Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 16/7/26

GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2026 0 Y 0 M 4 D (M)
Dr. GIRIDHAR S

Gender: M

Room No: 615

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 16/7/26

Time: 9.30AM

Pharmacy Sign

Date: 16.7.26

Time: 9.50 PM

Docu. No. : RCH /FRM / GENERAL / 117

GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2026 0 Y 0 M 4 D (M)
Dr. GIRIDHAR S

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing			16/7/26 at 9.30AM				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN (M)
12-07-2026 0 Y 0 M 3 D
Dr. GIRIDHAR S

UHID No: ..... Consultant: ..... Dept: .....

Date of Adm : ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/7/26	11 PM	OPD	609	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/7/26	SBR	26022743	[signature]
16/7/26 7am	SBR	26022860	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/7/26	SSDT	11.30PM	16/7/26 at 10AM.	1787292	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 15/7/26 Time: 9.30AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	6th floor		

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GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2026 0 Y 0 M 4 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKI

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		~~dtd~~ 16/11/26 at 9.30AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

T.W.f ->

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036474 **Admit Date** : 14-Jul-2026 **Admit Time** : 10:48 PM **UHID** : GUC-00093788

Patient Details :

Patient Name	: Baby B/O KRITHIKA KANNAN	**Age**	: 0 Y 0 M 2 D
Guardian	: Mr RAKESH KALYANRAM	**DOB**	: 12-07-2026 05:05 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.45, RIVER VIEW ROAD, RIVER VIEW COLONY, MANAPAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125	**Phone No**	: 9920490182/ 7550161436
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 604 **Ward Name** : 6F-PRIVATE

Room No : PVT 604 **Admission Type** : First Visit

Contact Details :

Name : Mr RAKESH KALYANRAM **Relationship** : Father

Contact Address : NO.45, RIVER VIEW ROAD, RIVER VIEW COLONY, MANAPAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125 **Phone No** : 9920490182

Signature

Doctor Details :

Doctor Name : Dr. GIRIDHAR S **Specialisation** : NEONATOLOGY

Referral Doctor : Dr GIRIDHAR S **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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Rainbow Children's Hospital - Guindy

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O KRITHIKA KANNAN**	**Age :**	**0 Y 0 M 2 D**
IP No:	**IP18-00036474**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**6F-PRIVATE/PVT 604**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of ~~Patient/~~Relative: >

Name: > RAKESH KALYANRAM

Relationship: > FATHER

Date: 14-07-2026 Time: 10:48

Witness Name: ASWIN

Witness Signature:

Patient Address:

NO.45, RIVER VIEW ROAD, RIVER VIEW COLONY, MANAPAKKAM Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name :> B/O KRITHIKA KANNAN.	UHID Number : 93788
Self/Attendant Name :> RAKESH KALYANRAM	Relation : > FATHER
Self/ Attendant Signature :> Phone Number : > 9920490182	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mothe GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
Date 12-07-2026 0 Y 0 M 3 D (M)
Dr. GIRIDHAR S
NICU

Age : ..... Father's Name : ..... Age : .....

te of Admission : ..... UHID No.: .....

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

Tran: m ☐ ER ☐ Ward

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

BIRTH INFORMATION

Name : B/o Kritika Kannan

Gender : ☑ M ☐ F Blood Group : O-ve

Date of Birth : 12/7/2026 Time of Birth : 15:05pm

Place of Birth : RCH

Mother's Blood Group : Otve

Birth Weight (gms) : ..... Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : .....

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : IUI conception

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

Last Scans Details : ..... TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

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

IUGR - when detected : .....

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

AFI : .....

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

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

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? .....

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

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

Infection : H/O. Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	Normi					

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

TOTAL

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

1 Minute	5 Minutes	10 Minutes

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby was brought on day 2 of life with
S. bilirubin - 15.6 mg/dl
on exclusive breast feeds
Pure
Jaundice

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Lyd activity - good

VITALS : Temperature : 36.5°C HR : 140/min RR : 46/min NIBP : ..... CFT : <3sec

Color of the extremities : .....

Jaundice : icterus + upto legs Pallor : - SpO2 : 100%

Anthropometry : Birth Weight : 3.077kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : Ad. wt - 2.776 kg AGA : ..... SGA : ..... LGA : .....

Intbun - 9.78 /.

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies :
(Any Facial Dysmorphism)

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITILIA :
~~Labia / Hymen :~~
Testicles/penis :
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

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

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 46/mm SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : BAE Added Sounds : —

Cardiovascular System :

HR : 140/mm BP : ..... Precordial Activity : S1S2

Femoral Pulses : B/L femorals ++ Murmurs : —

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen :

Shape : NT Hernia orifice : .....

Palpation : ..... Anal Patency : .....

Palpable masses : G Umbilical Cord : G

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : eye activity - good

Nerves :

.....

.....

.....

Motor System :

Passive Tone : G all 4 limbs

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : Term (38+5 wks) / B.wt 3.077kg / AGA/SGA

Diagnosis : NNJHB / Day 2 of life.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : V. Annapurani

Name : DR. V. ANNAPOORANI

Date & Time : 14/07/2016, 11:30pm

Consultant :

Signature : V. Annapurani

Name : D. Sundar

Date & Time : 14/7/2016.

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : ☐ HR : ☐ RR : ☐ BP : ☐ SPO2 :

Any Oxygen requirement : **Weight :**

Systemic :

Medications :

Plan during ward follow up :

1) SSPT to be started
2) warmth
3) DBF Q2nd hrly + formula feed (EOC)
4) Rpt S. bilirubin at 8am tomorrow

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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Dr. GIRIDHAR S

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026 11:30 pm	S/B Dr. [illegible]	
	Term (38+5 wks) / AGA / Boy / 3.077 kg / NNITB /	
	Day 2 of life	
	on exclusive direct breast feeds	
	feeding well (+) Mother has flat nipple	
	latching well +	
	Urine - 6 times/day	
	Stool - 4 to 5 times/day,	
	yellowish black in colour	
	S. bilirubin done on Day 2 - 15.6 mg/dl	
	PT cut-off - 16.3 mg/dl	
	M / O +ve	
	B / O -ve	
	Birth wt - 3.077 kg	% wt loss - 9.78 %
	Adm wt - 2.776 kg	
	o/e cry & activity (+)	
	mild icterus + normothermic	
	well hydrated	
	CVS S1 S2 +	RS - BAE +
	P/A soft	CNS - AFOF
		NNR [illegible]
	Plan - 1) [illegible]	
	2) DBF Q 2nd hrly + formula feed	
	30 ml / feed.	
	3) SSPT to be started	
	4) Rpt S. bilirubin at 8am tomorrow	

V. [signature] 14/7/24

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/20. 12:00PM	S/B Dr. Deepak	
	Av. TERM / AGA / BOY / NNNB (38+3 week)	
	On exclusive DBF on SSPT	
	M / O+ve O/E: B O-ve child is	alert, affrile
	CVC: SS: @ VBG: @	Urine Meconium passed
	B. Wt - 3,077 kg T. wt - 2.772 kg →	wt - 305g → 9.9% loss
	T. Bilirubin 15.6	
		→ To continue SSPT today → To do SBR at 8:00 AM → DBF 2H → Formula feed as topup if needed warmth → To monitor vitals / Hydration status →
		Cplm

GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2026 0 Y 0 M 3 D (M)
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(2)

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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

GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2026 0 Y 0 M 3 D (M)
Dr. GIRIDHAR S

(1)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11.7.26 Time: 11.30PM 4AM 8AM

Doctor/Nurse/Family Concern?

Temperature (°F): 98.6°F → 97.8°F → 97.2°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 146 b/m | 138 b/m | 138 b/m

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

Resp Rate (Number): 48 b/m | 50 b/m | 46 b/m

Resp Distress	Mod/ Severe / None / Mild	✓	✓ ✓
Receiving O_2 (l/min) O_2 Saturations (%)		RA 100 %	RA RA 99 % 98 %
Conscious Level	Normal / Altered	✓	✓ ✓
GCS *		15/15	15/15 15/15
TOTAL SCORE Number of shaded boxes		0	0 0
Pain Score		0	0 0
Observer's Initials			

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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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)

GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2026 0 Y 0 M 3 D (M)
Dr. GIRIDHAR S

(9)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date 15.7.26. Time:	8am	12pm	4pm	8pm	12Am	4am
Doctor/Nurse/Family Concern?						

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

96.0°F 97.2°F 97.5°F 97.6 97.6°F 98.2°F

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

133

Note: BP does not score in early warning scoring

Heart Rate (Number)	138b/m	132b/m	134b/m	138b/m	138b/m	140b/m

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

Resp Rate (Number)	40b/m	42b/m	39b/m	40b/m	40b/m	42b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	98%	98%	98%	94%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
Score 2	:	Shift in charge nurse to be informed and continue hourly observations
Score 3	:	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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.
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2025 0 Y 0 M 3 D (M)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : (V)

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.

14/7/25		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	Received from OPD to WARD										
	12:00 am						✓				NO	
	01:00 am	FF	30ml				✓			✓	NO	
Total Intake :						**Total Output :**	1 Times .					
	02:00 am											
	03:00 am	FF	30ml				✓			✓	NO	
	04:00 am										NO	
	05:00 am						✓				NO	
	06:00 am		DBF									
	07:00 am											
Total Intake :	30ml + DBF					**Total Output :**	1 Time .					

Total 24 hrs. Intake	60ml + DBF .	Total 24 hrs. Output	2 Times - Urine 4 Times - Motion

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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.

15/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ mother	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	DBF									NC	Sulochana
	10:00 am											
	11:00 am										IV	Sulochana
	12:00 pm	FF	25ml				✓			✓		
	01:00 pm										line	Sulochana
Total Intake :		DBF + 25ml				Total Output :				1 time		
	02:00 pm											Rulu
	03:00 pm	FF	30ml								NO	
	04:00 pm						✓			✓	IV	Rulu
	05:00 pm	DBF	20ml									
	06:00 pm									✓	line	Rulu
	07:00 pm	FF	30ml									
Total Intake :		DBF + 80ml				Total Output :				V-2 : M-1		
	08:00 pm	FF	30ml								NO	Sm
	09:00 pm									✓		
	10:00 pm	FF	20ml				✓				IV	Sm
	11:00 pm	FF	30ml							✓		
	12:00 am	EBM	30ml				✓				line	Sm
	01:00 am	FF	30ml							✓		
Total Intake :		130ml				Total Output :				3 times		
	02:00 am										NO	Sm
	03:00 am	FF	30ml				✓			✓		
	04:00 am										IV	Sm
	05:00 am											
	06:00 am	FF	50ml				✓			✓	line	Sm
	07:00 am											
Total Intake :		80ml				Total Output :				2 times		

Total 24 hrs. Intake	315ml + (2) DBF	Total 24 hrs. Output	8 times

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NURSING CARE RECORD

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Date: 14.7.26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon				Received from OPD to ward.			
Night	11 PM	Prevent falls and injury.	11.30 PM	keep bed in low position with side rails up. Follow fall prevention protocols.	The baby keep in cradle.	Prevented falls and injury	

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Baby B/O KRITHIKA KANNAN
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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

Date: 15/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am.	=> prevent falls and injury.	8pm	=> Keep bed in low position & side rails up.	=> Baby kepted in cradle	=> Patient clinically Stable	Lancy
Afternoon	2pm.	adequate nutrition for healing and. Recovery		Assess nutritional. Status & appetite. Assist with feeding if needed.	TO Encourse. breast feeding. Monitor output chart	Baby was Clinically Normal	Prem
Night	8pm	Promote cleanlines & Comforts		Assess daily oral Care, maintain hand hygiene.	Assessed daily oral care maintained hand hygiene.	Baby Clinically Stable	

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NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/7/26		receiving notes.	
	11 PM	Baby received from OPD to ward. Handing over taken from DR. on 3 IN. Baby on RA. OP babies SBR - 15.6 mg/dl, now SSPT Start 8AM to do SBR tommorrow morning.	
	11.30PM	SSPT Start. No complaints. Vitals checked and recorded EBF + RON pro Excleg → 25-30ml Paladai Food.	
	12AM	Baby sleep well. maintained I/O chart recorded.	
	2AM	Baby had mother Food. I - 2 A - 2 T - 2 C - 0 H - 1/9 need supervision	
	4AM	Vitals checked and recorded.	
	6AM	maintained I/O chart recorded	
	7.30AM	Handing over given to morning duty SN	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty 15/7/26	
15/7/26	7.30pm	→ Patient handover taken by night duty S/N → Patient clinically stable	Lamy 01/7/26
	8am	→ Checked vital signs → Patient vitals is stable. CRT 2sec, CP ++, PP ++ →	Lamy 01/7/26
	10am	→ Sent SBR sample as per drug chart order → SBR report 15.6mg/dl is there, Informed to DR. Giridhar Sir →	Lamy 01/7/26
	12pm	→ DR. Giridhar Sir seen the pt, doctor advice Tommorow 6am need to take SBR sample and continue SOPT →	Lamy 01/7/26
		→ Checked vital signs → Patient vitals is Stable. CRT 2sec, CP ++, PP ++	
	1pm	→ Monitored B/O chart → Maintain accurate records	Lamy 01/7/26
	1.30 pm	→ Patient handover given to evening duty S/N →	Lamy 01/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty notes.	
15/7/26	1.30pm	Baby details hand over taken from morning duty Staff. Baby was Active & Alert. SSPT on going. →	Paul
	2pm.	Baby taking feed & No Vomiting EBM + DBF + Non Excella. 2nd hrly.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - $\frac{1}{2}$ (Need Supervision) →	Praveen
	4pm	Baby vitals checked and Recorded. vitals Normal. →	Praveen
	6 pm	Maintained intake and output chart →	Praveen
	7:30pm	Baby details are handing over given to Night duty staff → Night Duty	
15/7/26	7.30 pm	Baby details handover taked from evening duty staff Baby active & alerts. SSPT On going	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26		Baby taken feed DBF + EBM + Neonedcell 2nd hourly. Tomorrow ⊙ SBR morrw	
15/7/26	8pm	Baby vital Signs Checked & Recorded. others no Complaints SSPT going on	
	12Am	Baby vital Signs Checked & Recorded. CP ee PP ee Cot L3	
16/7/26	2am	Baby Comfortable sleeping in sspt	
		Baby taken well feeds latching well for feeds	Jaj Olu 913
	4am	Baby vitals checked and recorded Baby passed urine Diapers changed Baby taken feed well.	
	6am	Baby Morning care given weight checked and recorded	Jaj
16/7/26	7am	I/O chart maintained & Recorded SBR Sample sent to Lab	Olu 913
	7.30am	Reports to follow hand over given to Morning duty Staff Nurse	Jaj Olu 913

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093788 IP18-00036474
Baby B/O KRITHIKA KANNAN
12-07-2026 0 Y 0 M 3 D (M)
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I-Q/NSG/04

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M

				Date :	14/7	15/7	15/7
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 though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	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.	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	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	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 lift up completely during move. Maintains good position in bed or chair at all times."	4	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	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	4
				TOTAL SCORE	25	25	25
				Evaluator's Name			

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-23

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12-07-2026 0 Y 0 M 3 D (M)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Krithika Mother's Name: Mrs. Krithika

Date of Birth: 12.7.26 Time of Birth: 5:05PM Gender: ☑ Male ☐ Female

Birth Weight: 3.077 Kgs HC: 33 cm Lenght: 49 cm

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

Term / Pre-term / Post-term: T

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: O +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: 98.6 F °C HR: 140BPM /Min RR: 48BPM /Min BP: - SpO_2: 100 %

Pain Score: 0/10 (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: Saritha Signature: ..... Date &Time: 14/7/26 at 11.45 PM