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 : IP5-00176267 **Admit Date** : 11-Jul-2026 **Admit Time** : 02:36 PM **UHID** : BAH-00660828

Patient Details :

Patient Name	: Baby Of SHRUTHI KEERTHANA	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr LINGAMOLL BENKAIAH RAJU	**DOB**	: 06-07-2026 11:40 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 802, BLOCK F, SRI ADITYA ANTENA, OU COLONY Golconda Hyderabad Telangana INDIA 500008	**Phone No**	: 9030230442/ 7207499996
		E-mail	: nomail@gmail.com

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 316 **Ward Name** : 3F-ZONE A

Room No : DLX 316 **Admission Type** : First Visit

Contact Details :

Name : Mr LINGAMOLL BENKAIAH RAJU **Relationship** : Father

Contact Address : FLAT NO 802, BLOCK F, SRI ADITYA ANTENA, OU COLONY Golconda Hyderabad Telangana INDIA 500008 **Phone No** : 9030230442

Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
08-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

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Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth : .....
Time of Birth : .....
Mode of Delivery : .....
Birth Weight : .....
Head Circumference : .....
Length : .....
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : .....
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination : .....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
11/7/26	LBW 3.535 kgs	DBF	-	97.8°F	Jessie
12/7/26	3.521 kgs	DBF	-	97.6F	Sneha

Date	Time	Investigation	Result	Order No.	Signature

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : ___

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Baby Of SHRUTHI KEERTHANA
06-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

_____ Dept : _____

Date of Admission: _____ Time : _____ : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	3:10pm	ER	316	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1.	SSPT	3:48pm		9698108	Jessie

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
06-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA (M)
06-07-2026 0 Y 0 M 5 D
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 3.5kg (Centile _____)

On Examination :

Temperature : 98.2°f Pulse Rate : 140 b/m B.P. _____ SPO2 100% RA

Resp.rate and type of breathing : 42 br/min

Icterus (+) (upto abdomen)

Rash

Lymphadenopathy (-)

Oedema :

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AEE, Clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, Non distended

Ausculation :

Spine : External Genitelia :

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

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
06-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton : WNL

Tone: WNL Power WNL

Co-ordinator : WNL

Posture : WNL

Involuntary Movements : WNL

Reflexes :

DTR WNL **Superficials:** WNL

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Neonatal Jaundice

(P.T.O.)

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
06-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: - Bilirubin induced encephalopathy
- Kernicterus.

Desired goals of the treatment :
Hemodynamic stability

Planned Labs:

T/M SBR after rounds

Planned Management

- SSPT c̄ eyes & genitals
- vit-d drops
- DBF ad lib F/b burping q 2-3 hours
- clean & warm care
- vitals & Temp charting.

N/D Renuka 11/07/25

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Nandan
Date & Time: 11/07/2026, 2:40PM

Signature of the Consultant: [signature]
Name of the Consultant:
Date & Time:

DR. DINESH KUMAR CHIRLA
Registration No: 66227

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
08-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 4.30pm	C/S/B Resident.	
	Δ: Neonatal Jaundice	
	6DOL | Term | 38+4 | AGA | LSCS | CIAB | 3568	
	yellowish discolouration of skin and eyes	Plan: SBR – 15.9mg (D-0.1)
	M | AT / B | O+ M | ✓ / U | ✓	SSPT → eyes genital covered.
	Bwt – 3568 g	① DBF measured f/b burping 2nd - 3rd hrly. + FF 40ml 2nd hrly / 60ml 3rd hrly
	Twt – 3535 g.	② clean & warm baby care
	Feeding well	
	Euthermic	③ Vit D3 drops 0.5ml
	Euglycemic	
	Cry, tone, activity } good	④ SSPT & eyes & genitals covered
	peripheries warm CRT <3sec	⑤ Monitor vitals, feeds I/O during phototherapy.
		Soluble.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 8AM	Morning Rounds	
	JSSPT, SBR-15.9.	
		Plan
	Euthermic	① SBR @ 2PM
	vitally stable	② F/U on wednesday
	C/T/A good	③ cont DBF c/b bursping + FF (SOS)
		④ cont SSPT

DR. DINESH KUMAR CHIRLA
Registration No: 66227

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

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Baby Of SHRUTHI KEERTHANA
08-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

Patient S

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient St

BAH-00660828 IP5-00176267
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Nandan

Date & Time : 11/07/2026, 2.45 PM

Nurse Name & Signature: Renuka

Date & Time : 11/07/26, 2:50 PM

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DRUG CHART

Date of Admission: 21/07/2026 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As required Medication)

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

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

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

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

REGULAR PRESCRIPTIONS Weight. 3.5kg Ward. ....

DRUG : DROP. VIT - D3				Date ▸ Time ▾	11/7
Dose	Route	Frequency	Start Date		
0.5ml	PO	OD	11/07/2026		
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan				10pm	[signature]
Additional Instructions: 800 IU/ml					
Daily Doctor's Endorsement by a Sign					

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

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

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

Dr. DINESH KUMAR CHIRLA

IP5-00176267 BAH-00660828

Weight. .... Ward. ....

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Dr. DINESH KUMAR CHIRLA

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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Baby Of SHRUTHI KEERTHANA
08-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

11/7/26

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/7/26

Time:	5:30 pm	7:30 pm	9 pm	3 AM	6 AM
Doctor/Nurse/Family Concern?					
Temperature (F) (104–94)	97.8F	Refused	Refused	Refused	97.5F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	140 (plotted)				145 (plotted)
Heart Rate (Number)	140/min				145 bpm
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	40 (plotted)				45 (plotted)
Resp Rate (Number)	40 b/m				45 b/min
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%				98%
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0		0	0
Pain Score	0	0		0	0
Observer's Initials	[illegible]	[illegible]		[illegible]	[illegible]

Note: BP does not score in early warning scoring

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)

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Baby Of SHRUTHI KEERTHANA
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Dr. DINESH KUMAR CHIRLA

Pa 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: 12/7/26 Time: 10AM

Doctor/Nurse/Family Concern?

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94

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)

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

Resp Rate (Number)

Resp Distress: Mod/ Severe / None / Mild

Receiving O_2 (l/min)

O_2 Saturations (%)

Conscious Level: Normal / Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Pati

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Dr. DINESH KUMAR CHIRLA

11/7/26

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: 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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	|									|	[illegible]
	03:00 pm	|	DBF				✓			✓	|	Jessie
	04:00 pm	|									NA	Jessie
	05:00 pm	NA					✓			✓		Jessie
	06:00 pm	|	EBM	45ml			✓			✓	|	Jessie
	07:00 pm	|					✓			✓	|	Jessie
Total Intake :						**Total Output :**				U-3	M-3	
	08:00 pm	|									|	Such
	09:00 pm	|	DBF				✓			✓		Such
	10:00 pm	NA								✓	slow	Such
	11:00 pm	|	DBF				✓			✓	cont	Such
	12:00 am	|									|	Such
	01:00 am		EBM							✓		Such
Total Intake :						**Total Output :**				U-2	M-4	
	02:00 am	|									|	Such
	03:00 am	|	DBF				✓			✓		Such
	04:00 am	NA									No	Such
	05:00 am	|	DBF							✓	Wards	Such
	06:00 am	|					✓			✓	|	Such
	07:00 am	|	DBF									Such
Total Intake :						**Total Output :**				U-2	M-3	

Total 24 hrs. Intake		Total 24 hrs. Output	U-7 M-10

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
08-07-2026 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : (2) 12/7/26

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.
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										1	Sumi
	09:00 am		EDM-M								2	Sumi
	10:00 am										IV	Sumi
	11:00 am										Canula	Sumi
	12:00 pm										1	Sumi
	01:00 pm											Sumi
Total Intake :								**Total Output :** U – M –				
	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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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 11/7/26

Assessment: Baby having discomfort

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
3:30 pm	→ Assess the baby general condition	4pm	→ Assessed the baby general condition	Baby is stable now
4:15 pm	→ Assess the baby vitals	4:30 pm	→ Assessed the baby vitals	
5pm	→ Assess the baby in a comfor-table position	5:30 pm	→ Assessed the baby in a Comfortable position	
6:30 pm	→ Assess the Baby SSPT	7pm	→ Assessed the SSPT	
7:30pm	→ Provide baby hygine	8pm	→ Provided baby hygine	

Re-Assessment: Baby is stable

Special Notes: T/m after rounds SBR.

Nurse Signature: Nurse Name: Jessie @ 90105 77 Date & Time: 11/7/26 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 11/7/26

Assessment: Baby is under 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
8pm	* Assess the baby conditon and vitals check	8:30 pm	* Assessed the baby conditon and vitals checked	* now baby conditon is stable
10pm	* monitor the Flo chart	10:30 pm	* monitored the Flo chart	
12am	* provide warm care	12:30 am	* provided warm care	
3am	* SSPT continues	3:30 am	* every 2-3 hourly DBFA EBM given	
6am	* Every 2-3 hourly DBFA EBM	6:30 am	* Ensured Safety	
7am	* Ensure Safety	7:30 am		

Re-Assessment: Assess the baby conditon now it's stable

Special Notes: nill

Nurse Signature: Sneha Nurse Name: Sneha - 607635 Date & Time: 11/7/26 @ 8pm

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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IP5-00176267 ... (M)

Assessment: .....

Date: 12/7/26

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
8AM	→ Assess the Baby condition.	8AM	→ Assessed the Baby condition.	Baby is stable
10AM	→ vital chart maintain	10AM	→ vital chart maintained	
	→ Ensure safety		→ Ensured safety	
	→ 2nd hourly feeding		→ warm care	

Re-Assessment: .....

Baby is stable

Special Notes: .....

SBR 2PM Today

Nurse Signature: S ..... Nurse Name: Selvamani ..... Date & Time: 12/7/26

Docu. No: RCHBH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD

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Your Right...

Shift: ☐ Morning ☐ Afternoon ☐ Night

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

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

BAH-00660828 IP5-00176267
Baby Of SHRUTHI KEERTHANA
06-07-2025 0 Y 0 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

Patient

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Dinesh Kumar Department: — Date of Admission: 11/7/25.

SITUATION

Diagnosis: NNJ

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

BACKGROUND

Area / Shift Time	ER 3:05p-	3rd floor 3pm-8pm	3rd floor Spontaneous	3rd Floor 8AM-8PM		
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		

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:	98.4°F	98.2°F	98.4°F	98°F		
Res:	42 bpm	40 bpm	42 bpm	38 bpm		
SpO_2:	100 %	100 %	99 %	99 %		
Pulse:	140 bpm	140 bpm	144 bpm	138 bpm		
BP:	—	—	—	—		
Fall Risk Score:	13	13	16	16		
Pain Score:	0/10	0/10	0/10	0/10		

Recommendations

Safety Needs:	side rail	Cribe cose	Cribe Case	Cribe case		
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	NA	NA		
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA		
Post Operative Procedure Special Orders:	NA	NA	NA	NA		
Handed Over By Name :	Renuka	Jessie	Sneha	Sumanth		
Signature :			Sneha			
Date:	11/7/26	11/7/26	12/7/26	12/7/26		
Time:	3:10pm	8pm	8pm			
Taken Over By Name :	Sangeetha	Sneha	Sumanth			
Signature :						
Date:	11/7	11/7/26	12/7/26			
Time:	3:15pm	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):						
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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:						

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THE HUMPTY DUMPTY SCALE

AMETER	CRITERIA	SCORE	DATE 11/7	DATE 12/7	DATE	DATE	DATE
Ag	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	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2	2	2			
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
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		13	13			

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

	Bed in low position		Yes	Yes			
	Call device within reach		Yes	Yes			
	Wheels Locked		Yes	Yes			
	Room free of clutter		Yes	Yes			
	Adequate Lighting		Yes	Yes			
	Wheel Chair Support		NO	NO			
	Other Intervention(s) Specify		NO	NO			
	Nurse's Name :		RENUKA	Sunita			
	Signature :			Sunita			
	Date :		11/7/26	12/7/26			
	Time :		2:55P	8am			

Docu. No. RCHBH / FRM / CLINICAL / 005

BRADEN 'Q' SCALE

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					Date :	11/2/26	12/2/26	
					Time :	2:45 PM	8 AM	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	
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.		4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	
					TOTAL SCORE	28	28	
					Evaluator's Name	Renu	Sruthi	

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

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Baby of Shruthi Keerthana Mother's Name: Shruthi Keerthana

Date of Birth: 6/7/26 Time of Birth: 11:40 a.m. Gender: ☑ Male ☐ Female

Birth Weight: 3.568 Kgs HC: ..... cm Lenght: ..... cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: A+ve Baby: O+ve

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: 98.4°F °C HR: 140b/m /Min RR: 42b/m /Min BP: – SpO_2: 100 %.

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 13 (Fill the Humpty Dumpty Sheet)

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

viour 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: Jessie Signature: ..... Date &Time: 11/7/26 @ 3:45 pm

Docu. No. : RCHBH /FRM / CLINICAL / 144

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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: Doctors order

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	No Need Assessment
☐ 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 hygine
   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: .....

Nurse Name: Jessie

Date and Time: 11/7/26 @ 3:45pm

PATIENT TRANSFER FORM

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00660828 IP5-00176267 Baby Of SHRUTHI KEERTHANA 08-07-2026 0 Y 0 M 5 D (M) Dr. DINESH KUMAR CHIRLA	11/7/26 @ 2:36pm.	11/7/26 @ 3:10pm
	Transfer Ordered by Dr Ramakrishna	Reason for Transfer Admission
From Unit ER	To Unit 316.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films NO	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ op file If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
NR. Renuka.	Dr- Ramakrishna.

Patient & Clinical Records Received by : Jessie

Date & Time of Patient Received : 11/7/26 @ 3:15pm

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

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Baby Of SHRUTHI KEERTHANA
06-07-2026 0 Y 0 M 6 D (M)
Dr. DINESH KUMAR CHIRLA

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part -

Patient's / Learner Language: ..... English ..... Patient / Learner Literacy: ☑ Read ☑ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
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		
6/7/26	2:45pm	7	Infection control measures	M	4	O	1	1	—	Female

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

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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
11/7/26 2:45p	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	NNT	+1 stability	phototherapy	Nandan	☐ Nursing ☑ Others:
11/7/26 2:46p	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	NNJ	H-stability	Phothorethy	Renuka	☑ 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: