Rainbow Children's Hospital

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
Na 15-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM
UH

IP No: ..... Consultant: ..... Dept: .....

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	11:25 Am	OT	MICU	
15/7/26	3.45PM.	MICU	7th Floor	0/0/20

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	cord blood grouping	26022749	[illegible]
15/7/26	RBS	26022759	[illegible]
15/7/26	RBS	26022813	[illegible]
16/7/26	RBS	26022834	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

.....

Date: 17/11/26. Time: 6am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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Baby B/O KASTHURI ASHWIN
15-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	1.05pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		1.15pm			
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.wt : 3.993kg
HC : 35cm
Lc : 50cm

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0Y0M0D9H (F)
Dr. PADMAPRIYA EKAMBARAM

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BED SIDE CHECK LIST FOR NURSES

Date:	15/7	16/7	16/7	16/7	17/7				
Doctor's Orders	YES carried	yes	YES	yes	yes				
Carried out or not	carried	yes	YES	yes	yes				
Bed Side									
Structured Handover done	✓	yes	YES	yes	yes				
IV Site	NA	NA	NA	NA	NA				
Central Lines	NA	NA	NA	NA	NA				
Arterial Lines	NA	NA	NA	NA	NA				
Feeding Catheter	NA	NA	NA	NA	NA				
Urinary Catheter	NA	NA	NA	NA	NA				
Skin Care	YES	yes	YES	yes	yes				
Eye Care	YES	yes	YES	yes	yes				
Mouth Care	YES	yes	YES	yes	yes				
Sterillum Bottle, Stethoscope	YES	yes	YES	yes	yes				
Suction Bottle (Should be clean & empty)	YES	yes	YES	yes	yes				
Intubation Tray	NA	NA	NA	NA	NA				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA	NA				
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA	NA	NA				
Humidification	NA	NA	NA	NA	NA				
Check all Infusion (Labelling,Correct Preparation)	YES	yes	YES	yes	yes				
Chest Physio & Neb	NA	NA	NA	NA	NA				
Handed Over By Name :	PGS	PGS	PGS	NUSHA	PGS				
Signature :	PGS	PGS	PGS	NURSE	PGS				
Date & Time:	15/7/26 4PM	16/7/26 8AM	16/7/26 1.30PM	16/7/26 8AM	17/7/26 8AM				
Hand Over Taken By Name :	PGS	PGS	PGS	PGS					
Signature :	PGS	PGS	PGS	PGS					
Date & Time:	16/7/26 8AM	16/7/26 1.30PM	16/7/26 8PM	17/7/26 8AM					

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036479 **Admit Date** : 15-Jul-2026 **Admit Time** : 10:30 AM **UHID** : GUC-00093890

Patient Details :

Patient Name	: Baby B/O KASTHURI ASHWIN	**Age**	: 0 D
Guardian	: SUBRAMANIAN R	**DOB**	: 15-07-2026 09:44 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO:75, DOOR NO:10, AGS COLONY 4TH MAIN ROAD, WEST VELACHERAY Velacheri Chennai Tamil Nadu INDIA 600042	**Phone No**	: 7395905042
		E-mail	: kasthuri.subramanian08@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT702-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT702-1 **Admission Type** : First Visit

Contact Details :

Name	: SUBRAMANIAN R	**Relationship**	: Father
Contact Address	: PLOT NO:75, DOOR NO:10, AGS COLONY 4TH MAIN ROAD, WEST VELACHERAY Velacheri Chennai Tamil Nadu INDIA 600042	**Phone No**	: 7395905042

Signature

Doctor Details :

Doctor Name	: Dr. PADMAPRIYA EKAMBARAM	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr. Mathangi Rajagopalan	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O KASTHURI ASHWIN**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036479**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT702-1**

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 [redacted] 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: Subramanian. R

Relationship: father

Date: 15/07/2026 Time: 10.31 Am

Witness Name:

Witness Signature:

Patient Address:

PLOT NO:75, DOOR NO:10, AGS COLONY 4TH MAIN ROAD, WEST VELACHERAY Velacheri Chennai Tamil Nadu INDIA 600042

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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 Kasthuri Ashwin	UHID Number : GUC-00093890
Self/Attendant Name : Y	Relation : father
Self/ Attendant Signature : Phone Number : 7395905042	Name & Signature of Financial Counselor

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RBS CHART

Ocean Strips.

Date	Time	RBS (mg/dl)	IVF % (6hr)	Signature
15/7/26	12.30pm	63mg/dl	Dr. Poojitha	
15/7/26	6.30pm	62mg/dl	—	
16/7/26	3AM	73mg/dl	6th hour	
16/7/26	9AM	68mg/dl	6th hourly	
		STOP		

Docu. No. : RCH /FRM / CLINICAL / 185

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Kasthuri Ashwin. Age : 29 Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Padmapriya Referring Consultant : Dr. Mattangi

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

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

BIRTH INFORMATION

Name : B/O Kasthuri Ashwin

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 15/07/2026 Time of Birth : 9:44 AM

Place of Birth : RCH OT Guindy

Mother's Blood Group : A1B POSITIVE

Birth Weight (gms) 4:237 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 Ht : 163·1 Wt : 112·4 BMI : ..... Married Life : 7y LMP : 16/10/25 EDD : 31/7/2026.

Conception : Spontaneous or with Rx. : spontaneous. C.

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

Last Scans Details : 6/7 (6G+3) cephalic / AFI 14·4, EFW - 9th week, dopplers @ 22/1 : 12+6 NT 2mm NB ⊕ FL low risk Pegnancy

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

19/3 : 20+6 - anomalies nil.

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 Overt DM on Insulin & OHA.

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 : 5 P : 1 A : 3 L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1G2G3 - 2020, 2021, 2022					anembryonic gestation, spont expulsion	
G4 - 2023	EL LSCS,	baby,	4·2 kg;	APH,	RCH	
G5 - spont						

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 : prev LSCS

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
TOTAL 8/10	9/10	

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 cried at birth.

At 2 mins,. baby cyanotic, free flow O_2 initiated and given for 3mins (max FiO_2 - 60%)

Inj vitamin K 1 mg IM given

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 136/min RR : ..... NIBP : ..... CFT : < 3secs

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 96%

Anthropometry : Birth Weight : 4·237kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... (LGA) 100%

+ 2·63

Patient Sticker

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : Rt choana patent
Palate : No cleft
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : (N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : - 2A/W
Discharge :

GENITILIA :
Labia / Hymen : (N) female genetalia
Testicles/penis :
Anus : patent

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

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

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 52 /min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 96% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 136/min BP : .....

Femoral Pulses : felt Precordial Activity : .....

Other Peripheral Pulses : ..... Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : soft Hernia orifice : .....

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

Palpable masses : ..... Umbilical Cord : 2A, 1V

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

Meconium passed : ✓

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

cry/tone/activity ✓

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : .....

ATNR : ..... DTR : .....

Skull and Spine : .....

Patient Sticker

Any Congenital Anomalies : –

Diagnosis : Term/ 37+5 / LGA / IDM / girl / 4.237kg / Delayed transition

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Dr. POOJITHA.S Reg No : 155785

Name :

Date & Time :

Consultant :

Signature : for Dr. Padmapriya

Dr. POOJITHA.S Reg No : 155785

Name : E. Padmapriya

Date & Time : PADMAPRIYA.E 15/7/26 @ 2pm.

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 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up : ① DBF Q24/warmth

② To check RBS after 1 hour Alt. Q6H preferred RBS

③ To do pulmox screen (confirmed) at 24 hours of life (4 limb spO2)

④ To do NBS, SRR, OAE at 48HOL

⑤ Vaccination tomorrow

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26- 2pm	S/B Dr. Padmapriya. A live girl baby delivered by LSCS to G5P4L4A3 mother with overt DM on insulin + CHA. Baby cried at birth, after suction, stimulation and sub flow O2, in view of acrocyanosis no resp distress. O/E Active alert pink no obvious external congenital anomalies. lungs clear Abd soft, no mass.	Rx. 1) Early breastfeeds 2) CBG q 6th hrly - pre feeds 3) Monitor vitals. Padmapriya. 44268
	urine ✓ mec ✓	
	2nd term (37+6 wks) AGA Infant of Overt diabetic 2.23kg AGA. Delayed transition.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9:30AM	S/B. Dr. LUCKY VIGNESH	
	Δ: Term(37+5) LGA / IDM / hrs / 4.2371 kgs /	
	delayed transition	
		M/ A1B +ve B/
	Baby seen	
	in air	
	warm peripheries	
	CRT<3 sec	
	Bwt: 4.2371 kgs	urine: passing
	Twt: 4.061 kgs	meconium: passing
	Δ: 4.1%	
	%: 176 g	
	RS: clear	CNS: Ⓐ tone / cry / activity
	CVS: S1/S2 ⊕ / no murmur	PA: soft, NT, no mass.
	Advice	
	1) DBF demand wean	
	2) CBG monitoring Q6h.	
	3) monitor vitals.	
		E. Padmapriya. 44268
	Lucky 20337	

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

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Lucky Vignesh	
17/7/26 10:30 PM		
	Δ: Term (37+5 wks) / LGA / IDM / Girl / 4.237 kgs / delayed transition	
		M / A +ve
	Urine / meconium + passing	B
	Baby received pink in air warm peripheries CRT < 3 sec	BW: 4.237 kgs
		Today: 3.993 kgs
		Δ: 5.7% (244g)
		7: 5.7%
	vitals stable.	
	RS: Clear	CNS: NFND / (+) cry / activity
	PA: soft / non tender	CVS: S1 S2 (+) / No murmur
	4 hrs saturation ↓	Advice
		1) DBF Q2H / warmth
	Dr. Padmapriya 44768	2) CBG Q6h - till SNOL - stopped.
		3) 17/7/26 - 9:30 AM (SBr / OAE / NBS) reports to be traced

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 4.237 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7/2026.		Inj VITAMINK	1mg	IM		RS	GD
16/7	5pm	INJ.BCG	0.1ml	ID		Sy	KH
16/7	5pm	INJ.HEPATITIS B	0.5ml	IM		S.M	KH
16/7	5pm	OPV	2 DROPS	PO		S.M	KH

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

(1)

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:	10AM	12PM	4PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.2	98.2	97.9	97.6	97.8	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	140bpm	150	154	①	①	①
Heart Rate (Number)	140bpm	150	154BPM	150bpm	148bpm	152bpm
Resp. Rate (bpm) (Over 1 Minute) *	50	48	40	48	48	50
Resp Rate (Number)	50bpm	48	48BPM	48bpm	48bpm	50bpm
Resp Distress Mod/ Severe None / Mild	—	✓	—	—	—	—
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	99%	RA 99%	RA 100%	RA 100%
Conscious Level Normal Altered	—	Alert	Alert	Alert	Alert	Alert
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	SP	fu	A	[illegible]	[illegible]	[illegible]

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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(2)

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/7/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.2°F, 97.4°F, 97.1°F, 98°F, 97.8°F, 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring

Heart Rate (Number): 136bpm, 140bpm, 136bpm, 140bpm, 140bpm, 136bpm

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

Resp Rate (Number): 40bpm, 40bpm, 40bpm, 44bpm, 56bpm, 48bpm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)		RA	RA	2L	✓	✓	✓
O_2 Saturations (%)		98%	99%	RA	99	98%	99%
Conscious Level	Normal / Altered						
GCS *		Alert	Alert	Alert	Alert	Blind	Alert
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		PC	PC	✓	N	N	N

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

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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0 Y 0 M 0 D 9 H (F)

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FLUID CHART

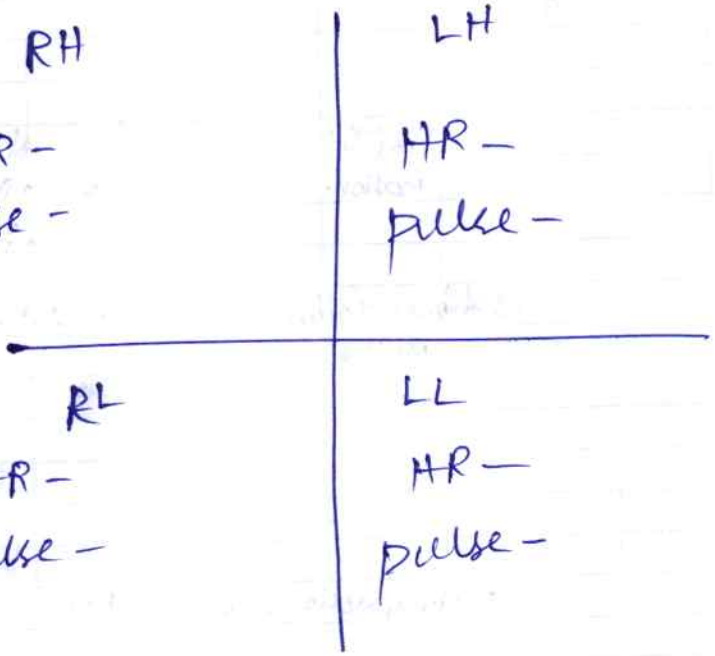
Sheet No. : .....

Dur - 4. 11.18

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
15/7/26	08:00 am											
	09:00 am											
	10:00 am						Meconium passed				NO	DS
	11:00 am	DBF					Motion.			✓		
	12:00 pm	DBF.									1100	
	01:00 pm	DBF.										
Total Intake : 2 DBF						2 times Motion				Total Output : 1 times		
	02:00 pm	DBF					Motion					
	03:00 pm										NO	
	04:00 pm	DBF										
	05:00 pm											
	06:00 pm											
	07:00 pm	DBF										
Total Intake : 3 times.						1 times Motion				Total Output : NIL		
	08:00 pm											AA
	09:00 pm	DBF Non Bro	15ml									AA
	10:00 pm									✓	NO	AA
	11:00 pm	DBF									IV	AA
	12:00 am										line	AA
	01:00 am	DBF										AA
Total Intake : 3 Time - DBF										Total Output : 1 time Urine		
	02:00 am	Non Bro	15ml									AA
	03:00 am	DBF								✓	NO	AA
	04:00 am										IV	AA
	05:00 am	DBF										AA
	06:00 am	Non Bro.	30ml					✓		✓	line	AA
	07:00 am	DBF										AA
Total Intake : 3 Time - DBF.										Total Output : Motion - 1 time Urine - 2 time		

Total 24 hrs. Intake	DBF - 11 Time! Non Bro - 60ml.	Total 24 hrs. Output	Urine = 4 time Motion - 3 time


RH
HR -
pulse -
LH
HR -
pulse -
RL
HR -
pulse -
LL
HR -
pulse -

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FLUID CHART

Sheet No. : (2)

T.wt: 4.061kg

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.

16/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	DBF									NO	P.L
	09:00 am						✓			30ml		P.L
	10:00 am	DBF	30ml								IV	P.L
	11:00 am											P.L
	12:00 pm	DBF	30ml				✓			30ml	0 line	P.L
	01:00 pm											P.L
Total Intake : DBF 3 times + 60ml						Total Output : 60ml						
	02:00 pm											Sm
	03:00 pm	DBF					✓			diaper soaked	NO	Sm
	04:00 pm											Sm
	05:00 pm	DBF					✓			diaper soaked	IV	Sm
	06:00 pm											Sm
	07:00 pm	DBF					✓			diaper soaked	0 line	Sm
Total Intake : 3 times DBF						Total Output : U-3 M-3						
	08:00 pm										NO	NAD
	09:00 pm	DBF Non Pre	30ml									NAD
	10:00 pm						✓				IV	NAD
	11:00 pm	DBF								✓		NAD
	12:00 am										UL	NAD
	01:00 am	DBF Non Pre	30ml				✓			✓		NAD
Total Intake :						Total Output : 2 Time - M 2 Time - U						
	02:00 am										NO	NAD
	03:00 am	DBF										NAD
	04:00 am											NAD
	05:00 am	DBF Non Pre	30ml				✓				IV	NAD
	06:00 am											NAD
	07:00 am	DBF								✓	UL	NAD
Total Intake :						Total Output : Urine - 1						

Total 24 hrs. Intake	12 time - DBF + 150 ml - Non Pre.	Total 24 hrs. Output	Urine - 8 Times MOTION - 8 times

16/7/26.

RH	RL
HR: - 139 b/M	HR: - 125 b/M
SP02: -98%.	SP02: - 99%.
LH	**LL**
HR: - 133 b/M	HR: - 122 b/M.
SP02: - 100%.	SP02: - 100%.

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Newborn / Term

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

	Date / Shift	15/7/26 Morning	15/7/26 E	15/7/26 N	16/7/26 M	16/7/26 E	16/7 N
BACKGROUND	Medical Condition (Any special condition to be noted):	–	–	–	–	Noted	Noted
	Diet:	DBF	DBF	DBF	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	99.3F	97.8C	98.2°F	98.6°F	98°F
	Res:	40bpm	44pm	40bpm	40bpm	40bpm	44bpm
	SpO_2:	99%	100	100%	99%	99%	98%
	Pulse:	138bpm	130	140bpm	140bpm	136bpm	134bpm
	BP:	–	–	–	–	–	–
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		–	–	–	–	–	–
Handed Over By Name :		S/Nagavalli	[illegible]	[illegible]	P. Lalitha	[illegible]	[illegible]
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		15/7/26	15/7/26	16/7/26	16/7/26	16/7/26	17/7/26
Time:		11am	3pm	8AM	8AM	1.30PM	8AM
Taken Over By Name :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Date:		15/7/26	15/7/26	16/7/26	16/7/26	16/7/26	
Time:		4 PM	7.30PM	8AM	1.30PM	8PM	

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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	11am	Reduce the Risk of hospital acquired Infection	11.30 am	~~Assess~~ Maintain strict hand hygiene Use aseptic technique during procedure	Baby active & alert	Maintain hand hygiene	01/8/26
Afternoon	4PM	Reduce the Risk of hospital acquired infections	4.30 PM	Assess the Maintain strict Aseptic precaution To follow.	Baby Active Alert	Re Assessment Done	
Night	8PM	Reduce the Risk of hospital acquired. Infection.	12AM	Assess the maintain strict hand hygiene Use aseptic technique during Procedure	Baby active & alert	Re assessment done.	02/8/26

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NURSING CARE RECORD

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Date: 16/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Believe 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	Assess the baby condition Monitor vitals Encourage DBF	12pm	Assessed the Baby condition Monitor vitals Maintained IC	Encouraged DBF	Baby is comforts	60726
Afternoon	1.30pm	Ensure the Risk of Falls	3PM	Explain the patient Elimination Needs.	Provide Side Raise and Call bell Management of family	Re Assessment Done	028775
Night	8pm	TO prevent infection.	9pm	TO Observe the general condition. TO monitor vital signs TO maintain hand hygiene	Infection will be Prevented.	Reassessment done	09501

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NURSES NOTES

Date/Time	Baby shifting Note	Signature
15/7/26 9:50 Am	A single alive baby girl delivered @ 9:44 Am with birth weight of 4.237kg. Baby cried Immediately after delivery. Immediate cord clamping done. Baby shifted for routine care. Routine care given: Inj. Vit K 1mg given Im. Baby vital signs are stable Baby kept under radient warmer	15/7/26
11:25 Am	Baby shifted to micu for further care.	15/7/26
	Receiving Notes	
11:35 Am	Baby Received From OT to MICU. Baby Care Handing over taken From OT staff. Monitored vitals and Recorded. Maintained I/O. DBF given. Baby cried and active. Urine Micturition Passed	15/7/26

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NURSES NOTES

Date/Time		Signature
15/7/20 at 12pm	Monitored vitals and Recorded. Maintained IO. DBF given. Urine Meconium passed. Vaccination Not done	01.07.20
12.30pm	RBS Monitored 63mg/dl. Informed to Dr. Poojitha advised to Follow 6th hourly. DBF given Baby Mother side	01.07.20
1pm	Maintained IO. Monitored vitals and Recorded. DBF given. Baby well and active. Urine Meconium passed.	01.07.20
2pm	The baby taking DBF 2nd Early the baby was well monitored	
	The motion was passed.	02.07.20
3.45pm	The baby shifted to 7th Floor. the baby Handing over given to 7th Floor staff	02.07.20

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies .... NK

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty ON 15/7/2026.	
15/7/26	4.PM	Baby Recvd from 7th floor Room 702 baby is on Recvd RoomAir, Conscious & Oriented GCS E4V5M6. CNS:- S1 and S2 heart sounds are hearing good.	021875
		Res:- Bilateral breathing pattern avient present	
		GI:- Abdomen was soft Bowel (+)	
		GU:- Self voiding.	
	4:30PM	baby vitals are checked & Monitored done H.D stable	
		CP / PD / CFT — ++ / ++ / ++	
	5PM	baby Latching Dormancy Notes L – 2, A – 2, T – 2, C – 1, H – 1 Total 8 score	021875
	6.30PM	CBG will be checked and Monitored. M91d!	
	P.S.J/m	Baby Popom Laying due to (?) duty staff	Dona

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0Y0M0D16H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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☐ N -g : Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	7:30pm.	Night duty Notes. Baby details Handing Over taken from Evening duty Staff. → Bed side Assesment done. Conscious & Oriented. Active & Alert. Baby Crying well. No IV line. Breast feeding Sucking good. No any Other Complaints. →	
	8pm.	vitals Sign Checked & Recorded. vitals are Stable. No Chart monitored. DBF Q2 hourly Continue.	
		Baby CBG Q6th hourly Continue →	
	10pm.	Baby Tomorrow Vaccine to do, DBF & Warmth. 24 hour 4 limb POs to do., NBS, SBR, OAE at 48 hourly to do. No any Other Complaints. →	
	11pm.	Baby Mother side Health education given as about DBF Q2 hours & warmth. Continue. Baby Breast feeding Sucking good. →	
16/7/26	12AM	Baby Vitals are Stable. No Chart monitored. DBF Continue	
	4AM.	Baby RBS monitored Q6th hourly Continue. vitals Sign Checked & Recorded. vitals are Stable. No Chart monitored. →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093890
Baby B/O KASTHURI ASHWIN IP18-00036479
15-07-2026 0 Y 0 M 0 D 15 H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	6AM.	Baby ~~data~~ Morning care done. Urine & Motion passed I/O Chart monitored. No any other complaints vitals are stable. Today vaccine to do.	Deepika
	7:30AM	Baby details handing over to morning duty staff.	Deepika
		Morning duty	
16/7/26	7.30AM	Baby details handover taken over from Night to morning. Baby is DBF + Nanpro urine & motion passed, today vaccine, NBS, SBR, O.A.E 48hrs RBS Q6H	P. Karu 607261
	8.00AM	Baby vitals checked and Recorded.	P. Karu 607261
	9.00AM	Baby RBS 68 monitor and Recorded, 4 limb saturation done.	P. Karu 607261
	10.30AM	Baby seen by Dr. padmapriya mam come and see RBS stop tommorrow 9Am NBS, SBR O.A.E	P. Kanmozhi 607261
	12.00pm	Baby vitals checked and Recorded. Intake / output maintained	P. Kanmozhi 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	1.30 PM	Baby details, handovers given to Evening duty staff → P. Kavya 607261	
16/7/26	1.30pm	Evening duty ON. 16/7/2026. Baby Condition and details handling Over taken from Morning duty staff Nurse: baby is Conscious Oriented Cry 15/15, CRT & CRV. -Bowel opend Cry voiding → Diet :- DBF and Formula feed	
	3 PM	Baby feeding DBF Will be Given done Latch Score L-2 A-2 T-2 C-2 H-2 Total Score 9 Maintain	
	4PM	vital signs are Morning & Recorded done H.D Stab	
		CP / PP / CRT / H / H / Active →	
	5pm	Dr. Chandra lokha mam come and explain to parents BCG 0.1ml ID, Hep-B 0.5ml IM, OPV p/o 2drops. Given as per order. →	6673

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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15-07-2026 0Y0M0D0H (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE 15/7	E DATE 15/7	N DATE 15/7	M DATE 16/7	E DATE 16/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	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	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3	3	3	3
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

Intervention:

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	X	X	X
Other Intervention(s) Specify		✓	✓	X	X	X
Nurse's Name:		Risnc	Ochi	[illegible]	[illegible]	[illegible]
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		15/7/26	15/7/26	15/7/26	16/7	16/7
Time:		10Am	2pm	8pm	8AM	1.30 P

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

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/7	DATE 17/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	3	3			
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3			
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		14	14			

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

	Bed in low position		✓	✓			
	Call device within reach		✓	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		✓	✓			
	Wheel chair support		NA	X			
	Other Intervention(s) Specify		NA	X			
	Nurse's Name:		Nisha	[illegible]			
	Signature:		[illegible]	[illegible]			
	Date:		16/7	17/7			
	Time:		8a	8a			

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

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PAIN ASSESSMENT FORM

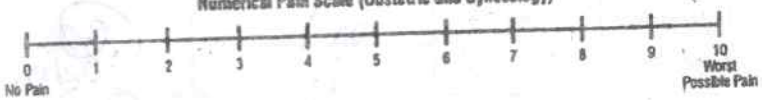
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/26	10 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	←	60772
15/7/26	2PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	R.Gr 021113
15/7/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02hrs
16/7/26	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	02hrs
16/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P.Gr 60726
16/7/26	2 PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02/1815.
16/7/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	NS/0480
17/7/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	NS/0480
17/7/26	10AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	P.Gr 60726
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
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
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)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
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
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient Name : .....

Age.....

No.: F/HW/BRD-Q/NSG/04

				Date :	15/7	15/7	15/7	16/7
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 through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	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	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	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	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	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	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	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name	DS			

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

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. PADMAPRIYA EKAMBARAM

BRADEN 'Q' SCALE

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				Date : 16/7/26	16/7	17-7-26	
				Time : E	N	M	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	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 life 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	28	28	28	
				Evaluator's Name				

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

Docu. No. : RCH /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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Padmapriya	15/7/26 @	15/7/26 @
Transfer Ordered by	**Reason for Transfer**	
Dr. Poojitha	For further observation	
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1 Bp file		Yes ☐ No ☒
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607721	Dr. Poojitha

Patient & Clinical Records Received by : S/N Familiarity 01/8/20

Date & Time of Patient Received : 15/7/26 at 11.30AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

GUC-00093890 IP18-00036479
Baby B/O KASTHURI ASHWIN
15-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Bla kasthuri Ashwin Mother's Name: mrs. kasthuri Ashwin

Date of Birth: 15/7/26 Time of Birth: 9:44 am Gender: ☐ Male ☒ Female

Birth Weight: 2:237 Kgs HC: 34 cm Lenght: 44 cm

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

Term / Pre-term / Post-term: term

Resuscitated: ☐ Yes ☒ No

Blood Group: Mother: AB+ve Baby: Awaited

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

GUC-00047973 IP18-00036472
Mrs KASTHURI ASHWIN
27-08-1998 29 Y 10 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: .....

Physical Assessment of New Born:

Temp: 98°F °C HR: 140bl /Min RR: 50 /Min BP: — SpO_2: 97

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☒ Yes ☐ No **Score:** 14 (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: Resna Signature: 607721 Date &Time: 15/7/26

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Part - I.

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

Identified Education Needs:

1. Diagnosis Newborn
2. Treatment and Care

Plan

3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

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		
15/7/26	11 Am	yes	Educate & Inform about breast feeding position	Mother	None	oral	None	yes	good	
16/7/26	10 Am	yes	Explain about feeding	Mother	None	oral	None	yes	good	
17/7/26	9 AM	yes	Explain about blood Investigation	Mother	None	oral	None	yes	good	

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	15/07/2026 @ 8.05 pm	15/07/2026 @ 3.45 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmapriya	Dr. poojitha	further mgt
From Unit	**To Unit**	**Information to Attendant**
LDR	7th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Casesheet	–	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N parameswari 016808	Dr. poojitha

Patient & Clinical Records Received by : S. Nirmala

Date & Time of Patient Received : 15/7/26 at 4pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready