	oral Intake } good	
	Activity }	
	O/E - Child	
	BP - 96/60 mmHg	
	CRT < 3 sec	Plan
	+H /H	- planned for d/s today
	peripheries warm	
	CRT < 3sec	- To follow up B/c & U/c
	S/E - CVS - S1 S2 (+)	
	CNS - No focal neurological deficit	
	P/A - soft	
	RS - B/L AE (+), no added sounds	

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
8/6/26 10:15 am	W/R Dr. Neeraja P	
	Fever settled	
	eating & drinking	
	PUO	
	BO yesterday	
	oha stable	
	O/E: Baby Pink	
	Chest - R=L	
	CVS - S1 S2 heard	
	P/A - soft	
	Plan: ① To start on Monel Paed 1 sachet o.d	
	② Duphalac syrup 0 — 0 — 5ml × 3-4 day	
	③ T. Immor Lanzol 15mg o.d × 3 days	

ANC-00015114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

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RESULT SHEET

Date	8/6/26.					
Time						
Hb	12.0					
PCV	34					
RBC	4.38					
WBC	5.9					
N/L	50/47					
Platelets	3.14					
CRP	<5					
ESR						
PCT						
RBS						
Na	133					
K	4.4					
Cl	103					
Ca/Mg ica	1.08					
~~Phosphate~~ Hco3	22					
Urea	31					
Creatinine	0.38					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time	Colour - pale yellow					
CUE - Alb						
CUE - Sugar	Bac - Nil					
CUE - Ketones						
CUE - PUS Cells	Past => 2-4					
CUE - RBC Cells						
CUE	Kenig - Nil					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue IgM, NS1 Ag	Negative					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward M16

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. ANTIFLU	2.5ml	Po	Q12H	6/6/26	☑ C ☐ DC
2	SYP. SOLVIN COLD AF	2.5ml	Po	Q12H	6/6/26	☐ C ☑ DC
3						☐ 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 : [signature]

Date & Time : 6/6/26. 10:10

Nurse Name & Signature: Swetha / Swetha [signature]

Date & Time : 6/6/226 @ 10.40pm

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

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

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Patient Name : .... Age : ....

Gender ☐ M ☐ F - Hospit...

Consultant : ....

Date of Admission : ....

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23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

DRUG ALLERGIES :

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a **NEW PRESCRIPTION**. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
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Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
			11.8 Kg	MH

REGULAR PRESCRIPTIONS

DRUG : INJ · PARACETAMOL

Dose	Route	Frequency	Start Dt.
180mg	IV	Q6H	6/6/26

Name & Signature of the Doctor starting the Drugs: 164159

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	7/6	8/6
Time		

DRUG : INJ · PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	IV	Q24H	6/6/26

Name & Signature of the Doctor starting the Drugs: 164159.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/6	7/6	8/6
Time			

DRUG : SYP ANTIFOLU

Dose	Route	Frequency	Start Dt.
2.5ml	PO	Q12H	6/6/26

Name & Signature of the Doctor starting the Drugs: 164159.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/6	7/6	8/6
Time			

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	
Time	

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.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
7/6/26	11:30AM	Inj. LASIX	10mg	IV Stat Slow IV	Anesh 163765	
7/6/26	11:30 PM	Dulcolax Suppository	5mg	rectal	Anesh 163765	

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	I.P. No.	Sheet No.	Wards	Weight (kg)
			MI26	11.8 kg

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
6/6/26	@ 9.30 pm	INF NS 0.9%	IV	44ml/hr					
7/6/26	11AM	NS	IV	110ml	Aneesha 163765		11:30 AM 7/6/26	Aneesha 163765	

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Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
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NURSING CARE RECORD

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Date: 6/6/24

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	11pm	-Assess the child condition -Encouraged oral fluid	1AM	-Assessed the child condition -Encouraged oral fluid	Improve oral fluid	IV line patent	

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NURSING CARE RECORD

Date: 7/6/26

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	9 AM	→ To Assess the pt general Condition → To check the Vitals.	10 AM	→ Assessed the pt general Condition → vitals checked and documented	Patient Stable	Re-assessment done	[signature]
Afternoon	2 pm	- Assess child condition - Encourage oral intake.	3 pm	- Assessed child condition - Encouraged oral intake.	child stable.	child is active	[signature]
Night	8pm	- Assess the child condition - Encourage oral fluid	10pm	- Assessed the pt condition - Encouraged oral fluid.	Improve oral fluid	IV line removed	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							

Patient Sticker

NURSING CARE RECORD

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

ANC-00018114 IP26-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 5 M 14 D (M)
Dr. NEERAJA PATCHA V R

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .... SAPI

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		6/6/26 - Recording Notes
	11pm	received pt from
		ER conscious and oriented
		IV line kept in position,
		Diet tolerated well,
		vital monitoring and
		recording,
	12AM	fever present 100°F
		Inj. PCM 180mg IV given as per
		drug chart.
	4AM	Vital monitoring and
		recording
	6AM	Inj. Pan 10mg IV given
		as per drug chart
	7AM	Intake and output
		monitoring
	8AM	Handing over given to
		morning staff,
		Morning shift (7/6/26)
	8Am-	Patient details handing over ~~given~~ taken
		from the night duty staff. IV line
		(+) IVF DNS 44ml/hr. medication
		as per drug chart urine not
		passed since yesterday morning
		urine R/E due.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00016114 IP28-00004529
Baby SIDDHARTH S
23-12-2023 2 Y 6 M 14 D (M)
Dr. NEERAJA PATCHA V R

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	9Am -	medication given to the child as
		per drug chart
	10:30 AM -	Dr. Neeraja Came and Saw the
		child she advised to take Opinion
		from the Dr. Naresh.
	11Am →	Dr Naresh Opinion done he advised
		to give bolus and he said to
		lasix and sad.
	12Pm →	Bolus NS given lasix given child
		voided urine and motion.
	1Pm -	I/o discovered and documented patient
		Stable.
	2Pm →	Handing Over given to the next duty
		Staff
		Evening duty Staff notes
7/6/26	2pm →	child handover taken from morning
		duty staff Shivargini
		→ child is active and alert.
		→ child IV line present and pattern
		IV flow on DNS 44ml/hr —121/60
		→ child intake is good
	4pm →	child vitals checked and recorded
		Vitals stable —122/60
	6 →	child urine sample send to lab.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS