

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176153

Admit Date : 09-Jul-2026

Admit Time : 02:02 PM UHID : BAH-00661118

Patient Details :

Patient Name : Baby Of AKANKSHA SINGH

Age : 0 D

Guardian : Mr AVINASH KUMAR

DOB : 09-07-2026 01:22 PM

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : DSP OFFICE Bhainsa Adilabad Telangana
INDIA 504103

Phone No : 7033949266

E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : BASINET

Bed No : CRDL-SUITE424-1

Ward Name : 4F-BIRTHRIGHT
PREMIUM

Room No : CRDL-SUITE424-1

Admission Type : First Visit

Contact Details :

Name : Mr AVINASH KUMAR

Relationship : Father

Contact Address : DSP OFFICE Bhainsa Adilabad Telangana
INDIA 504103

Phone No : / 7033949266


Signature

Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI

Specialisation : NEONATOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

Date of Birth	9/7/26
Time of Birth	1:22 pm
Mode of Delivery	VD
Birth Weight	3.484 kg
Head Circumference	34 cms
Length	50 cms
Red Reflex	

New Born Screening	:	
TFT	:	
OAE	:	
Mother's Blood Group	:	 <i>otve</i>
Baby's Blood Group	:	
Anomaly Scan	:	
Vaccination	:	 <i>(RSV-given-10/11/2019)</i>

can (RSV - given 10/2/26)
opriv (C, Hep - m given 9/17/26)
Name =

Docu. No. : RCHBH /FRM / CLINICAL / 132

[illegible]

BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. FAISAL B NAHDI



IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : P 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 - Akanksha Singh Mother's Blood Group : O + ve
Gender : ☐ M ☒ F Blood Group : Birth Weight (gms) : 3484 gm Length (cms) :
Date of Birth : 9/7/26 Time of Birth : 01:22 PM OFC (cms) :
Place of Birth : RCH, BT Estimated Gesth Age : 39+3 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 36 yrs Ht : 160 cm Wt : 69.4 BMI : Married Life : LMP : 10/10/25 EDD : 13/7/26

Conception : Spontaneous or with Rx :

Booked at what GA : AN Steroids Drugs / Doses :

Last Scans Details : 39+2 wks - Cephalic - 3629 gm, AC - 31 (C)
APF - 14.7, placenta - Ant High, dop Me - (N)
TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ < 18 yrs ☐ > 35 yrs

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 Resistance / ADEF / REDF /
Redistribution in MCA) / Ductus Venosus :

AFI :

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

Controlled or not, recent values, HbA1 values :

Compliance with Rx :

Scans : LGA, TIFFA , Fetal Echo :

H/o Hypothyroidism : when diagnosed ? Medication?

Any other Chronic Medical Problems, when detected
drugs ? gest - thrombocytopenia
(Anemia, SLE, Jaundice, CHD, Heart Disease) Clot p1 + 1.26L

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 :



PAST OBSTETRIC HISTORY

2 P: 1 A: L: 1

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1.	2025	- AVO,	3.042kg,	Mch	HEA	8
2.	PP					

PERINATAL HISTORY

Treating Obstetrician : Dr. Praveen Reddy Hospital : RCH Bangalore ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication :

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☒ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitation : ☐ 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	2	2
2	2	2
9/10	10/10	10/10

TOTAL

Snapee II Score

Score

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

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

G2P1 L1 / 39⁺3 wks / gest thrombocytopenia / in Early Labor



History of Present Illness:

Baby delivered by SVD
↓
Cried soon after birth, Dec force
↓
Routine care given
↓
Ig vit K 0.5 ml IM given
↓
Shifted to mother's side

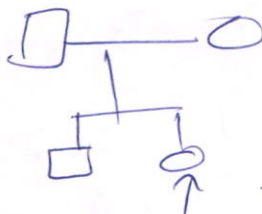
Investigation details in previous Hospital :

Feeding History :



