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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

Date: 31/7/26

Gender: M

Ward: .....

Room No: 601

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	Nurse Sign	Pharmacy Sign
Date:	Date: 31/7/26	Date: 31.7.26
Time:	Time: 9:30AM	Time: 9.40 AM

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

Rainbow Children's Hospital

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	31/7/26 at	9.30AM					
Activity Sheet update by Pharmacy							

Twin -II

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ACTIVITY RECORD FOR BILLING

Name: GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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
29/7/26	10:30Am	OT	NICU	
29/7/26	3.30pm	NICU	6th floor	Shalini SMO

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
29/7/26	Cord blood	26024263	
29/7/26	RBS	24310	
29/7/26	RBS	24310.	
29/7/26	RBS	24365	
30/7/26	RBS	24365	
30/7/26	RBS	24464	
31/7/26	OAE	735230	
31/7/26	(SBR) NBS	24443	

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: 31/7/26 Time: 8:1 Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

UP[illegible] FLOOR

NAME OF CONSULTANT-

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	31/7/26 10am at				
	INTIME	OUT TIME			
Arrangement of File by Nursing	31/7/26	10.00 10 am			
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 → 2.220kg

HC → 32cm

L → 41cm

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 : IP18-00036669 **Admit Date** : 29-Jul-2026 **Admit Time** : 09:59 AM **UHID** : GUC-00094441

Patient Details :

Patient Name	: Baby B/O KAVITHA TWIN -2	**Age**	: 0 D
Guardian	: Mr MANIKANDAN	**DOB**	: 29-07-2026 09:38 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 10/89C, MOOGAMBIGAI NAGAR, CHINNAPANICHERRY Paraniputhur Kanchipuram Tamil Nadu INDIA 600122	**Phone No**	: 6383009424/ 8056494420
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT609-2 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT609-2 **Admission Type** : First Visit

Contact Details :

Name : Mr MANIKANDAN **Relationship** : Father

Contact Address : 10/89C, MOOGAMBIGAI NAGAR, CHINNAPANICHERRY Paraniputhur Kanchipuram Tamil Nadu INDIA 600122 **Phone No** : 6383009424

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 KAVITHA TWIN -2**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036669**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT609-2**

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:

Relationship:

Date: 29/07/2026 Time: 10.03 AM

Witness Name:

Witness Signature:

Patient Address:

10/89C, MOOGAMBIGAI NAGAR,
CHINNAPANICHERRY Paraniputhur
Kanchipuram Tamil Nadu INDIA
600122

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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 Kavitha T -D	UHID Number : GUC-0009444 1
Self/Attendant Name : ⁄	Relation : Father
Self/ Attendant Signature : ⁄ Phone Number : 6383009424	Name & Signature of Financial Counselor

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Kavitha Age : 26yrs Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : 29/7/26 UHID No.: .....

NICU Consultant : Dr. padma priya Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/o Kavitha Twin - II

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 29/7/26 Time of Birth : 9:38 Am

Place of Birth : RCH, Guindy

Mother's Blood Group : 'B' positive

Birth Weight (gms) : 2.368kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+4 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 2yrs LMP : 8/11/25 EDD : 15/8/26

Conception : Spontaneous or with Rx. : OI conception

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

Last Scans Details : 4/4/26 - Fetal Echo (N)
16/7/26 - Breech, Placenta - Anterior
AFI (5 DP) - 5.5
EFW - 2.287 Kg Doppler - (N)

TT Immunization and Iron / Folic Acid : Taken

MAINTENANCE RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 26yrs Discordancy 2% Cx - 2.5cm

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? H/o PCOS

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 : 2 P : ..... A : 1 L : .....

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

A1 - Spontaneous conception / Missed miscarriage
MMA given 2025

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 : .....

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
8/10	9/10	

TOTAL

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
↓
Delayed cord clamping done
Inj vit K 1mg IM given
↓
No distress
↓
Shifted ~~to~~ mother side for routine care

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 140/min RR : 58/min NIBP : CFT : <3secs

Color of the extremities : pink

Jaundice : Pallor : SpO2 : 96-1.

Anthropometry : Birth Weight : 2.368kgs. Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	(N)
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : (N) Periauricular Pits / Tags : Nasal shape / Patency : — patent Palate : Gums : Lips : Tongue : (N)	
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : (N) Bowel Sounds : Umbilical Stump : + 2UA, 1UV Discharge :	
GENITILIA :	Labia / Hymen : (N) Testicles/penis : Anus : — patent	
HERNIAL ORIFICES	(N)	
TRUNK and SPINE :	(N)	
SKIN LESIONS :	—	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 58/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 : 96.1. Auscultation : BL AE (+) Breath Sounds : NVBS Added Sounds : .....

Cardiovascular System :

HR : 140/min BP : ..... Precordial Activity : No

Femoral Pulses : felt Murmurs : No

Other Peripheral Pulses : felt Signs of Cardiac Failure : No

Abdomen :

Shape : (N) Hernia orifice : (N)

Palpation : ..... Anal Patency : patent

Palpable masses : ..... Umbilical Cord : 2VA, 1UV

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

Meconium passed : Not passed

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

State of wakefulness : (N) tone

Prechtle Score : .....

Nerves : .....

(N)

.....

.....

Motor System :

Passive Tone : .....

Active Tone : (N)

Neonatal Reflexes : .....

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

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

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

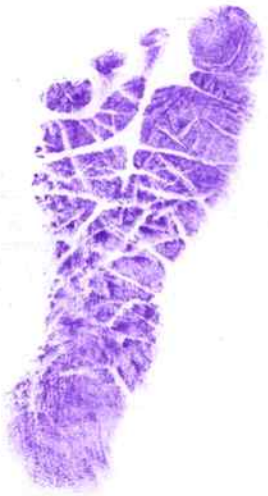
Patient Sticker

Any Congenital Anomalies : No congenital anomalies noted

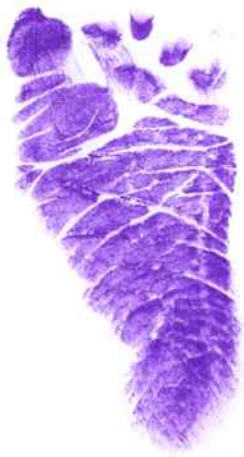
Diagnosis : Term 37+4 weeks | SVA | Boy | DCDA Twin-2 Breech | BWt 2.368 kgs

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Dee 29.7.26

Name : Dakshitha . G

Date & Time : 29/7/26 @ 10:20 AM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

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 : Term 37+1 weeks | SGA | Boy | DCDA Twin-2 Breech | Bwt 2.368 kgs

Present Issues :

Vital : ☐ HR : 140/min ☐ RR : 58/min ☐ BP : ..... ☐ SPO2 : 96-1 Weight : 2.368 kgs

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Warmth care
DBF F/b bumping
W/f danger signs
OAE, NBS, Vaccination
CBG monitoring

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 2:30 PM	SIB. Dr. Padmapriya	
	Δ: Term (37+4) / SGA / Boy / DCDA Twin (2) / Breech / 2.368kgs	
	A live baby Boy - SGA born as DCDA Twin (2) / Breech / @ 2.368kgs to a Bfve mother 26yrs old @ H/o maternal hypothyroidism / PCOS underwent Elective LSCS / Normal - CAB Ramanthi	
	No obvious external anomalies noted	
	vitals : stable	
	PS: clear	
	CVS. NSMD / @ tcry/cy / Abdy	
	Extremities - @	
	Urine : passed	Adv
	meconium not passed	1) OBF - OM / warm
		2) monitor vitals
		3) CBG - OGM profeeds.
		4) Wind saturation at 24hrs
		5) SBR/OAE/NBS at 48hrs
	Lalitha 29/7/26	Priya 29/7/26

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 9:30 AM	S/B. Dr. LUCKYVIGNESH	
	Δ: Term(37+4) / SGA Boy / DCDA Twin II / 2.36 kgs (Breech)	
M/B Active / Active		
	Baby received Normal cry / tone / Activity CRT <3sec	
	Urine ✓	
	Meconium ✓	BWt: 2.360 kgs
	Vitals: Stables	TWt: 2.248 kgs
	Vaccination.	Δ: 112
		%. 4.7%
	RS: clear	CVS: S1 S2 (+) No murmur
	PA: Soft NT	CNS: NFND
		ADV
		1) DBF - 2H / warmth
		2) SBR / NBS / OAE at 48hrs ↓ 31/7/26
		3) 4 hrs SpO2 today at 9:00AM
		4) CBG Q6H ↓ 10:00AM. ↳ till 48hrs
	Luckyvignesh 203377	
		K. Padmapriya 44268

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 9:30 AM	S/B. Dr. Lucky Vignesh	
	A: Term (37+4) / SGA / Boy / DCDA Twin II / 2.36 kgs / Breech.	
	Baby mind	Bwt: 2.360 kgs
	urine ✓ pink / active / CRT <3	Pwt: 2220 kgs
	meconium ✓	Δ 140g
	vaccine ✓ vitals: stable	% 5.9%
	RS: clear PA: S/NT	
	CNS: NFND CVS: S1/S2 ⊕ / Murmur.	
		Adv
		1) DBF - 2H / warmth
		2) monitor vitals
	Luckyvignesh 203377	3) SBr/OAE/NBS done & SBr reports - awaited
		↓
	SBr - 8.9 mg/dl	< 15.5 mg/dl
		↓
		discharge

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.368 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/7/26	9.38 AM	Inj vit K	1 mg	IM		PT	Gd.
29/7/26	3:45PM	Inj BCG	0.05ml	ID			
30/7/26	3:45PM	Inj Hep-B	0.5ml	IM			
30/7/26	3:45PM	OPV DROPS	2 drops	Oral			

Docu. No. : RCH /FRM / CLINICAL / 136

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

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

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/7/26 Time:	9:33 pm	10 Am	12 pm	4 pm	8 pm	12 am	4 am
Doctor/Nurse/Family Concern?							
Temperature (°F)	98.2 F	98.6 F	98 F	97.1 F	97.5 F	98 F	97.8 °F
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	140/m						
Heart Rate (Number)	140b/m	144/m	148/m	146b/m	128 b/m	140 b/m	135 b/m
Resp. Rate (bpm) (Over 1 Minute) *	40b/m						
Resp Rate (Number)	40b/m	48/m	50/m	46 b/m	34 b/m	40 b/m	39 b/m
Resp Distress: Mod/ Severe / None / Mild	-	/	/	↳ RA	↳ RA	↳ RA	↳ RA
Receiving O_2 (l/min) O_2 Saturations (%)	98%	95%	99%	100%	98%	98%	99%
Conscious Level: Normal / Altered	-	/	/	↳ Alert	↳ Alert	↳ Alert	↳ Alert
GCS *	15	Alert	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	2	SS	SS	[illegible]	[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

RH - 100% | LH - 100%

RL - 98% | LL - 99%

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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-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2025 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/7/26 Time:	8Am.	12pm	4pm	8pm	12Am	4Am
Doctor/Nurse/Family Concern?						

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

97.1F 98.6F 97-9F 96.8F 97.1F 96.8F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	150b/m	146b/m	145b/m	142b/m	136b/m	140b/m

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

Resp Rate (Number)	46b/m	44b/m	42b/m	48/m		40b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)		RA	RA	RA	RA	RA
O_2 Saturations (%)	99%	99%	100%	99%	100%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	Alert	Alert	Alert
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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (1)

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

29/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ motion	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am					Birth.						
	09:00 am									✓		
	10:00 am		DBF								No IV	
	11:00 am											
	12:00 pm		DBF								Line	
	01:00 pm											
Total Intake : 2 time DBF						Total Output : 1 time urine passed						
	02:00 pm	~~DBF~~									No IV line	
	03:00 pm									✓		
	04:00 pm	DBF										
	05:00 pm										No IV	
	06:00 pm	DBF					✓				IV	
	07:00 pm											
Total Intake : 3 times DBF						Total Output : 1 time						
	08:00 pm											
	09:00 pm	DBF									NO IV line	
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF					✓			✓		
Total Intake : (3) -DBF						Total Output : U-1; M-1						
	02:00 am											
	03:00 am	DBF									NO IV line	
	04:00 am											
	05:00 am	DBF										
	06:00 am									✓		
	07:00 am	DBF										
Total Intake : (3) -DBF						Total Output : U-1						

Total 24 hrs. Intake	(11) -DBF	Total 24 hrs. Output	U-4; M-2

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

T.wt - 2.248 kg

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.

30/7/26		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										NO	Priya
	09:00 am		DBF								NO	Priya
	10:00 am										1 time	
	11:00 am		DBF									Priya
	12:00 pm											
	01:00 pm		DBF									
Total Intake : 3 times						Total Output : nil						
	02:00 pm											
	03:00 pm										NO	Sujatha
	04:00 pm	DBF FF	15ml									
	05:00 pm										IV Sujatha.	
	06:00 pm	DBF FF	15ml				✓			✓		
	07:00 pm										Line Sujatha.	
Total Intake : (2) DBF + 30ml						Total Output : 1 times.						
	08:00 pm	FF	20ml									
	09:00 pm										NO	Deepa Devi
	10:00 pm	FF	10ml									
	11:00 pm									✓	IV	Deepa Devi
	12:00 am											
	01:00 am	FF	15ml								Line	Deepa Devi
Total Intake : 45ml						Total Output : 1 time						
	02:00 am											
	03:00 am										NO	Deepa Devi
	04:00 am	FF	15ml								IV	
	05:00 am											Deepa Devi
	06:00 am	FF	10ml				✓			✓	Line	
	07:00 am											Deepa Devi
Total Intake : 85ml						Total Output : 1 time						

Total 24 hrs. Intake	100ml + 5 time DBF	Total 24 hrs. Output	3 time

- | ~~, ~ ff Twin-2

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NB / Term				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —			
	Surgery / Procedure: —				Post OP Day: —			
BACKGROUND	Date / Shift		29/7/26 M	29/7/26 Evening	29/7/26 N	30/7 M	30/7 E	30/7 N
	Medical Condition (Any special condition to be noted):		NA	—	—	—	—	—
	Diet:		DBF	DBF	DBF	DBF	DBF	DBF+Form
ASSESSMENT	Allergy:		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):		NA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs:	Temp:	98.6°F	98.5°F	97.8°F	97.1F	97.0°F	96.8F
		Res:	48/mt	40	40b/m	42b/m	40b/m	46b/m
		SpO₂:	98%	100	98%	99%	100%	99%
		Pulse:	144/m	140	135b/m	140b/m	145b/m	140b/m
		BP:	—	—	—	—	—	—
		LOC:	Alert	Alert	Alert	Alert	alert	Alert
		Fall Risk Score:	14	14	14	14	14	14
		Pain Score:	0	0	0	0	0	0
		Skin Integrity	Normal	Intact	Intact	intact	intact	normal
Recommendations	Safety Needs:		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:		NA	—	—	—	—	—
	Others Specify:		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:		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 :			Shanthi	Pooja	Mythili	Praveena	[illegible]	Anupriya
Signature / ID :			OA407L	Pooja	4 B07784	Praveena	[illegible]	[illegible]
Date:			29/7/26	29/7/26	30/7/26	30/7/26	30/7/26	31/7/26
Time:			1:30 pm	11 Pm	@ 8 am	2 pm	8 pm	8 Am
Taken Over By Name :			Pooja	Mythili	Praveena	[illegible]	Anupriya	
Signature / ID :			Pooja	4 B07784	Praveena 0720	[illegible]	[illegible]	
Date:			29/7/26	29/7/26	30/7/26	30/7/26	30/7/26	
Time:			2 pm	@ 8 pm	8 am	2 pm	8 pm	

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 29/7/26

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	Promote adequate Nutritim DBF	11.30 Am	- Assess the Baby condition - Monitor Flo chart -> Provide DBF Q2H -> Monitor Daily wt	Maintain good Nutritim	Reassessment way done	Shal SWOT2
Afternoon		promote adequate nutrition		- Assess the baby condition - To give DBF 2nd hrly - keep baby warmth	maintained good nutritional status	Reassessment is done	Sooji.
Night	8 Pm	Prevented Falls and injury.	10 Pm	-> keep the bed in low lying position.	Baby was placed in cradle with wheels locked.	Prevented falls.	Jyothi SWOT2

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

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

Date: 30/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Promote adequate Nutritional.		To Assess feeding Position,	TO Encourge breast feeding	Baby was Clinically Normal	
Afternoon	8pm	prevent Falls and injury	3pm	=> Keep bed in low position & side rails up.	=> patient Kepted in cradle	=> Baby clinically stable	Lucy
Night	8pm	prevent pressure Pruceies and Skin breakdown.	9pm	Assess skin condition regularly provide comfort position & and nurse.	Assessed skin condition provide comfortable position changed	Baby was Stable no evidence of denyaration.	Dear

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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NURSES NOTES

Date/Time		Signature
29/7/26 9:38 AM	Baby Shifting Notes	
	⇒ Alive Twin baby delivered Twin-II	
	delivered @ 9:38 AM Baby Boy	
	With Birth weight 2.368 kg.	
	⇒ Baby Cried immediately. Cord	
	clamp done.	
	⇒ Inj vit K img Im given. Routine	
	care given. Wire passed.	
10:30 AM	⇒ Baby shifted to NICU and Baby	
	handover to NICU staff.	
	Receiving Notes ON 29/7/26	
10:35 AM	Report Received From OT staff to	
	CDR staff. Baby Activity are	
	good. No IV line	
	vital sign checked & Recorded	
	vital sign are Stable.	
	Baby Meconium Not passed.	
	Baby BBF taking well. No	
	vomitting	

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NURSES NOTES

Date/Time	← Continuous 29/7/26 →	Signature
	Iso chart Maintain	
	Baby vaccination Not done.	
1pm	CBG checked 69mg/dl informed	
	Dr. Rakshitha she advice CBG 6th	
	Prefeed 4th.	
	Iso chart Maintain	
1:30pm	Baby handing Over given to	
	Evening duty staff	Staff Nurse
	Evening duty	
1:30pm	Baby care hand over taken	
	from morning duty staff.	
	Baby is Active warmth. pinkish	
	colour. Baby is in mother side.	Poojitha
2pm	Baby vital signs checked	
	recorded. maintain Iso chart.	
	BF given to baby sucking	
	good. placed the baby on	
	mother side. vaccination	
	not done.	Poojitha

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0Y0M0D7H (M)
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NURSES NOTES (2)

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	3pm	Baby is stable, warmth, Hemodynamically stable. Pain assessment done. Baby shifted to ward as per doctor order. Baby care hand over given to 6th floor staff receiving nurse.	
29/7/26	3.30pm	Baby details Handing over taken from NICU/SN. NO LVLine, EBM-6th hourly Pre feed, vaccine done, Inj. vit K done	
	4PM	Vitals checked and recorded Baby had food	
	6PM	L - 2 A - 2 T - 2 C - 2 H. - 1 need supervision..	
	7.30pm	Handing over given to Night duty SN.	
		Night Duty Notes.	
	7:30pm	Baby details are handing over taken from evening duty staff After 48hrs - SBR/NBS/OAE.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Tommorow - Vaccine plan. →	
	8pm	Baby vitals are checked & recorded. vitals are stabled. | CP | PP | CRT | ++ | ++ | <2sec | →	
	10 pm	L - 1	
		A - 2	
		T - 2	
		C - 2	
		H - 1 needs supervision →	
30/7/26	12am	Baby vitals are checked & recorded. Vitals are stabled. | CP | PP | CRT | ++ | ++ | <2sec | →	
	12:30am	RBS is checking @ 6 Hourly pre-feed. RBS - 53 mg/dl →	
	2am	Baby takes DBF for every - 2 hourly →	
	4am	Baby vitals are checked & recorded. vitals are stabled. | CP | PP | CRT | ++ | ++ | <2sec | →	
	6 am	Morning care was given to the Baby and today weight also checked. →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

(3)

NURSES NOTES

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

☐ NO KNOWN Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6:30am	pre feed RBS value -	
	7am	Maintained I/O chart →	Jyothi Bathula.
	7:30am	Baby details are handing over given to Morning duty staff → Morning duty Nurses.	Jyothi Bathula.
30/7/26	7.30am	Baby details hand over taken from Night duty Staff. Baby was Active & Alert →	Praveena Devi
	8am.	Baby Vitals checked and Recorded. Vitals Normal. →	Praveena Devi.
	10Am	Baby taking feeds NO Vomiting. OBF 22 hrly.	
		L - 2	
		A - 2	
		T - 2	
		C - 2.	
		H - 1/9 (Mood & Supervision) →	Praveena Devi
	12pm.	Dr. Padmapriya Mam seen the patient Advice From. To continue OBF and tomorrow to do SBC, OAE, NBS →	Praveena Devi
	2pm	Baby vitals checked and Recorded. Vitals Normal. Mainkiner Intake and output Chart →	Praveena Devi
	1:30pm	Hand over given from Evening duty Staff →	Praveena Devi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		evening duty 30/7/26	
30/7	1:30pm	→ Patient handover taken by morning duty S/N →	Lucy 01/7/26
		→ Patient Clinically Stable	
	2pm	→ Provide health education to Mother Give 9 2nd baby one DBF L - 2 A - 2 T - 2 C - 2 H - 1 Mother need to train	Lucy 01/7/26
	4pm	→ Checked vital signs → Patient vitals is stable. → Patient Clinically Stable.	
	6pm	→ Monitored intake and output chart.	
	7.30 pm	→ patient handover given to night duty S/N →	Lucy 01/7/26
		Night Duty Notes	
30/7/26	7:30pm	→ Baby detail hand over taken from evening duty SN Baby warm and active EBM + NMS wold @ and hey Tommorow DAF / NBS / S. Bili @ 9 AM, RBS stop	Duty Nurse

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

(4)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	8 PM	→ Baby vital Signs checked and recorded. Vitals are stable L – 2 A – 2 T – 2 C – 2 H – 1 9 need supervision	Duty Staff Nurse
	10 pm	→ Baby sucking and swallowing reflex is good. feed tolerated well. No vomiting sensation	Duty Staff Nurse
31/7/26	12 AM	→ Baby Vital Signs monitored and recorded. Sleeping well.	Duty Staff Nurse
	2 AM	→ Baby Intake & output chart maintained & record. Health education explained	Duty Staff Nurse
	4 AM	→ Baby vital Signs checked and recorded. Vitals are stable	Duty Staff Nurse
	6 AM	→ Baby morning care given weight checked and record. I/O chart maintained & record	Duty Staff Nurse
	7.30 AM	→ Baby detail hand over given to morning duty SN	Duty Staff Nurse

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

①

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE 29/7/24	E DATE 29/7	N DATE 29/7	M DATE 30/7	E DATE 30/7
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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	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	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	14	14	14	14

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

Intervention:

Intervention						
Bed in low position		–	✓	✓	✓	✓
Call device within reach		–	✓	✓	✓	✓
Wheels Locked		–	✓	✓	✓	✓
Room free of clutter		–	✓	✓	✓	✓
Adequate lighting		–	✓	✓	✓	✓
Wheel chair support		–	✗	✗	✗	✗
Other Intervention(s) Specify		–	✗	✗	✗	✗
Nurse's Name:		[illegible]	[illegible]	[illegible]	Praveena	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		29/7/24	29/7	29/7	30/7	30/7
Time:		9:33 am	3pm	@ 8pm	@ 8am	3pm

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

IP No. :

					M	E	N	M
					27/7/26	29/7 2pm	29/7	30/7
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 life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or 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				

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

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PATIENT TRANSFER FORM

GUC-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
29/7/26	29/7/26 @ 10:30 Am.

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. padmapriya.	Dr. Rakshitha	For Further management

From Unit	To Unit	Information to Attendant
OT	NICU	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
1 Ip 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
[signature] 600871	Dr. Rakshitha

Patient & Clinical Records Received by : [signature] OT 72

Date & Time of Patient Received : 29/7/26 at 10:30 AM

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

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	29/7/26 at	29/7/26 at 3.30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Padmapriya	Dr. Rakshitha	further treatment
From Unit	**To Unit**	**Information to Attendant**
NICU	6th floor	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
01 File	0	Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipe	01
2.	Baby pamber	1
3.	Dress	Male.
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 04072	Dr. Rakshitha

Patient & Clinical Records Received by : Sathya 02004PD

Date & Time of Patient Received : 29/7/26 at 3.30PM

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-00094441 IP18-00036669
Baby B/O KAVITHA TWIN -2
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Kavitha (Twin-2) Mother's Name: Mrs. Kavitha

Date of Birth: 29/7/26 Time of Birth: 9:38 AM Gender: ☑ Male ☐ Female

Birth Weight: 2.368 Kgs HC: — cm Lenght: — cm

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

Term / Pre-term / Post-term: Term

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

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

GUC-00092528 IP18-00036665
Mrs KAVITHA
08-03-2000 26 Y 4 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Twin Gestation.

Physical Assessment of New Born:

Temp: 98.4 °C HR: 140 b /Min RR: 40 b /Min BP: — SpO_2: 99%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☑ No **Score:** 15 (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: Thanushya Signature: Date &Time: 29/7/26 @ 9:38 AM

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/7/26	12³⁰pm	69 mg/dl	Dr. Rakshitha CBH QBH	[illegible]
			prefeed 48hrs	
29/7/26	6.30PM	60mg/dl	Prefeed 48hrs	[illegible]
30/7/26.	12.30Am.	53 mg/dl	prefeed 48hrs	[illegible]
30/7/26	6:30 Am	60 mg/dl	Pre feed 48hrs	[illegible]
30/7/26	1.30 Pm	68mg/dl	Pre feed .	[illegible]
			Stop by	
		DR .	Padmapriya	