Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176682 **Admit Date** : 21-Jul-2026 **Admit Time** : 02:19 AM **UHID** : BAH-00662279

Patient Details :

Patient Name	: Baby Of ANUSHA GANDE	**Age**	: 0 D
Guardian	: Mr VARUN RAJ TUDURU	**DOB**	: 21-07-2026 01:48 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 101, 2ND FLOOR, SAI BHASKAR ARCADE, NEAR OLD AGE HOME, HUDA COMPLEX, MIYAPUR Nizampat Medak Telangana INDIA 502102	**Phone No**	: 9790057453/ 9790057453
		E-mail	: tuduruvarunraj@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-419-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-419-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VARUN RAJ TUDURU **Relationship** : Father

Contact Address : **Phone No** : 9790057453 / 9790057453

T. Varun
Signature

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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NEWBORN MONITORING FORM

Date of Birth	: 21/7/26	New Born Screening	:
Time of Birth	: 1.48 AM	TFT	:
Mode of Delivery	: Normal delivery	OAE	:
Birth Weight	: 2.786 Kgs	Mother's Blood Group	:
Head Circumference	: 35 cms	Baby's Blood Group	: O+ve (Positive)
Length	: 50 cms	Anomaly Scan	:
Red Reflex	:	Vaccination	: BCG, OPV 1, Hep B Dose on 21/7/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
21/7/26	2.786kg	DBF	good	97.8°F	
21/7/26	2.749kg	DBF	good	97.2°F	Divya
22/7/26	2.605kg	DBF	good	98.0°F	Divya
23/7/26	2.611 kg	~~DBF → FF~~		98°F	Kalyani

Date	Time	Investigation	Result	Order No.	Signature
21/7/26	2:30Am	Blood grouping		26072942	Duty
22/7/26	2:10Am	TCBR	9.6 mg/dl	26073366	Duty
22/7/26	2:30Am	SSpT		9718663	Duty
22/7/26	4pm	CBR	$9.9 < \frac{0.1}{9.8}$	26073627	Duty

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/O Anusha Gande. Age : 29. Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Anusha Gande

Gender : ☑M ☐F Blood Group : O+

Date of Birth : 21/7/26 Time of Birth : 1:48 AM

Place of Birth : RCH-B

Mother's Blood Group : O+ve

Birth Weight (gms) : 2,786. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : 18/10/25 EDD : 25/7/26.

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : 26 wks. AN Steroids Drugs / Doses : .....

Last Scans Details : 2/7/26 - 36+1, cephalic, 2.4kgs, Doppler (N), AC - 57.

..... TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No X

If yes, degree of consanguinity : ☐1 ☐2 ☐3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM: Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

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PAST OBSTETRIC HISTORY

G : 2 P : 0 A : 1 L : 0

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G1	2025	10+5	miscarriage			
G2	PP					

PERINATAL HISTORY

Treating Obstetrician : Dr. Sruti Reddy Hospital : RCH-B ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
1	2	
2	2	
2	2	
2	2	
2	2	
9	10	

TOTAL

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

					Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		
Multiple Seizures	No (0)	Yes (19)			
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)		
Apgar Score	> = 7 (0)	< 7 (18)			
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
SGA	> 3rd percentile (0)	< 3rd (12)			
				Total	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Equipment check done

↓

cried immediately
Delayed cord clamping done ~60 sec

↓

Routine newborn care
Inj vit K given IM 0.5ml

↓

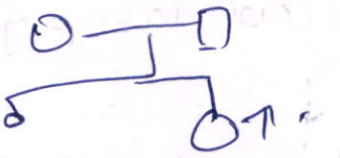
Shifted to mothers side

Investigation details in previous Hospital :

Feeding History :

P

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 140 RR : 40 NIBP : — CFT : <3sec

Color of the extremities : pink

Jaundice : — Pallor : — SpO2 : 98%.

ANTHROPOMETRY: Birth Weight : 2.78kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	
	Sutures	caput (+)
	Shape / Moulding :	
	Edema / Bruising :	
	Size - (H.C.) :	
FACIES : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion :	(N)
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	
	Red Reflex :	to be checked (N)
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	(N)
	Palate :	
	Gums :	
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	(N)
	Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape :	
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	2A + 1V
	Discharge :	
GENITILIA :	Labia / Hymen :	
	Testicles/penis :	
	Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes :	Arms / Legs :
	Deformities :	Mobility :
	Hip Joint Examination :	

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SYSTEMIC EXAMINATION

RE ...SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 40 SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : room air

SpO_2: 98% Auscultation: clear Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 140 BP : .....