Past History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Pink, wainy

VITALS : Temperature : 36.5°C HR : 156/min RR : 42/min NIBP : CFT : 2 sec

Color of the extremities : Pink

Jaundice : Pallor : SpO2 :

ANTHROPOMETRY: Birth Weight : 3489g Length : HC : Present Weight : 3g

Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	AF flat (N)
FACIES : (Any Facial Dysmorphism)		No dysmorphism
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	To be checked
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	(N)
GENITALIA :	Labia / Hymen : Testicles/penis : Anus :	Female external genitalia
HERNIAL ORIFICES		(N)
TRUNK and SPINE :		(N)
SKIN LESIONS :		Nil
EXTREMITIES :	Fingers / Toes : Deformities : Hip Joint Examination :	Arms / Legs : Mobility : (N)



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: SCR / ICR / See - Saw breathing :

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

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

Settings :

SpO₂: Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 156/min BP :

Precordial Activity :

Femoral Pulses :

Murmurs : NAM .

Other Peripheral Pulses :

Signs of Cardiac Failure :

ABDOMEN:

Shape :

Hernia orifice :

Palpation : (N)

Anal Patency : (+)

Palpable masses :

Umbilical Cord : 2A, 1V (+)

Abdominal girth :

First urine passed : not passed

Meconium passed : not passed

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : Term 39^{W3} wks. SVD 1Fch 13.4kg
C1A3 / maternal - gestational
Thrombocytopaenia

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Pavoni

Name : Pavoni

Date & Time : 9/7/26

Consultant :

Signature : M.F.N. M. Fennel

Name : M. Fennel

Date & Time : 9/07/2026 5.30pm

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.



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

- warm care
- DBF 2nd hly → burping
- BCLT/OPVT Hep B - today
- send cord blood for B.C
- clinical assessment of jaundice @ 24 Hrs
- Monitor vitals

Plan during ward follow up :

Feeding Plan at the time of shifting :

1st fed time - 1:30 pm to 1:45 pm

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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

Doctor Name: Pawan Doctor Name:

Date & Time: 9/7/26 Date & Time:

BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. FAISAL B NAHDI



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

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Your Right to a Safe Delivery

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo Akanksha Singh Mother's Name: Mrs. Akanksha Singh
Date of Birth: 9/7/26 Time of Birth: 1:22 pm Gender: ☐ Male ☒ Female
Birth Weight: 3.484 Kgs HC: 34 cm Length: 50 cm
Meconium in Liquor: ☐ Yes ☒ No Cried at Birth: ☒ Yes ☐ No
Term / Pre-term / Post-term:
Resuscitated: ☐ Yes ☒ No Blood Group: Mother: ONE Baby:
Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time: 1:30 pm to 1:45 pm

AFFIX MOTHER'S
IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 98.2 °C HR: 142 /Min RR: 42 /Min BP: SpO₂:

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☒ No Score: 16 (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: Ashwina

Signature: Ashwina

Date & Time: 9/7/26

BAH-00661118 IP5-00176153
 Baby Of AKANKSHA SINGH
 09-07-2026 0 Y 0 M 0 D 1 H (F)
 Dr. FAISAL B NAHDI



MULTI-DISCIPLINARY PLAN OF CARE FORM

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 Hospital
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Diagnosis:

New born baby case

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:
<i>9/7/26</i>	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	<i>Baby is crying</i>	<i>DBF</i>	<i>provided warm care given</i>	<i>[Signature]</i>	☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00661118
Baby Of AKANKSHA SINGH
09-07-2026
Dr. FAISAL B NAHDI
IP5-0017613
0 Y 0 M 0 D 1 H (F)

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 | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 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		
9/7/26	2pm	7	Infection Control Measures	M, F	1	0	1	1	-	Ashwini

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:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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Understanding:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
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Date & Time	Progress Notes	Doctor's Order
	8/13/13 Bland	
End cath? 9/10/13 (5:30pm)	Cord @ NB Cord well Extremes / Anhydrotic Cord @ 11	Encourage feeding well by 2-3 hrs
9/17/13 5:30pm	ca Baby on room air hemodynamically Stable C/T/A - good peripheries - warm puccel urine UC - clean vaccination - ✓	Plan - warm care → SDR 0 th hly → tracking → Trace BCG → clinical assessment of jaundice @ 24 H.O.L. C 1:30pm - 11m → SDR / NBS / OAE @ 48 H.O.L. → Monitor temp / vitals - 04 Hly.
		Parent NB by Ash



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/07 8pm	Lactation notes mother motivated to feed and comfortable with feed, the mother has had a pleasant breastfeeding experience, good latch and well formed nipple with flow of colostrum seen. No intervention needed as of now. <u>Shreya Praditula</u>	
10/07/26 8:30pm	<u>CLS/B-Resident</u>	
M/D M/Time	2040 L / SVD / Fch / 3.48kg Baby on room air hemodynamically Stable C/T/A - good passed - urine / stool - on DBF T wgt - 3.277kg 6% wgt loss BCu / OPV / HepB ✓	<u>Plan</u> → warm care → DBF - 2nd hly - sleeping → clinical assessment of jaundice @ 1pm → monitor vitals/ temp → SBR / NBS / OAG @ 48h L
		<u>Pam</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26	Centd Clug mil.	
10/7/26	day 0+ tw day 1+ tw	TCBR at 1pm (24h of 4h)
10/7/26	mother / baby	- Continue scan - evening wt check - RSV vaccine (50mg) today
10/7/26 5:00pm	CS/B Resident	(given 10/7/26) (14h)
28 HOL / SVD / Feb / 3481 / 39+3		CIAB / Mat. Thrombocytopenia
Baby on room air		Plan TCBR-4.7 @ 28 HOL
M / OT B / A+	M / L V / V	① DBF 2nd hly flb burping ② clinical Jaundice assessment ③ Monitor vitals ④ SBR } 48 HOL @ 1:00pm - NBS } T/m - OAE }
Twt → 3.277 kg		
key Tone activity	3.290 kg @ 12pm good.	
		Solih
		NB by Ashwita



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Date & Time	Progress Notes	Doctor's Order
11/07	Cord @ Ceryn's	Pan
and	Kurtz / Kyndell	- insert as planned -
(HFA)	Ceryn's	@ Disch today
(8-10M)		@ H/O on Tuesday
		□
		<u>11/7/16</u> OAE - Newborn hearing screen Bilateral responses are present. Bilateral Pass

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. FAISAL B NAHDI



: 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: 9/7/26 Time:

2 PM 6 PM 11 PM 3 AM 6 AM

Doctor/Nurse/Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

98.1
98.2
98.1
98.3
98.2

Heart Rate
(bpm)

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

and

Blood Pressure
(mmHg) *

130
120
110
100
90
80
70
60
50

128
128/80
128/80
128/80
128/80

Note:

BP does not score
in early
warning scoring

Heart Rate (Number)

128/80
128/80
128/80
128/80
128/80

Respiratory Rate (bpm)
(Over 1 Minute) *

70
60
50
40
30
20
10

42
42
42
42
42

Resp Rate (Number)

42
42
42
42
42

Resp Distress
Mod/ Severe
None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

100%
99%
99%
98%
100%

Conscious Level
Normal
Altered

GCS *

14/15
14/15
14/15
14/15
14/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0
0
0
0
0

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.

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.
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BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. FAISAL B NAHDI



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

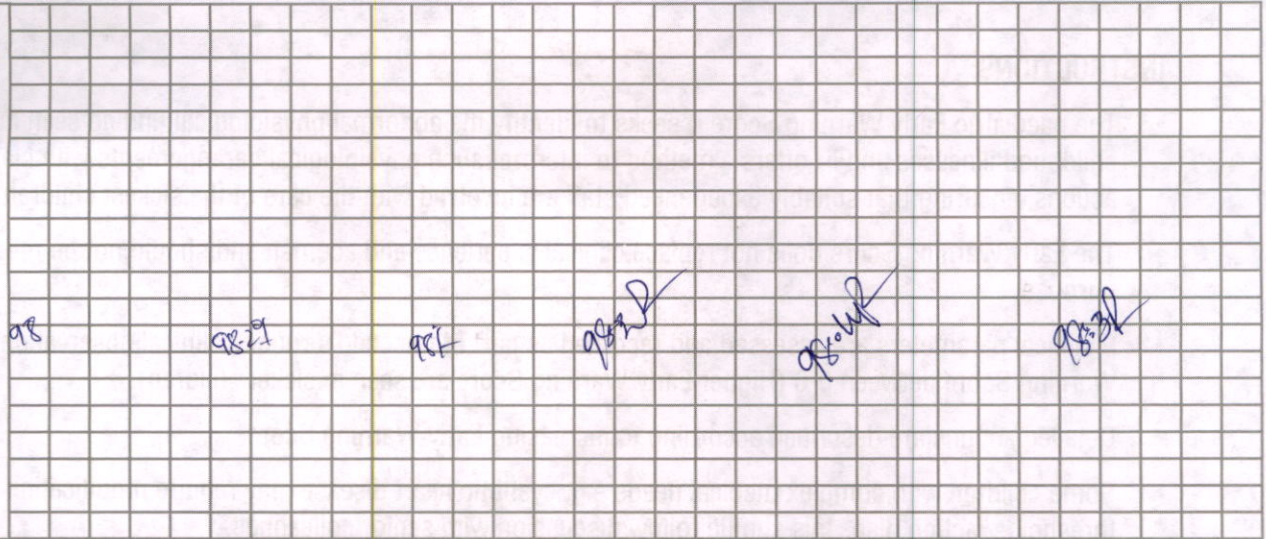
11/7/26

Date: 10/7/26 Time: 8 AM 12 PM 4 PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern? AM PM PM PM PM PM PM

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

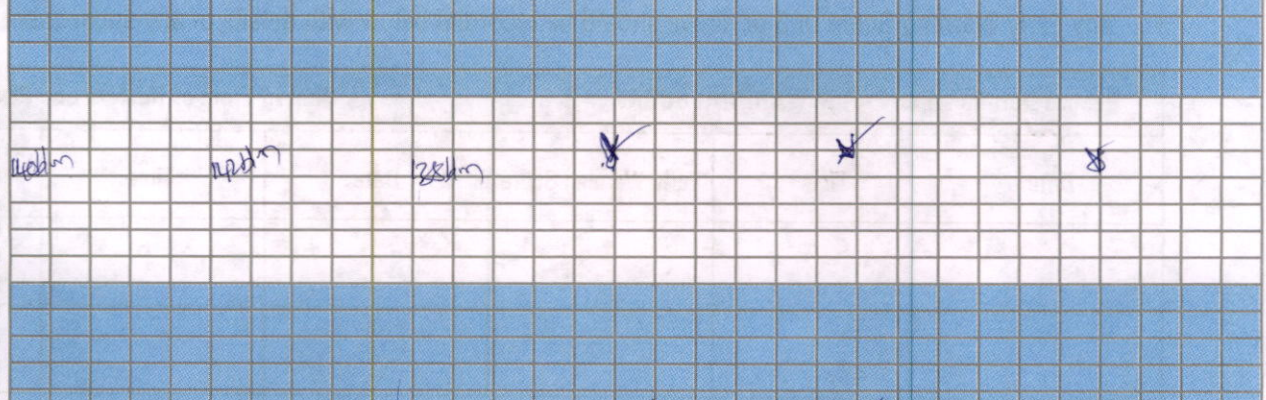


Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

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



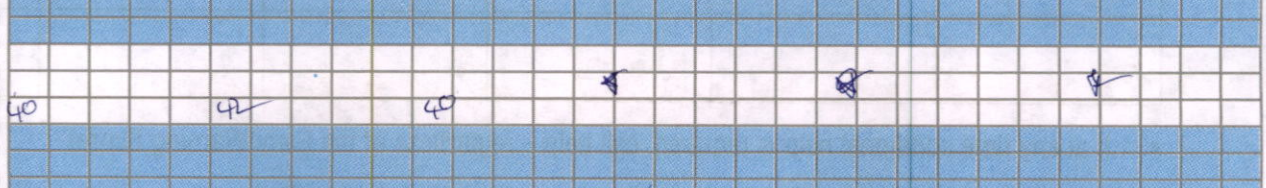
Note:
BP does not score
in early
warning scoring

Heart Rate (Number)

120/80 120/80 120/80 120/80 120/80 120/80

Respiratory Rate (bpm)
(Over 1 Minute) *

70
60
50
40
30
20
10



Resp Rate (Number)

40 40 40 40 40 40

Resp Distress Mod/ Severe
None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

100% 100% 100% 100% 100% 100%

Conscious Level Normal
Altered

GCS *

13/15 13/15 13/15 13/15 13/15 13/15

TOTAL SCORE

Number of shaded boxes

0 0 0 0 0 0

Pain Score

0 0 0 0 0 0

Observer's Initials

A A A A A A

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.

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.
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Date: Time:

Doctor/Nurse/Family Concern?

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

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180
170
160
150
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130
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110
100
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80
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50
Note:
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70
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50
40
30
20
10

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Resp Mod/ Severe
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O₂ Saturations (%)

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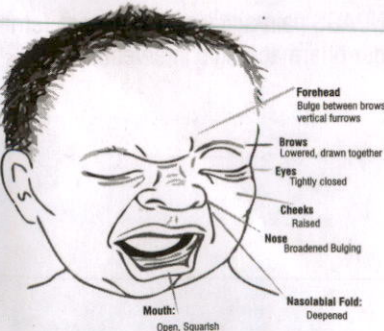
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NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	
						9/7	9/7	10/7	10/7	10/7				
						2:00 PM	5:00 PM	8:00 PM	8:00 PM	8:00 PM				
						Procedure	NA	NA	NA	NA	NA			
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	0	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	0	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	0	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	0	0	0				
Vital Signs HR RR, BP, SaO₂	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	0	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	39 ^{W5}	39 ^{W3}	39 ^{W5}	39 ^{W5}				
						Total Pain / Agitation Score	0	0	0	0	0			
						Intervention	NA	NA	NA	NA	NA			
						Effectiveness	NA	NA	NA	NA	NA			
						Signature	Aswath	Swathy	Aswath	Swathy	Aswath			

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.



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BRADEN 'Q' SCALE

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BirthRight[™]
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					Date :	9/7/26	9/7/26	10/7/26	10/7/26
					Time :	2pm-8pm	8pm-2pm	2pm-8pm	8pm-2pm
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 e:treimity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		2	2	2	1
"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	1	2
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	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	2	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IV's 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	2
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.		3	3	3	4
					TOTAL SCORE	18	18	18	19
					Evaluator's Name	Ashwika Sandhu	Ashwika	Ashwika	Swetha

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

Docu. No. : RCHBH /FRM / CLINICAL / 119

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



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	9/7/26	9/7/26	10/7/26	10/7/26	11/7
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	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	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	4	4	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	2	2	2
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			16	16	16	16	16

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		X	X	X	X	X
Call device within reach		X	X	X	X	X
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	X	X
Other Intervention(s) Specify		X	X	X	X	X
Nurse's Name:		Aswita	Sandhya	Aswita	Aswita	Aswita
Signature:		Aswita	Sandhya	Aswita	Aswita	Aswita
Date:		9/7/26	9/7/26	10/7/26	11/7	11/7
Time:		8pm	8pm	8pm	7pm	7pm

BAH-00661118 IP5-00176153
 Baby Of AKANKSHA SINGH
 09-07-2026 0 Y 0 M 0 D 1 H (F)
 Dr. FAISAL B NAHDI



FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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

