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 : IP5-00175988 **Admit Date** : 05-Jul-2026 **Admit Time** : 01:22 PM **UHID** : BAH-00660764

Patient Details :

Patient Name	: Baby Of NADIRA SHEMA SAMIA	**Age**	: 0 D
Guardian	: Mr SHEIKH HAROON ABDUL WAHEED	**DOB**	: 05-07-2026 12:45 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 19-4-274/1,NEAR ZOO PARK, BNK COLONY Bahadurpura Hyderabad Telangana INDIA 500064	**Phone No**	: 9347322062/ 9182918858
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-418-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-418-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SHEIKH HAROON ABDUL WAHEED **Relationship** : Father

Contact Address : H NO 19-4-274/1,NEAR ZOO PARK, BNK COLONY Bahadurpura Hyderabad Telangana INDIA 500064 **Phone No** : 9347322062 / 9182918858

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE **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	: 5/7/26	New Born Screening	:
Time of Birth	: 12:45pm	TFT	:
Mode of Delivery	: normal	OAE	:
Birth Weight	: 2.796kgs	Mother's Blood Group	:
Head Circumference	: 34cm	Baby's Blood Group	: 'A' positive
Length	: 49CM	Anomaly Scan	:
Red Reflex	:	Vaccination	: OPV, BCG, Hep-B done on Dt - 5/7/26 By. sis. Priti

Date	Weight	Type of Feed	Quantity	Temperature	Signature
5/7/26	2.796kgs	DBF	-	98.f°F	[signature]
5/7/26	2.737kg	-cocene/ wt	-	98.0°F	Seema
6/7/26	2.647kg	DBF	-	98.2°F	Divya

Date	Time	Investigation	Result	Order No.	Signature
5/7/26		Blood grouping		260672938	
6/7/26	9am	TCBR	6.6		

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... 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 nadira shema samiq

Gender : ☐M ☑F Blood Group : A+

Date of Birth : 5/7/26 Time of Birth : 12:45 pm

Place of Birth : RCH, Banjara hills

Mother's Blood Group : A positive

Birth Weight (gms) : 2796gm Length (cms) : 49

OFC (cms) : 34

Estimated Gesth Age : 37^{+4}

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31 year Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : 11/10/25 EDD : 22/7/26

Conception : Spontaneous or with Rx. : Spontaneous

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

Last Scans Details : 16/6/26 : 34^{+6} weeks, cephalic, AFI 13.2cm, Efw 2.39 kg

Doppler (N)

TT Immunization and Iron / Folic Acid : recieved

MATERNAL RISK FACTORS

Age : ☐<18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑No

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 : 13.2cm

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

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

-

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : TIFFA (N)

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

3..... P : ..1..... A : ..1..... L : ..1.....

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G1	6 week →	spontaneous			miscarriage	
G2	FT →	37+5 →	2 years	female → 2.7kg	NVD @ RCH.	A & H

PERINATAL HISTORY

Treating Obstetrician : Dr. Himabindu Veerla Hospital : RCH, BH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : ..... S.V.D .....

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	10/10	

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 checked
↓
Preheated warmer
↓
Delivered female baby through SVD
cried immediately after birth
↓
Delayed cord clamping done @ 60seconds
cord cut
↓
Inj. vitamin K 1mg IM STAT
↓
Routine care given
shift to mother side

Investigation details in previous Hospital :

Feeding History :

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Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 149/min RR : 49/min NIBP : ..... CFT : < 3sec

Color of the extremities : Acrocyanotic → pink

Jaundice : ..... Pallor : ..... SpO2 : .....

ANTHROPOMETRY: Birth Weight : ..... Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

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HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : Af 2cm x 2cm
Sutures
Shape / Moulding : NO moulding
Edema / Bruising :
Size - (H.C.) :

FACIES : (Any Facial Dysmorphism) : NO Dysmorphism

NECK and CLAVICLES :
Range of Motion :
Asymmetry : (N)
Masses :

EYES :
Symmetry :
Red Reflex : To be checked
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 :
Position of Nipples and Number : (N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : (N)
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : (N) External female genitalia
Anus :

HERNIAL ORIFICES : free

TRUNK and SPINE : (N)

SKIN LESIONS : NO

EXTREMETIES :
Fingers / Toes :
Deformities : (N)
Hip Joint Examination :
Arms / Legs :
Mobility :

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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 49/min 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 : .....

SpO_2: 99% RA Auscultation: Clear Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 146/min BP : .....

Femoral Pulses : well felb

Other Peripheral Pulses : palpable

Precordial Activity : No

Murmurs : No

Signs of Cardiac Failure : No

ABDOMEN:

Shape : (N)

Palpation : soft

Palpable masses : No

Abdominal girth : .....

Hernia orifice : free

Anal Patency : Patent

Umbilical Cord : 2 Artery, 1 vein

First urine passed : Not passed

Meconium passed : passed

NERVOUS SYSTEM:

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

State of wakefulness : (N)

Prechtle Score : .....

Nerves : .....

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : (N)

Neonatal Reflexes : .....

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

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

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

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Any C .....

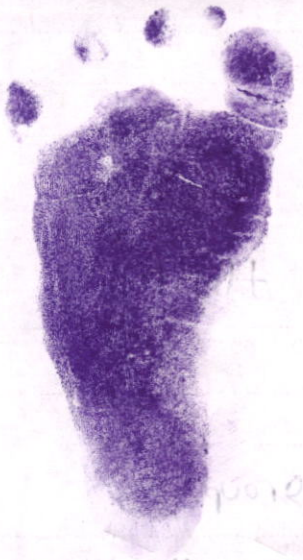
.....

Diagnosis : Perm| G3P1L1| 37+4| SVD| FCh| CIAB| 2·796 kg| AGA

.....

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Saiteja

Date & Time : 5/7/26

Consultant :

Signature : .....

Name : Dr. Kapil Bhagwatrao Sachane Reg. No: TSMC/FMR/19525

Date & Time : 06/07/2026

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

1. DBF every 2nd hourly tube Burping

2. Warmth Care

Plan during ward follow up : 3. Trace baby blood group

4. ✓ Vaccination BCG, OPV, HepatitisB today

5. ~~Heo~~ NRS
SBR
OAE
@ 4 & HOL

Feeding Plan at the time of shifting : 1:10 to 1:20 pm

6. Clinical assessment of jaundice

7. H/F urine passage

Screenings done during NICU Stay : 8. Vital monitoring 3rd hourly

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Dr. Saiteja

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

Doctor Name: ..... Doctor Name: .....

Date & Time: ..... 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	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
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	1			
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	2			
30	Intake and Out take chart (fluid chart)	1			
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	1			
38	Braden Q Scale	1			
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				
		1			
		2			
	Total No. of Pages	26			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 8/7/26

(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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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: Nadira shema Samia

Date of Birth: 5/7/26 Time of Birth: 12:45pm Gender: ☐ Male ☑ Female

Birth Weight: 2.796 Kgs HC: 34 cm Lenght: 49 cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: 'A' positive Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 1:10 to 1:20pm

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.1 ℃ HR: 142 /Min RR: 42 /Min BP: — SpO_2: 100%

Pain Score: 0 (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: Sandhya Signature: ..... Date &Time: 5/7/26 @ 1pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 5pm	Seen by Resident	
	4 HOL	Plan
	Baby on Room air Hemodynamically stable - Euthermic Cry Tone Activity } Good Sucking: Good passed stool twice not passed urine CRT <3 sec	1. DBF 2nd hourly f/b Burping 2. Clinical assessment of jaundice @ 24 HOL 3. NBS SBR OAE } @ 48 HOL 4. W/F passage of urine 5. Warmth care
	Vaccination: done	
		Noted by Shobha

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 a:00am	S/B Resident	
	20 HOL / Term / 37+4 / SVD / FCH / AGA / CIAB / 2.796 kg. Baby on room air / FCHs	
	M / A+ B / A+ M/V V/	Plan (1) DBF 2nd hrly Hb bursting
	Wt → 2.647 kg 5.3% ↓ Euthemic - Pruic Euglycemic - ~~ABBA~~	(2) warm care
	cry Tone activity } good femoral Pulses (+) Peripheries warm. spine - (N)	(3) NBS SBR OAE } T/M 12 pm (6) vitals to monitor Soluble Plan discharge - TCBR - 6.6 - TO F/U on wednesday to do SBR NBS OAE } on F/U. Soluble

Dr, Kapil Bhagwatrao Sachane
Reg. No: TSMC/FMR/19525

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 10am	Lactation Note :	
	- Well formed breast and nipples	
	- colostrum seen	
	- Latch & Suck good .	
	Advice :	
	- Direct breast feeding	
	- Aim for deep latch as demonstrated in cradle / cross cradle hold .	
	- Make baby suck for 15-20 mins on each side	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diag... Newborn baby

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
5/7/26	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	* DBF	* Bursping	* To provide warm care		☐ 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:

Patient Sticker

INTERDISCIPLINARY 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		
5/7/26	6 pm	7	Infection contol measure	pt	4	D	4	4	NA	

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-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

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: 5/7/26 Time:	7pm	3pm	6pm	10pm	6am
Doctor/Nurse/Family Concern?					
Temperature (F)	98.6F	98.2F		98.0F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) *	147	142		120bpm	130bpm
Heart Rate (Number)	147	142		120bpm	130bpm
Resp. Rate (bpm) (Over 1 Minute) *	42	41		40bpm	40bpm
Resp Rate (Number)	42	41		40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	100%	100		100%	99%
Conscious Level: Normal / Altered		NE/15			
GCS *				15/15	15/15
TOTAL SCORE Number of shaded boxes		0		0	0
Pain Score	0	0		0	0
Observer's Initials					

Released baby along with mother

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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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-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

: 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

6/7/26

Parameter	Observation 1
Date: .... Time:	11AM
Doctor/Nurse/Family Concern?	
Temperature (F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50) Note: BP does not score in early warning scoring	
Heart Rate (Number)	123/min
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	
Resp Rate (Number)	40
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	97%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

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.

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

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FLUID CHART

Sheet No. : 5/7/26

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.

		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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm						✓			NP		
	01:00 pm		DBF				✓			NP		Shobh
Total Intake :						**Total Output :** m-1 U-0						
	02:00 pm										1	Shobh
	03:00 pm		DBF				✓				NO	
	04:00 pm											
	05:00 pm		DBF				✓			NP	PV	
	06:00 pm										1	Shobh
	07:00 pm											
Total Intake :						**Total Output :** m-02 U-0						
	08:00 pm											
	09:00 pm		DBF							✓		
	10:00 pm										NA	Dilip
	11:00 pm						✓					
	12:00 am		DBF									
	01:00 am											
Total Intake :						**Total Output :** m-1 U-1						
	02:00 am											
	03:00 am											
	04:00 am		DBF				✓					
	05:00 am										NA	Dilip
	06:00 am		DBF							✓		
	07:00 am											
Total Intake :						**Total Output :** m-1 U-1						

Total 24 hrs. Intake		Total 24 hrs. Output	m- 5 U- 2

BAH-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

FLUID CHART

Rainbow® Children's Hospital
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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							
6/7/26	08:00 am											
	09:00 am		DBM									
	10:00 am										m	
	11:00 am											
	12:00 pm		DBM									
	01:00 pm											
Total Intake :						**Total Output :** m - U-						
	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**	

BAH-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0Y0M0D0H (F)
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NURSING CARE RECORD

Rainbow® Children's Hospital
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Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 5/7/26

Assessment: Newborn

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 3pm 4pm 5pm 1pm	✓ Assess the general condition of the Baby ✓ monitor vitals ✓ DBF & Burping Ensure Safety	2:10 PM 3:10 PM 4:30 PM 5PM 7:10 PM	✓ Assessed the general condition of the Baby ✓ monitored vitals ✓ DBF & Burping 2nd hourly Done Ensure Safety provided	✓ Baby is stable

Re-Assessment: Re Assessment done and hourly

Special Notes: NA

Nurse Signature: S Nurse Name: Sandhya Date & Time: 5/7/26 8PM

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

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

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 06/7/26

Assessment: New born Baby 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
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 I/O chart	12:10 Am	=> maintained I/O chart	
4Am	→ To Establishe feeds	4:10 Am	=> Established feeds	
6Am	=> To provide warmth care	6:10 Am	=> provide warmth care	

Re-Assessment: Baby is Stable

Special Notes: TCBR, 24 hours SBR, NBS, OAE: 48 hrs

Nurse Signature: [signature] Nurse Name: Divya Date & Time: 06/7/26 @ 8Am

BAH-00660764 IP5-0017598
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr Kapil Department: OBG Date of Admission: 5/7/26

SITUATION

Diagnosis: New Born Baby

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	NICU-III 8am to 2pm	3rd floor 8pm				
Medical Condition (Any special condition to be noted):	NA	NB				

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.1°F	98.0°F				
Res:	42b/m	40b/m				
SpO_2:	100%.	100%.				
Pulse:	147b/m	130 b/m				
BP:	—	—				
Fall Risk Score:	0	0				
Pain Score:	0	0				

Recommendations

Safety Needs:	Crib care	yes				
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA				
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA				
Post Operative Procedure Special Orders:	NA	NA				
Handed Over By Name :	Sandhya	Deepti				
Signature :						
Date:	5/7/26	6/7/26				
Time:	8pm	8Am				
Taken Over By Name :	Deepti	Soubhagini				
Signature :						
Date:	5/7/26	6/7/26				
Time:	8pm	8Am				

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

BAH-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 5/7/26 6/7/26		
					Time : 8pm 8pm 8AM		
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.	2	2	
"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.	1	1	
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.	2	2	
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.	2	2	
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."	2	2	
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	
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	
				TOTAL SCORE	16	16	
				Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0Y0M0D0H (F)
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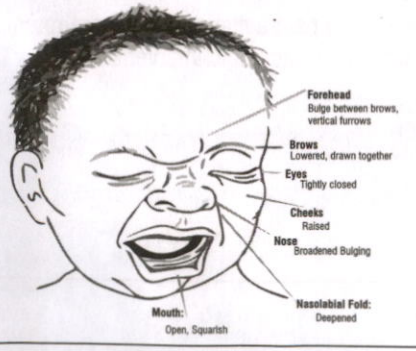
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						5/7/26	6/7							
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						3pm	8AM							
					Procedure ➡									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0							
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0							
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0							
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0							
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0							



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age	37+4 wks	37+4 weeks												
Total Pain / Agitation Score	0	0												
Intervention	NA	NA												
Effectiveness	NA	NA												
Signature														

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

BAH-00660764 IP5-00175988
Baby Of NADIRA SHEMA SAMIA
05-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. KAPIL BHAGWATRAO SACHANE

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 5/7	DATE 6/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	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			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3			
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2			
	More than 48 hours/ None	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			
	Total		15	15			

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

	Bed in low position		X	X			
	Call device within reach		X	X			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		✓	✓			
	Wheel chair support		X	X			
	Other Intervention(s) Specify		X	X			
	Nurse's Name:		Sandhya				
	Signature:						
	Date:		5/7/26	6/7			
	Time:		8 pm	8 AM			

Docu. No. : RCHBH /FRM / CLINICAL / 005

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DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 7/5/26

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	Need Assistance
☐ 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: Hand Hygiene
   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: .....
Nurse Name: Sandhya
Date and Time: 5/7/26 8 AM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00660764 IP5-00175988 Baby Of NADIRA SHEMA SAMIA 05-07-2026 0 Y 0 M 0 D 0 H (F) Dr. KAPIL BHAGWATRAO SACHANE	5/7/26 @ 1:22 PM	5/7/26 @ 4:00 pm
	Transfer Ordered by Dr Kapil	Reason for Transfer observation
From Unit BB - IN	To Unit 2nd floor Room No[ ]	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File - 25 -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐	Patient shifted with ID band: Yes ☐ No ☐
Number of Imaging Films	If Yes, what?	If No: .....

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Gs Shobey.	Dr Kapil

Patient & Clinical Records Received by : Seema 5/7/26 @ 4:30 pm

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