Femoral Pulses : (+)

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : (-)

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : (N)

Palpation : (N)

Palpable masses : (-)

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : (+)

Umbilical Cord : 2A + 1V

First urine passed : ✓

Meconium passed : .....

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry / tone / activity - good

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

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Any ....

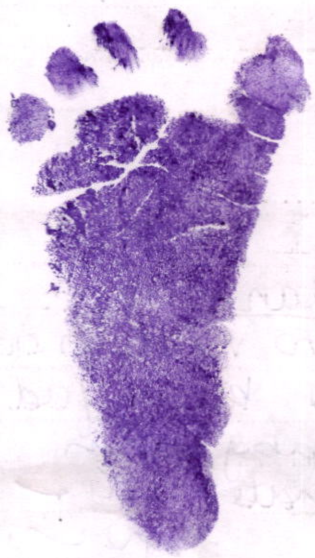
....

Diagnosis : Term/ Female/ AGA / G_2A_1 mother – no risk factor
NVD (caput

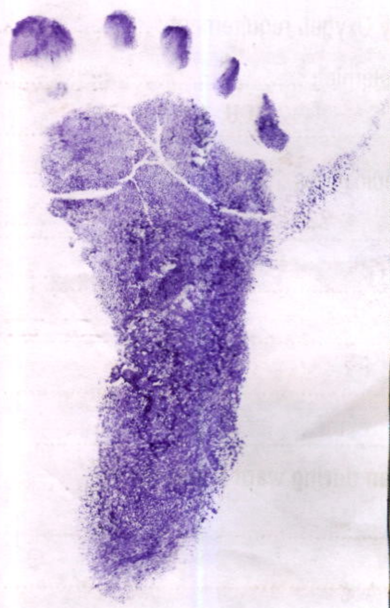
....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : ....

Name : ....

Date & Time : ....

Consultant :

Signature : .... DR. NALINIKANTA PANIGRAHY Registration No. ....

Name : ....

Date & Time : 21/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : ....
2. Name of the referring Hospital : ....

   Address : ....

   Contact Numbers : ....
3. Contact Details of the referring Doctor : ....

   Mobile No. : .... E-mail ID : ....
4. Name of the Doctor in Rainbow Team : ....

.... on whose name the patient is being referred.

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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Neonatal condition at the time of Transfer: .....

.....

.....

Vital : HR : ..... RR : ..... BP : ..... SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

Feeding Plan at the time of shifting : .....

.....

.....

Plan
① Shift to mothers side
② Initiate breast feeds
③ keep baby warm
④ Vaccinate - BCG ✓
- OPV ✓
- HepB ✓
⑤ send baby blood group-track
⑥ jaundice assessment at 24HOL
⑦ 48HOL - SBR + NBS
- OAE

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): .....

Doctor Name: Dr Aswaraya

Date & Time: 21/7/26

Doctor Signature (Handover Taken): .....

Doctor Name: .....

Date & Time: .....

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary				
3	Nursing Initial assessment				
4	Patient Transfer form				
5	In-patient Medical record				
6	Doctors progress sheets				
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for ~~MTP~~				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages				

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26, 8.10am	CB/B Resident	
	6HOL/ FCh/ 2786g/ NVD/ 38+5/ caput+/ No risk factors	
	Baby on room air Twt → 2749g. (1% ↓).	Plan
	M/O+ B/~~Trace~~ O+ U/ X M/ X	(1) Encourage DBF Q2H
		(2) warm care
	Euthermic - Pink Euvolemic cry tone activity } good	(3) vaccination today BCG OPV Hep B.
		(4) Trace baby bld group
		(5) Clinical Jaundice assessment @ 24 HOL
		(6) monitor vitals, U/O, motions, feeds
	Stable on RA.	Soluble
M/O+ B/O+	→ Pool latch. Urine - not passed. Meconium - passed.	→ Vaccination today.
	Dr. Gopika	A/D Sowbhagini

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/ 10 dm	Lactation notes:	
	- Peeni	
	- Well formed breast, nipples not completely everted.	
	- Baby is not sucking, sleeping at the breast even after continuous stimulation.	
	- Colostrum likely seen.	
	Advice:	
	- Direct breast feeding.	
	- To try feeding using nipple shield.	
	- Aim for deep latch as demonstrated.	
	- To feed in sitting position only.	

Dr Supreeth

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 3pm	Afternoon rounds	
		plan
	Baby on Roomair	1. DBf 2nd hourly, f/b Burping
	Accepting and feeding well	
		2. Warmth care
	Euthermic	3. BCG
	Cry	OPV } done today
	Tone } Good	Hepatitis B
	Activity	
	Sucking: Good	4. Clinical assessment of jaundice
	Passed urine & stool	@ 24 HOL
		Saiteja
		NB Seema
21/7/26 8AM	Seen by Dr. Hutha (DrNB resident)	
		Plan
	24 hrs TCBR - 9.8	
		1) Start SSPT ē eye, genetalia covered
		2) R/v SBR, NBS, OAE @ 48 HOL
		Dr. Hutha
		N.K. Pany 60785?

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 9:00am	C/S/B Dr. Soheb (Resident)	
	3/HOL/ FCH/ 2786g/ NVD/ 38+5/ caput+ / NO risk factors	
		Plan TCBR @ 24 HOL 9.6 mg/dl
	TWt → 2605g (6.4% ↓) 2749g → 2605g. (140g ↓)	① SSPT with eyes & genitals covered.
	M/O+ B/O+ U/4 ✓ M/7 ✓	
		② DBF 2nd hrly - Hb bumping +ff 15ml O2 H ~~OR 25ml~~
	Baby on room air ongoing phototherapy cry tone. activity } good. Euthemic. Euglycemic.	③ SBR / NBS / @ R/V after rounds
		④ Monitor U/O, feeds vitals
		Sohel
22/7 9:30 am	Lactation notes:	
	- Suck improved, Sucking well i nipple shield.	
	- colostrum bottel.	
	- continue i deep latch as demonstrated in cradle hold	
	- Make baby suck for 15-20 mins on each side.	Supply

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 2:00 pm	C/S/B Dr. Sohela (Resident).	
	35 HOL / FCh / 2786 / NVD / 38+5	Plan S/B NK Sir.
	C/O excessive cry after feed.	① Continue SSPT c̄ eyes & genitals covered.
	- continuous sucking	
	wt loss → 140g ∵ since birth	② DBF / measured feed 10-15 ml Q2H. f/b burping
	On phototherapy + SSPT (TCBR 9.6)	③ Monitor vitals.
	Inv i/o of excessive cry → Tone activity } good	④ SBR NBS OAE @ 48HOL (2am). follow up ~~to do 6am~~ Tlm
		Sohela
		(4-5 pm)
		~~SBR~~ SBR @ 4pm
		Discharge plan - ABR NBS / in f/u
22/7/26 2:00 pm	S/B Dr. NK Sir.	Plan
	DR. NALINIKANTA PANIGRAHY Registration No: TSMC/FMR/03605 (signature) 22/7/26	- SBR @ 4 p.m
		- Continue SSPT
		- DBF c̄ top up 10ml if excessive cry / till SSPT
		- ABS NBS } on follow up
		- d/c - To plan if SBR ≤ (ND). Sohela

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 3:30 pm	C/S/B Resident	Plan
	38 HOL / Fch / 2786 / NVD / 38th	① SSPT with eyes & genitals covered.
	Δ NNJ	
	on phototherapy.	② DBF 2nd hrly. C 10ml top up if baby cries excessively till SSPT continues)
M	O+	
B	O+ yellowish skin discoloration	
	Cry / Tone / activity } good	③ SBR @ 4 p.m
	Red Reflex (+)	
		④ NBS / ABR / on flu
		⑤ R/V discharge if SBR within range.
		⑥ Monitor vitals
		Solush NB Seema

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 8:00am	CIS/IB Resident	
	42HOL/FCH/2786/NVD/38+6.	
	D: NNJ	Plan. SBR - 9.9 < 0.1 / 9.8
	On photo therapy.	
	m/0f UV (8) ✓	① SSPT with eyes & genitals covered.
	B/0f m/(8)	
	T wt → 2611g (6.2% ↓) (2605 → 2611) (6g ↑)	② DBF and hrly ffb burping
	Euthermic	
	Euglycemic	
	cry	③ NBS, ABR on RIV.
	tone / activity / good	
	feeds	④ Plan d/c today (Saturday) soheb
	Femoral Pulses (+)	
	23/7/26 DR. NALINIKANTA PANIGRAHY Registration No: TSMC/EMR/039605	N/By Fyeda 10:30 Am

BAH-00662279 IP5-00176682
Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00662279 IP5-00176682
Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 1 H (F)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: ..... Mother's Name: Mrs. Anusha gande

Date of Birth: 21/7/26 Time of Birth: 1.48 Am Gender: ☐ Male ☑ Female

Birth Weight: 2.786 Kgs HC: 35 cm Lenght: 35 cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: ..... Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: ☑ Normal ☐ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: .....

Physical Assessment of New Born:

Temp: 97.5 F ℃ HR: 145 bpm /Min RR: 19 /Min BP: ..... SpO_2: 100 %

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** ..... (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☑ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: priya Signature: Date &Time: 21/7/26 @ 2pm

BAH-00662279 IPS-00176682
Baby Of ANUSHA GANDE
21-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

INT...DISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I:

Patient's / Learner Language: ..... 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
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/7/26	2pm	1,7	Infection control measur	P, I	1	—	—	1	—	Priya

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

BAH-00662279 IP5-00176682
Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 1 H (F)
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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
21/7/26	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Baby need DBF	DBF 2nd hourly	Warm Care	Priya	☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☑ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00662279 IP5-00176682
Baby Of ANUSHA GANDE
21-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:		21/7/26 2	6AM
Doctor/Nurse/Family Concern?		AM	
Temperature (F)	104		
	103		
20/7/26	102		
	101		
	100		
	99		
	98		97.2F
	97	97.5F	
	96		
	95		
	94		
Heart Rate (bpm) and Blood Pressure (mmHg) *	190		
	180		
	170		
	160		
	150		
	140		
	130	X	
	120		
	110		
	100		
Note: BP does not score in early warning scoring	90		
	80		
	70		
	60		
	50		
Heart Rate (Number)		145bpm	130bpm
Resp. Rate (bpm) (Over 1 Minute) *	70		
	60		
	50		
	40	X	
	30		
	20		
	10		
Resp Rate (Number)		40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min)			
O_2 Saturations (%)		99%	99%
Conscious Level: Normal / Altered			
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes		6	6
Pain Score		0	0
Observer's Initials			

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU 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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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

BAH-00662279 IP5-00176682
Baby Of ANUSHA GANDE
21-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 11:30 AM | 1PM | (9PM) | 10PM | 6AM

Doctor/Nurse/Family Concern?

21/7/26

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94
97°F | 97.7°F | 97.9°F | 98.8°F | 98.4°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
110 | 138

Note: BP does not score in early warning scoring

Heart Rate (Number): 110bpm | 138 | 130bpm | 120bpm | 125bpm

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10

Resp Rate (Number): 39bpm | 40bpm | 38bpm | 40/m | 40/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	95%	99%	98%	100%	99%
Conscious Level	Normal / Altered				
GCS *	14/15	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					

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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

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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)

BAH-00662279 IP5-00176682
Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 21 H (F)
Dr. NALINIKANTA PANIGRAHY

/ FRM / CLINICAL / 124

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

Pratiksha Rainbow Children's Hospital
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.Y WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10 AM	12:30 PM	6:30 PM	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?						

Temperature (F) — 22/7/26

104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

97.9°F | 98.2°F | 98.6°F | 97.5°F | 97.9°F

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

190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

140

(Parents Refused due to baby sleeping)

Note: BP does not score in early warning scoring

Heart Rate (Number)	140/min	130/min	128/min	136/min

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

70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	39/min	42/min	40/min	42/min

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min)					
O_2Saturations (%)	97%	100%	99%	100%	
Conscious Level	Normal / Altered				
GCS *	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	
Pain Score	0	0	0	0	
Observer's Initials					

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00662279 IPS-00176682
Baby Of ANUSHA GANDE
21-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

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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.

20/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
tal Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		DBF					1		1		
	03:00 am							N		N		
	04:00 am		DBF					P		P	nm	paiye pai paiy
	05:00 am											
	06:00 am		DBF					1		1	1	
	07:00 am											
Total Intake : TAKO						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	M-0 U-0

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Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 1 H (F)
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FLUID CHART

Rainbow® Children's Hospital
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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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7/26	08:00 am		DBM									
	09:00 am						✓					
	10:00 am										NIL	Soumya
	11:00 am		DBM									
	12:00 pm						✓			✓		
	01:00 pm		DBF									
Total Intake :						**Total Output :** m-2 u-1						
21/7	02:00 pm											
	03:00 pm		DBF									
	04:00 pm											
	05:00 pm		DBF								NIL	Seema
	06:00 pm											
	07:00 pm						✓			✓		
Total Intake :						**Total Output :** m-						
21/7	08:00 pm											
	09:00 pm		DBF									
	10:00 pm						✓			✓		
	11:00 pm										NIL	Priya
	12:00 am		DBF									
	01:00 am						✓					
Total Intake :						**Total Output :** m-2 u-1						
22/7	02:00 am											
	03:00 am		DBF				✓					
	04:00 am									✓		Priya
	05:00 am											
	06:00 am		DBF				✓				NIL	
	07:00 am											
Total Intake :						**Total Output :** m-2 u-1						

Total 24 hrs. Intake		Total 24 hrs. Output	m - 7 u - 4

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21-07-2026 0 Y 0 M 0 D 21 H (F)
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FLUID CHART

Sheet No. : 22/7/26

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		DBM									
	09:00 am						✓					
	10:00 am		DBM								NA	Sabitha
	11:00 am											
	12:00 pm						✓			✓		
	01:00 pm		DBM									
Total Intake :						**Total Output :** M-2 U-2						
	02:00 pm	F.F.	15ml									
	03:00 pm											
	04:00 pm		DBF				✓			✓		
	05:00 pm	F.F.	15ml								NA	Seema
	06:00 pm											
	07:00 pm		DBF									
tal Intake :						**Total Output :** M-1 U-1						
	08:00 pm	FF	28ml									
	09:00 pm											
	10:00 pm											
22/7	11:00 pm	~~DBF~~	DBF				✓			✓	NA	Kalyani
	12:00 am	FF	15ml									
	01:00 am						✓			✓		
Total Intake :						**Total Output :**						
	02:00 am	FF	30ml				✓					
	03:00 am									✓		
	04:00 am						✓			✓	NA	Kalyani
23/7	05:00 am	FF	30ml							✓		
	06:00 am											
	07:00 am						✓			✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	FF - 132ml DBM	Total 24 hrs. Output	M=8, U=9

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Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

FLUID CHART

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Sheet No. : .....

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		Dsm									
	09:00 am											
	10:00 am		FF.									
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby Of ANUSHA GANDE
21-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 21/7/26

Assessment: New Born Baby

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
2Am	=> TO Asses the Baby condition Monitor Vitals	2:30Am	=> Assed the Baby Condition Vitals checked & Recorded	Baby is Stable
3Am	=> DBF Every 2nd hourly	3:30Am	=> DBF given & Burping	
4Am	=> provide Warm Care	4:30Am	=> provided Warm Care	
5Am	=> Maintain I/O Chart	5:30Am	=> Maintained I/O Charting	
7Am	=> Ensure Safety	7:30Am	=> provided side rails	

Re-Assessment: Re-Assessment done Baby is stable

Special Notes: Tdap Vaccination

Nurse Signature: Priya Nurse Name: priya Date & Time: 21/7/26 @ 8Am

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby Of ANUSHA GANDE
21-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

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BirthRight™ BY RAINBOW HOSPITALS
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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 21/12/26

Assessment: Newborn baby for neonatal care

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
8AM	Assess to the baby condetion	8.45am	Assessed to the baby on sleep	
9AM	Maentaen t/o chart.	9.15am	Maentaend t/o chart.	
10AM	Monitor vitals	11am	Monitored vitall.	
11AM	plan to keep warm	12pm	provided warm care with covered. of cloth.	Baby well
12PM	plan to give feed every 2 hourd hrly.	12.20pm	provided feeding every 2 hrs 3rd hrly.	
1PM	vaccination today.	1.39pm	vaccination to be done today.	

Re-Assessment: Reassessment after 2 hr baby latching little bit.

Special Notes: ① vaccination today ② TCBR 24HOL

Nurse Signature: Nurse Name: Soubhagini Date & Time: 21/12/26 @ 2pm

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Baby Of ANUSHA GANDE
21-07-2026 0Y0M0D1H (F)
Dr. NALINIKANTA PANIGRAHY

NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 21/7/26

Assessment: Nasborn baby

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
2pm	* Assess the baby condition	2:30 pm	* Assessed the baby condition baby is stable.	* Baby is well
3pm	* plan to moniton vitals	3:10 pm	* monitor vitals stable.	
4pm	* plan to maintain IIo Chart.	4:20 pm	* maintain IIo chart	
5pm	* plan to vaccination	5:40 pm	* vaccination today done.	
7pm	* plan to warm care	7:30 pm	* provide warm care for baby.	
8pm	* plan to feeding 2-3rd hourly.	8pm	* Given feeding support 2-3rd hourly.	

Re-Assessment: provide warm care for baby

Special Notes: DCBR 24 Hours.

Nurse Signature: [signature] Nurse Name: Leena Date & Time: 21/7/2026 8p.m.

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 21 H (F)
Dr. NALINIKANTA PANIGRAHY

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NURSING CARE RECORD

Shift: ☐ Afternoon ☑ Night

Date: 21/7/26

Assessment: Newborn Baby assessment

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
8pm	=> Assess the Baby General Condition	8:10 pm	=> Assessed the Baby General Condition	Baby is stable
10pm	=> Assess the Baby vitals Signs	10:20 pm	=> Assessed the Baby vitals Signs	
12Am	=> To maintaine Ilo chart	12:10 Am	=> maintained Ilo Chart	
2Am	=> To provide warmth care	2:10 Am	=> provided warmth care	
4Am	=> To Establish for feeds	4:10 Am	=> Established for feeds	
6Am	=> Ensure Safty	6:20 Am	=> Ensure Safty	

Re-Assessment: Baby is taking feeds well

Special Notes: RBR Done · SSPT : Start : 2:30 Am

Nurse Signature: Nurse Name: Date & Time: 22/7/26 @ 8Am

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Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 21 H (F)
Dr. NALINIKANTA PANIGRAHY

NURSING CARE RECORD

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Shift: ☐ [illegible] on ☐ Night

Date: 22/7/26

Assessment: Newborn baby Under phototherapy related to Jaundice.

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
8AM	Assess to the baby condition	8.15 PM	Assessed to the baby on sleep	Baby well
9AM	Maintain I/O chart.	9.30 AM	Maintained I/O Chart.	
10AM	plan to keep warm care.	11AM	provided warm care under SSPT.	
12PM	plan to give feed DBM+Burping	12.20 PM	provided DBM + Burping every	
1PM	continue SSPT.	1.30 PM	continue SSPT.	
	plan to do SBR, NBS, OAE		SBR, NBS, OAE as per do. order.	

Re-Assessment: Reassessment after 2 hrs baby well

Special Notes: SBR, NBS, OAE

Nurse Signature: ..... Nurse Name: Soubhagini Date & Time: 22/07/26 @ 2p.m.

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Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 21 H (F)
Dr. NALINIKANTA PANIGRAHY

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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 22/7/26

Assessment: Neonatal Jaundice c SSPT

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
2pm	* Assess the baby condition	2:30 pm	* Assessed the baby condition baby is stable.	* Baby is well
3pm	* plan to moniton vitals	3:10 pm	* moniton vitals stable.	
4pm	* plan to maintain IVo chant.	4:20 pm	* Maintain IVo Chant	
5pm	* plan to SBR at 4pm	5:10 pm	* SBR done at 4pm	
6pm	* plan to c.t. SSPT	6:20 pm	* Baby sleeping cradled the SSPT	
7pm	* plan to warm care	7:5 pm	* provide warm care for baby.	
8pm	* plan to feeding 2-3ml hourly.	8pm	* Given feeding support 2-3ml hourly	

Re-Assessment: provide warm care for baby

Special Notes: NA

Nurse Signature: Nurse Name: Seema Date & Time: 22/7/26 @ 8 p.m.

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Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 0 D 21 H (F)
Dr. NALINIKANTA PANIGRAHY

NURSING CARE RECORD

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S ☐ Night Date: 22/7/26

Assessment: Yellowish discolouration of skin and eyes

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
8pm	→ To assess the general condition of the baby	8:10pm	→ Assessed the general condition of the baby	Baby is stable under SSPT
11pm	→ To monitor vital signs	11:30pm	→ Monitored vitals and recorded.	
1am	→ To continue SSPT	1:10am	→ Continues SSPT	Vitals normal
3am	→ To encourage oral intake	3:20am	→ DBF and PP every 2 to 3rd hrly	
5am	→ To maintain I/O chart	5:50am	→ Maintained I/O chart	
7am	→ To cover eyes and genital areas	7:05am	→ Covered eyes → genital areas	

Re-Assessment: After proper position, has good latching → sucking

Special Notes: Continue SSPT

Nurse Signature: Nurse Name: Kalyani Date & Time: 23/7 at 8am

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Baby Of ANUSHA GANDE
21-07-2026 0 Y 0 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

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