		Intake				Output						IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am											1	}
	09:00 am											No	
	10:00 am										IV		
	11:00 am												
	12:00 pm												
	01:00 pm	BBF											
Total Intake :						Total Output :							
9/7/26	02:00 pm	DBF										1	}
	03:00 pm	DBF											
	04:00 pm									✓			
	05:00 pm	DBF										No	
	06:00 pm						✓				IV		
	07:00 pm	DBF					✓			✓		1	
Total Intake : Taken						Total Output : Passed							
9/7/26	08:00 pm											1	}
	09:00 pm	DBF								✓		No	
	10:00 pm						✓				IV		
	11:00 pm	DBM											
	12:00 am												
	01:00 am	DBM											
Total Intake : taken						Total Output : passed							
10/7/26	02:00 am											1	}
	03:00 am	BBM					✓					No	
	04:00 am									✓		IV	
	05:00 am	DBM											
	06:00 am												
	07:00 am	DBM								✓		1	
Total Intake :						Total Output : U-5 M-4							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 2

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
10/7/26	08:00 am										1	7
	09:00 am	DBF					✓		✓	✓	1	
	10:00 am									no IV		
	11:00 am											
	12:00 pm	DBF					✓			✓	1	
	01:00 pm											
Total Intake : Taken						Total Output : Passed						
10/7/26	02:00 pm										1	7
	03:00 pm	DBF					✓			✓	1	
	04:00 pm										no IV	
	05:00 pm	DBF									1	
	06:00 pm											
	07:00 pm	DBF					✓			✓	1	
Total Intake : Taken						Total Output : Passed V=4, M=4						
10/7/26	08:00 pm											7
	09:00 pm											
	10:00 pm	DBF					✓			✓	no IV	
	11:00 pm											
	12:00 am											
	01:00 am	DBF									1	
Total Intake : Taken						Total Output : passed						
10/7/26	02:00 am											7
	03:00 am						✓			✓	1	
	04:00 am	DBF					✓				no IV	
	05:00 am	DBF									1	
	06:00 am											
	07:00 am	DBF								✓	1	
Total Intake : Taken						Total Output : passed						
Total 24 hrs. Intake												
Total 24 hrs. Output		M 7 U=7										

BAH-00661118 IP5-00176153
 Baby Of AKANKSHA SINGH
 09-07-2026 0 Y 0 M 2 D (F)
 Dr. FAISAL B NAHDI



FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : (3)

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
11/7	08:00 am											1 No IV 1 Ashwini	
	09:00 am												
	10:00 am	DBL											
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake : <u>Tabun</u>						Total Output : <u>passed</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

Patient Sticker

FLUID CHART

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.

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

Patient Sticker

FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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						IV Site Thrombo- phlebitis Score	Sign. Nurse			
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine						
			Mouth	I.V	N.G											
	08:00 am															
	09:00 am															
	10:00 am															
	11:00 am															
	12:00 pm															
	01:00 pm															
	Total Intake :					Total Output :										
	02:00 pm															
	03:00 pm															
	04:00 pm															
	05:00 pm															
	06:00 pm															
	07:00 pm															
	Total Intake :					Total Output :										
	08:00 pm															
	09:00 pm															
	10:00 pm															
	11:00 pm															
	12:00 am															
	01:00 am															
	Total Intake :					Total Output :										
	02:00 am															
	03:00 am															
	04:00 am															
	05:00 am															
	06:00 am															
	07:00 am															
	Total Intake :					Total Output :										
Total 24 hrs. Intake													Total 24 hrs. Output			

Patient Sticker

FLUID CHART

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.

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :					Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
	Total Intake :					Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
	Total Intake :					Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
	Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output								

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 9/7/26

Assessment: New born baby

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2:00pm	Assess The general Condition	2:10pm	Assessed the general Condition of baby	Baby is stable
3:00pm	monitor vitals	3:10pm	vitals checked Pulse, spoz, Resp.	
4:00pm	monitor Ilochart	4:10pm	Ilochart monitored	
5:00pm	DBF every 2-3 hourly	5:10pm	DBF given every 2-3 hourly	
6:00pm	Raccination	6:10pm		
7:00pm	provide warm care	7:10pm	provided warm care	

Re-Assessment:

Special Notes:

Nurse Signature: Ashwita

Nurse Name: Ashwita

Date & Time: 9/7/26 @ 8pm

BAH-00661118 IP5-00176153
 Baby Of AKANKSHA SINGH
 09-07-2026 0 Y 0 M 0 D 1 H (F)
 Dr. FAISAL B NAHDI



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 09/10/2026

Assessment: New born baby care

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	⇒ Assess the baby condition	8:30 pm	⇒ Assessed the baby condition	⇒ Baby is stable.
10pm	⇒ monitor vitals	10:30 pm	⇒ monitoring vital check -ed and recorded.	
12Am	⇒ DBF and burping 2nd hourly	12:30 Am	⇒ DBF and burping done 2nd hourly	
2Am	⇒ maintain I/O chart	2:30Am	⇒ maintaining I/O chart	
4Am	⇒ maintain personal hygiene	4:30Am	⇒ maintaining personal hygiene	
6Am	⇒ ensure safety needs	6:30Am	⇒ ensure safety needs	

Re-Assessment: Re-Assessment done. 2nd hourly

Special Notes: monitoring vitals 4th hourly.

Nurse Signature:

Nurse Name: sandhya

Date & Time: 10/7/16 @ 8Am



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 10/7/26

Assessment: New born baby

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:00am	Assess the general condition of baby	8:10am	Assessed the general condition of baby	Pt is stable.
10:00am	monitor vitals	10:10am	vitals checked pulse, SpO2, Resp	
12:00pm	monitor Ilo chart	12:10pm	Ilo chart monitored	
2:00pm	Sponge bath	2:10pm	Sponge bath given	
4:00pm	DBF every 2-3 hourly.	4:10pm	DBF given every 2-3 hourly	
7:00am	Provide warm care	7:10pm	Provided warm care.	

Re-Assessment:

Special Notes: Re-Assessment done
 SBR, NBS, OOR 11/7/26

Nurse Signature: Ashwitha

Nurse Name: Ashwitha

Date & Time: 10/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/26

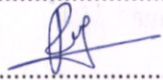
Assessment: New born baby for observation

- 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 condition	8:10pm →	Assessed the baby condition	→ Baby is well
10pm →	Do chest	10:5pm →	Do chest Minkaf.	
12Am →	Monitor vitals	12:30Am →	vitals checked & recorded	
3Am →	warm care	3:10Am →	warm care given	
5Am →	personal hygiene	3:30Am →	personal hygiene Maintaf.	
7Am →	DBP & Bumping	7:30Am →	DBP & Bumping done	

Re-Assessment: Now baby comfortable

Special Notes: (1) SBR, NRS, 2pm T/M

Nurse Signature: 

Nurse Name: Poojya

Date & Time: 11/7/26 8Am

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 11/7/26

Assessment: New born baby

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:00am	Assess the general condition	8:10am	Assessed the general condition	Baby is stable
9:00am	monitor vitals	9:10am	Vitals checked pulse, SpO2, Res	
10:00am	monitor Ilo chart	10:10am	Ilo chart monitored	
11:00am	DBF every 2-3 hourly	11:10am	DBF given every 2-3 hourly	
12:00pm	Sponge bath	12:10pm	Sponge bath given	
1:00pm	SBR, NBS	1:10pm	SBR, NBS Sended	

Re-Assessment: Re-Assessment done.

Special Notes: SBR, NBS Sended.

Nurse Signature: Ashwita Nurse Name: Ashwita Date & Time: 11/7/26 @ 2pm

BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. FAISAL B NAHDI



NURSING CARE RECORD


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING CARE RECORD

Date:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Assessment:

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date:

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☐ Maintain Fluid Balance

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. faisal b nahdi Department: BAP Date of Admission: 9/7/26

SITUATION	Diagnosis: <u>New born baby</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
	Area	Shift Time	BEP 8pm-8pm	BEP 8pm-8pm	BEP 8pm-8pm	BEP 8pm-8pm	BEP 8pm-8pm
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	<u>98.2°f</u>	<u>98.4°f</u>	<u>98.2°f</u>	<u>98.3°f</u>	<u>98.1°f</u>
		Res:	<u>42b/m</u>	<u>44b/m</u>	<u>42b/m</u>	<u>40b/m</u>	<u>42b/m</u>
		SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>100%</u>
		Pulse:	<u>142b/m</u>	<u>146b/m</u>	<u>142b/m</u>	<u>140b/m</u>	<u>142b/m</u>
		BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Fall Risk Score:		<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>
Pain Score:		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:		<u>critical</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Ashwita</u>	<u>Sandhya</u>	<u>Ashwita</u>	<u>Devi</u>	<u>Ashwita</u>	
Signature :		<u>Ashwita</u>	<u>Sandhya</u>	<u>Ashwita</u>	<u>Devi</u>	<u>Ashwita</u>	
Date:		<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	<u>11/7</u>	<u>11/7</u>	
Time:		<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	
Taken Over By Name :		<u>Sandhya</u>	<u>Ashwita</u>	<u>Devi</u>	<u>Ashwita</u>		
Signature :		<u>Sandhya</u>	<u>Ashwita</u>	<u>Devi</u>	<u>Ashwita</u>		
Date:		<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7</u>	<u>11/7</u>		
Time:		<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>		

BAH-00661118
Baby Of AKANKSHA SINGH
09-07-2026
Dr. FAISAL B NAHDI
IP5-00176153
O Y D M O D 1 H (F)
0 Y D M O D 1 H (F)



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						
BACKGROUND	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:							

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:						

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 Tubes/Drains/Catheter: ☐ Yes ☐ No Vital Signs: Temp: _____ Res: _____ SpO ₂ : _____ Pulse: _____ BP: _____ Fall Risk Score: _____ Pain Score: _____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	Safety Needs: _____ Physiotherapy ☐ Yes ☐ No Others Specify: _____ Special Diet: ☐ Yes ☐ No Other Special Orders / Medications: _____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature :							
	Date:							
	Time:							

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:						

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 Tubes/Drains/Catheter: ☐ Yes ☐ No Vital Signs:	☐ Yes ☐ No ☐ Yes ☐ No Temp: Res: SpO ₂ : Pulse: BP: Fall Risk Score: Pain Score:	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Recommendations	Safety Needs: Physiotherapy Others Specify: Special Diet:	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	Other Special Orders / Medications:						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature :						
	Date:						
	Time:						

BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. FAISAL B NAHDI



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 12/7/26

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
☐ Dressing	☐ Yes	☐ No
☐ Toileting	☐ Yes	☐ No

No need any assistance

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: Ashwita

Nurse Name: Ashwita

Date and Time: 9/7/26 @ 2pm

CONSENT FOR FORMULA FEEDS

Patient Name :

BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 2 D (F)
Dr. FAISAL B NAHDI

UHID No



I Mr / Mr

Age : Gender : ☐ Male ☒ Female

Reg. No. : Department : Date : 11/7/26

aged years, hereby declare that I have

admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

..... I hereby give consent for formula feed for my child. Doctors have explained me

about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant:

Signature : Akanksha Singh

Name : AKANKSHA SINGH

Relationship with Patient: MOTHER

Date & Time : 11/7/26 @ 4 AM

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 11/7/26 @ 4 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. [Name]

Date & Time : 11/7/26 @ 4 AM

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. రిజిస్ట్రేషన్ నెం.: విభాగము

తేదీ

నేను శ్రీ / శ్రీమతి వయస్సు సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు