Rainbow Children's Hospital

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 03/8/26

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

Gender: .....

Room No: 701

Ward: 7th

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 03/8/26

Time: 6Am

~~Pharmacy Sign~~

Date: 3/8/26

Time: 8:14 am

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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

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							
Activity Sheet update by Pharmacy							

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

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ACTIVITY RECORD FOR BILLING

Name: B/o. Infant Jeffy John

UHID No: 94546 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
1/8/26	11 Am	LDR	7th floor	Sindhuja

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
1/8/26	Blood Grouping	26024584	
1/8/26	RBS	26024610	
03/8/26	SBR/NBS	26024726	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
03/8/26	OAE	①	26024726	Sindhu/60336

ANY OTHER INFORMATION:

Date: 03/8/26 Time: 6AM Prepared By: S/N madhumitha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
S. madhumitha	7th floor		

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GUC-00094346 IP18-00036706
Baby S/O JERRY JONE
01-03-2023 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		9050 am	[signature]		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Twt : 2.799kg
H : 34cm
L - 48cm
Patch Score: 8

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
1/8/26	8Am	72mg/dl	Dr. Annapoorni	Atalya 018050
			↓	
			stoped	

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 : IP18-00036706 **Admit Date** : 01-Aug-2026 **Admit Time** : 06:30 AM **UHID** : GUC-00094546

Patient Details :

Patient Name	: Baby B/O JEFFY JONE	**Age**	: 0 D
Guardian	: Mr ABISHEK J	**DOB**	: 01-08-2026 05:46 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 13, 112, RAMS APARTMENT, RAMA STREET, Nungambakkam Bazaar Chennai Tamil Nadu INDIA 600034	**Phone No**	: 9600513755/ 9094167632
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE712-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE712-1 **Admission Type** : First Visit

Contact Details :

Name : Mr ABISHEK J **Relationship** : Father

Contact Address : 13, 112, RAMS APARTMENT, RAMA STREET, Nungambakkam Bazaar Chennai Tamil Nadu INDIA 600034 **Phone No** :

S.JAYASEELAN

Signature

Doctor Details :

Doctor Name : Dr. PADMAPRIYA EKAMBARAM **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr. Priyadharshini S M **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O JEFFY JONE**	**Age :**	**0 Y 0 M 0 D 3 H**
IP No:	**IP18-00036706**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE712-1**

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 c[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: > S. Jayaseelan

Name: > S. JAYASEELAN

Relationship: > Paternal Grand Father

Date: 01-08-2026 Time: 6:30

Witness Name: DARWIN

Witness Signature:

Patient Address:
13, 112, RAMS APARTMENT, RAMA STREET, Nungambakkam Bazaar
Chennai Tamil Nadu INDIA 600034

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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 : > Baby of Jeffy Jone	UHID Number : 94546
Self/Attendant Name : > S. JAYASEELAN	Relation : > Paternal Grand father
Self/ Attendant Signature : > S. Jayan Phone Number : > 9884125805	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Jeffy Jone Age : 30y Father's Name : ..... Age : .....
Date of Birth : ..... Date of Admission : 1/8/26 UHID No.: .....
NICU Consultant : Dr. padmapriya 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 Jeffy Jone
Gender : ☐ M ☑ F Blood Group : .....
Date of Birth : 1/8/26 Time of Birth : 5:46Am
Place of Birth : RCH, Guindy

Mother's Blood Group : 'O' positive
Birth Weight (gms) : 3.018kgs Length (cms) : .....
OFC (cms) : .....
Estimated Gesth Age : 39w+1d

Current Obstetric History : (Booked / Unbooked Case)
Maternal Age : 30yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 2½yrs LMP : 30/10/25 EDD : 6/8/26
Conception : Spontaneous or with Rx. : .....
Booked at what GA. : ..... AN Steroids Drugs / Doses : Given
Last Scans Details : NT scan – (N), FTS Seen negative
Anomaly scan – (N), TT Immunization and Iron / Folic Acid : Taken
Growth Scan – (N) Antenatally – (Rt) Adnexa ? ovarian cyst ~~3x1~~ 2.6x2.3

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 30yrs
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 / Redistribution in MCA) / Ductus Venosus : .....
AFI : .....

H/o GDM/ pre GDM/ on diet or insulin
Controlled or not, recent values, HbA1 values : .....
Compliance with Rx : .....
Scans : LGA, TIFFA , Fetal Echo : .....
H/o Hypothyriodism : when diagnosed ? Medication?
On T. THYRONORM 25mcg OD
Any other Chronic Medical Problems, when detected drugs ? Since conception
(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 : Primi P : ..... A : ..... L : .....

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) Vacuum assisted

Second stage (> 2 hours after dilation) NVD

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
TOTAL 7/10	8/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 22 H (F)
Dr. PADMAPRIYA EKAMBARAM

Histor

Baby cried @ birth
↓
Inj vit K 1mg IM given
↓
In view of minimal retraction, SpO_2 - 85%
↓
connected to O_2 @1L/min
↓
After reassessing, maintained SpO_2 - 98%, retraction (dishev settled)
↓
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 : 95%

Anthropometry : Birth Weight : 3.018/kg 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 : 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 : Bowel Sounds : Umbilical Stump : — 2VA, 1UV Discharge :	N
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : — patent. Mel. paired.	
HERNIAL ORIFICES		N
TRUNK and SPINE :		N
SKIN LESIONS :		N
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 : 95% Auscultation : B/L 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 : (N)

Shape : ..... Hernia orifice : .....

Palpation : ..... Anal Patency : patent

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

Abdominal girth : ..... First urine passed : Not passed

Meconium passed : Meconium passed

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

State of wakefulness : (N) tone

Prechtle Score : .....

Nerves : (N)

.....

.....

.....

Motor System :

Passive Tone : (N)

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 22 H (F)
Dr. PADMAPRIYA EKAMBARAM

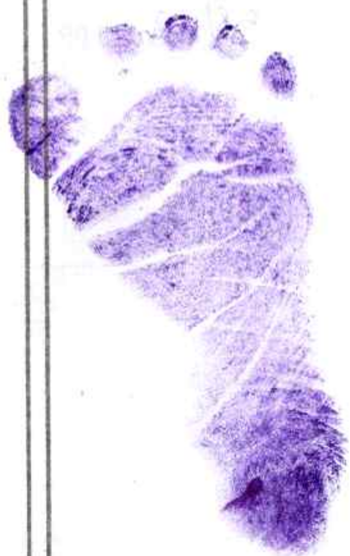
No congenital anomalies noted

Diagnosis : Term 39+1wk | AGA | Girl | NVD | Bwt : 3.018kgs

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : ....

Name : ....

Date & Time : 1/8/26 @ 6Am

Consultant :

Signature : E. Padmapriya

Name : PADMAPRIYA EKAMBARAM

Date & Time : 1/8/26 @ 10:30am

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 39+1wk | AGA | GIH | NVD | Bwt 3.018kgs

Present Issues :

Vital : ☐ HR : 140/min ☐ RR : 58/min ☐ BP : ☐ SPO2 : 95% Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Warmth care
DBF F/B bumping
W/t danger signs
DAE ABS & V vaccination
CBG stat

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
1/8/26	S/B. Dr. LUCKY VIGNESH	
10:00 AM		
	Alive baby girl born to a mother of 30yr old O+ve	
	ē maternal H/O hypothyroidism (39w+1d) / primi	
	delivered via NVD	
	No obvious external congenital anomalies	
	urine – not passed.	vitals : stable
	meconium – passed	Baby examined.
		Normal cry / tone / Activity
		CRT < 3sec
	CBG – 72mg/dl	PP well felt
	(1hr post feeds).	warm peripheries
	RS : clear	CVS : S1/S2 (+) / no murmur.
	CNS : NFND.	PA : soft / NT
	Δ : Term (39w+1) / AGA / girl / NVD / 3.018 kgs.	
	Primi (ē maternal hypothyroidism)	
		Adv
		1) DBF Q2H / normal
		2) Monitor vitals
		3) SBr / OAE / NBS at usual
	Lucky (sign) 20337	3/8/26 (? at review)
	E. Padmapriya (sign) 44768	4) Check SpO2 at
		2/8/26 6:00 AM.

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

30

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 3.45pm	S/B Dr. Padmapriya Baby reviewed. Feeding difficulty ++ Mother assessed & counselled vaccine given. Anuya 44268	
02/08/26 11AM	S/B Dr. S. Mahalakshmi Baby reviewed No new concerns On DBF Q2H accepting well. Urine output - Adequate On room air 4 limb SpO2 - (N) O/E: Alert, euthermic AFO level WOB (N) Colour - (N) Vitals - Stable S/E - (N) RS - clear Other (N) Advice: To Continue DBF Q2H. To do SBR & NBS tomorrow @ 6AM. To do OAE. 15/8/26	

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.012 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
1/8/26	5:50AM	INJ. VITAMIN K	0.1mg	IM	[signature] 52217	MD	TJ
1/8/26	9:50 am	Inj BCG	0.05ml	ID		NS	ES
1/8/26	9:50 am	Inj HepB	0.5ml	IM	[signature] 203377	MS ALS	ES
1/8/26	9:50 am	OP drops	2drops	PO			ES

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

(1)

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

o. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 1/2/26 Time: 5.46 AM

Doctor/Nurse/Family Concern?

Temperature (°F)	104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94	98F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50	on admission 150
Heart Rate (Number)		150bt/m
Resp. Rate (bpm) (Over 1 Minute) *	70 / 60 / 50 / 40 / 30 / 20 / 10	50
Resp Rate (Number)		50bt/m
Resp Distress: Mod/ Severe / None / Mild		✓
Receiving O_2 (l/min) O_2 Saturations (%)		✓ At Room
Conscious Level: Normal / Altered		Alert
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		Tpw

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 01/8/26 Time:	8Am	12pm	4pm	8pm	12am	4Am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98°F	97.8F	98.°F	98.0°F	98.0°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	140b/m	138b/m	142b/m	136b/m	134b/m	136b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	50b/m	40b/m	42b/m	40min	40min	40min
Resp Distress Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99% (RA)	100% RA	99% RA	98% RA	98% RA
Conscious Level Normal / Altered GCS *	Alerted 15/15	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	2	0	0	0	0
Observer's Initials	[illegible]	✓	[illegible]	✓	✓	✓

Note: BP does not score in early warning scoring

ACTIONS		
	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

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

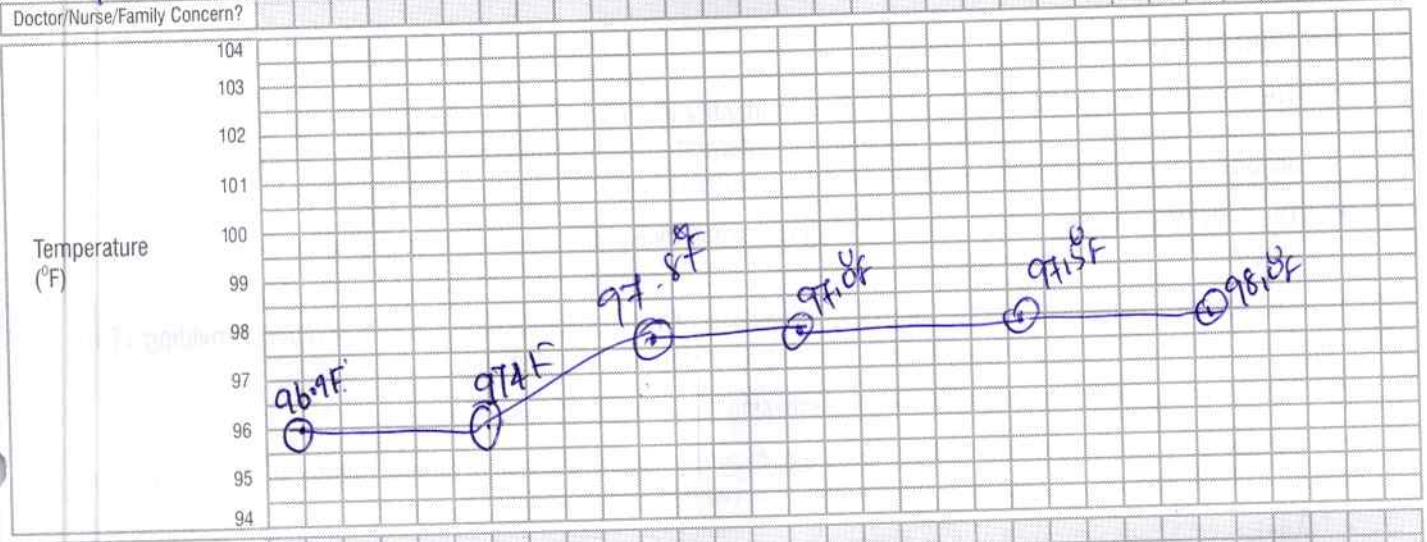
Rainbow® Children's Hospital — It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

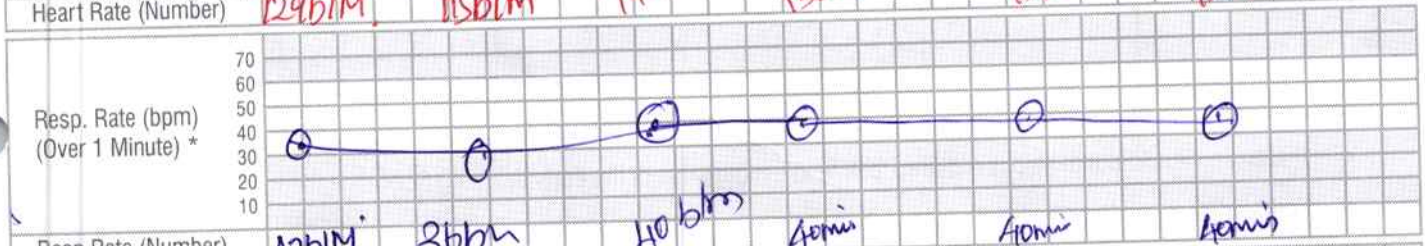
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/8/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?



Heart Rate (Number)	129b/M	115b/m	149b/m	136bpm	134bpm	126bpm



Resp Rate (Number)	42b/M.	36bpm	40 b/m	40/min	40/min	40/min
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	100% RA	100% RA	99% RA	99% RA	99% RA	98% RA
Conscious Level: Normal / Altered	✓	✓	Alert	Alert	Alert	Alert
GCS *	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	M	L	PB	✓	✓	✓

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
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

FLUID CHART

Sheet No. : 1

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

Date: 1/8/26	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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am					on Admission						
	06:00 am											
	07:00 am	DBF				✓					✓	NOIV line
Total Intake :		DBF 1 time				Total Output :						U/m not passed

Total 24 hrs. Intake	DBF 1 time.	Total 24 hrs. Output	U/m passed

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

R/wt - 3.00018

Sheet No. : 2

1/8/2026

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.

1/8/26		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	DBF									NO	SA
	09:00 am										IV	SA
	10:00 am	DBF									line	SA
	11:00 am											SA
	12:00 pm	DBF									NO IV	A
	01:00 pm										IV	A
Total Intake :		2 nos DBF				Total Output :						
	02:00 pm	DBF										AA
	03:00 pm										NO	AA
	04:00 pm	DBF									IV	AA
	05:00 pm										line	AA
	06:00 pm	DBF										AA
	07:00 pm											AA
Total Intake :		3 Time DBF				Total Output :				Nil		
	08:00 pm										NO	
	09:00 pm	DBF										A
	10:00 pm						✓			30	IV	
	11:00 pm	DBF										A
	12:00 am										line	
	01:00 am	DBF										A
Total Intake :		3times DBF				Total Output :				30ml		
	02:00 am										NO	
	03:00 am	DBF										A
	04:00 am										IV	
	05:00 am	DBF										A
	06:00 am									✓	line	
	07:00 am	DBF								✓		A
Total Intake :		3times DBF				Total Output :				2 nos of urine		

Total 24 hrs. Intake	12 times DBF.	Total 24 hrs. Output	urine - 3 motion - 1

2/8/26 at 6AM

RH	LH
SpO_2 - 100%, P - 136bmin	SpO_2 - 100%. P - 134bmi
RL	LL
SpO_2 - 100%. P - 138bmin	SpO_2 - 100% P - 136bmi

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

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

FLUID CHART

Sheet No. : (3)

T. wt : 2.915 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.

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
2/8/26												
	08:00 am	DBF									NO	
	09:00 am									✓		
	10:00 am	DBF									IV	
	11:00 am											
	12:00 pm	DBF								✓	line	
	01:00 pm											
Total Intake : 3 Time - DBF										Total Output : 2 times diaper changed		
	02:00 pm									30ml	NO	P.L
	03:00 pm	DBF									IV	P.L
	04:00 pm						✓				line	P.L
	05:00 pm									30ml		P.L
	06:00 pm	DBF										P.L
	07:00 pm	DBF								60ml		
Total Intake : DBF 3 times										Total Output :		
	08:00 pm										NO	Syl
	09:00 pm	DBF									IV	Syl
	10:00 pm									30	line	Syl
	11:00 pm	DBF										Syl
	12:00 am											
	01:00 am	DBF										
Total Intake : 3 times DBF										Total Output : 30		
	02:00 am										NO	Syl
	03:00 am	DBF										Syl
	04:00 am						✓				IV	Syl
	05:00 am	DBF								30	line	Syl
	06:00 am											Syl
	07:00 am	DBF										
Total Intake : 3 times DBF										Total Output : 30		

Total 24 hrs. Intake	12 times DBF	Total 24 hrs. Output	Urine – 6 times motion – 2 times

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient

Rainbow® Children's Hospital
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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	Date / Shift	1/08/26 N	1/8/26 M	1/8/26 E	1/8/26 N	2/8/26 M	2/8/26 E
	Medical Condition (Any special condition to be noted):	Noted	N/A	N/A	NB	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:	98.2F	98F	97.6F	98.6F	96.4F	97.8F
	Res:	42b/m	48b/m	46b/m	46b/m	42b/m	40b/m
	SpO_2:	100%	100%	99%	100%	100%	99%
	Pulse:	142b/m	150b/m	148b/m	146b/m	128b/m	144b/m
	BP:	—	—	—	—	—	—
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	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	N/A	NA	NA	N/A	N/A
	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 :		Sharmila	Apolya	[illegible]	V. Abirami	Priyanka	P. [illegible]
Signature / ID :		Sharmila [illegible]	018080	[illegible] 021295	[illegible] 607718	021875	[illegible]
Date:		1/8/2026	1/8/26	1/8/26	1/8/26	2/8/26	2/8/26
Time:		8am	1:30pm	7:30 pm	7:30am	1:30PM	7:30PM
Taken Over By Name :		Apolya	[illegible]	V. Abirami	Priyanka	P. [illegible]	Sincell
Signature / ID :		018080	[illegible] 021295	607718	021875	[illegible]	[illegible]
Date:		1/8/26	1/8/26	1/8/26	2/8/26	2/8/26	2/8/26
Time:		8am	7:30pm	8pm	1:30AM	1:30pm	8pm

GUC-00094548
Baby B/O JEFFY JONE IP18-00036706
01-08-2026 0Y0M0D6H (F)
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: 1/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	5.46 AM	Asses The Baby condtion Vutals monitor Nutritional support		Asses Child condtion Vutals monitoring Food given.	Baby Vutals stable	Re-assessment done	Staff nurse

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 1/8/2026

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- ☐ 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	Promote Adequate Nutrition for healing & recovery	8:30 Am	Assess Nutritional status Assist with feeding Monitor weight	Baby is good latching	Reassessment was done	Apalya 0800
Afternoon	2PM.	Promote Adequate Nutrition for healing & recovery	4:30 pm.	Assess Nutritional Status: Assisted with feeding monitored weight	Baby is good Latching	Reassessment was done.	02/26
Night	8pm	promote adequate Nutrition for healing & recovery	9pm	Assess Nutritional for feeding & recovery	Baby is good latching	Re-assessment was done	60772

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

Pati

(1)

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 .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby Notes 1/7/2026	
1/8/26	5.46 Am	Baby delived in Vaccum assisted delivered. A live Female baby Birth cried. Baby cord clamp Baby Handed over to pediatrician. Baby at Birth meconium passed. Baby suction done mild distress O2 started SpO2 -99% maintained	Shami 0102
		Inj - Vitamin K given as per doctor's order. Child vitals stable. Birth Time :- 5.46AM Birth weight :- 3.018kg sex :- Female	Shmy 0102 -
		Baby vitals stable and records monitoring ⟶	Shmil 0102.
	6.30 am	Baby activity is good Baby given to DBR crying is good crying is well no vomiting Baby general condition is good Cord blood sent to for blood grouping	— Dani/01 [illegible]
	7.30 am	Baby handling om to morning duty staff to be followed doctors order.	— Dani/01[illegible]
		morning duty	
1/8/26	7:30 Am	Baby care hand over taken from Night staff Nurse Baby was stable ⟶	Abalya 01800

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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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
1/8/26	8Am	⇒ checked for vital signs recorded Baby vital are stable checked CBG 72mg/dl Informed Dr. Annapoorani Advised to stopped and hourly DBF →	Atalya 01808
	9:30 Am	⇒ DBF given to Baby good latching cholestrum of milk is present Baby placed to mother side →	Atalya 01808
	10:20 Am	⇒ Dr. Lucy Vignesh seen the Baby Advised to DBF and hourly Monitor vital signs →	Atalya 01808
	11Am	⇒ Baby shifted to ward Baby care hand over given to the floor staff Nurse →	Atalya 01808
		Receiving note on 1/8/26	
	11am	Baby received from [illegible] to 1st floor. Baby details handing over taken from S/N Agaly. Baby active and [illegible]. Colour is pink and warm. Baby is on Q2H DBF feed taking well →	[illegible]
	11.15AM	Vaccination done. Dr. Vignesh sir seen the Baby advised by Biopolio 2 drops given Once [illegible]	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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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
1/8/26		Inj: Vit K given intramuscular. Inj. Hep-B vaccine given intramuscular.	[signature]
	12pm	Maintain intake and output chart. Vitals signs checked & recorded	[signature]
	1.30pm	Baby details handing over to evening duty staff	[signature]
		Evening duty Notes	
1/8/26.	1.30pm.	Baby details handing over taken from Morning duty staff. Bed side Assessment done. Baby active & alert, Baby crying well. Breast feeding sucking good.	[signature]
	2pm.	vitals sign checked & recorded. vitals are stable. I/O chart monitored. DBF @2 hourly continue.	[signature]
	3.30pm	S/B the Dr. Padmapriya mam. DBF @2 hourly & warmth, SBR/OAE/NBS @ 48 hours. Alims SpO2 at 2/8/26 @ 6AM. to do follow.	[signature]
	4PM.	Baby vitals sign checked & recorded. vitals are stable. I/O chart monitored. No any other complaints	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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 ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/8/26	6PM.	Baby vitals are stable. I/O chart monitored. Baby Breast feeding & sucking good. DBF 2 hourly vitals are monitored.	[signature]
	7:30PM	Baby details handing over taken from Night duty staff.	[signature]
		Night duty	
	7:30PM	Baby details Hand over taken from Evening duty staff. Baby active and alert, Baby vitals are stable, Baby vaccine done, SBR/NBS/OAE after 48HRS, RBS stop. U/M passed. DBF only.	[signature] 607373
	8PM	Baby vitals signs checked and recorded. vitals are stable, maintained I/O chart. U/M passed, DBF only	[signature] 607373
	10PM	Baby sucking well, maintained I/O chart. Feeding well.	[signature] 607373.
02/8/26	12AM	Baby sleeping well. Sucking well. DBF Q2Hrly. Maintained I/O chart.	[signature] 607373.
	2AM	Baby no other complaints, no c/o vomiting, Abdomen distension, Q2Hrly DBF only	[signature] 607373.
	4AM	Baby vitals are stable. maintained I/O chart.	[signature] 607373, [signature] 607373

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 22 H (F)
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
	6AM:	baby morning care Done: weight checked and Recorded: Maintained I/O chart.	
		Baby details handover given to morning duty staff →	[signature] 60736
		Morning duty ON 2/8/2026	
	7:30AM	baby Condition and details handing Over taken by Night duty Staff Nurse, child is Conscious Oriented ons E4 V5 M6 at the age S1 and S2 heart Sounds are hearing good Bilateral breathing pattern airenty present. Urine & motions passed, diet: DBF, vaccination Done →	[signature] 02183
	8AM	child vital sing are monitored & Recorded. H: D Stable	
		CP PP CFT	
		++ ++ 3sec · Maintained	
	10AM	baby feeding Latch score is well Total: 8	
		L — 2	
		A — 2	
		T — 2	
		C — 1	
		H — Total 8 maintained →	[signature] 02123

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☐ ~~No Known~~ Drug Allergies
☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	12 PM	Rechecked vital H.D stable Recorded done CP PP CFT ++ ++ 3 sec	
	1PM	Tommarow 6AM. Serum Bili and NBN O.A.T will be do and Recorde	
	1:30PM	baby Hemodiamnically stable and baby details handover Given to Evening to staff Nurse	[signature] 02/27.
		Evening duty	
2/8/26	1:30PM	Baby details handover taken from morning to evening patient is vaccine done, NBS, SBR, O.A.F Tommorrow 6AM, DBF only urine & Motion passed.	P. Kanimozhi 607261
	2.00pm	Baby taking DBF, sucking is good.	P. Kanimozhi 607261
	4.00pm	Baby vitals checked and Recorded.	P. Kanimozhi 607261
	7.00pm	Baby Intake/output Maintained.	P. Kanimozhi 607261
	7.30pm	Baby details handover given to Night duty staff	P. Kanimozhi 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

BRADEN 'Q' SCALE

(for Paediatric use)

Name : .....

..... Gender : ☐ M ☐ F IP No. : .....

					Date :	1/8/26	1/8/26	1/8/26	1/8/26
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		3	3	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 waking 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."		3	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.		3	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	22	24	24	24
					Evaluator's Name	SHP			

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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... IP No. : .....

				Date :	N 2/8	F 2/8	N 2/8	M 3/8
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.	4	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	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	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

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Pa

THE HUMPTY DUMPTY SCALE

N M E N M

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			1/8	1/8	1/8	1/8	1/8
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
Cognitive Impairments	Not aware of Limitations	3		3			
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4		4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2		2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1		1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	2					
	One of the Meds listed above	1					
	Other Medications / None						
	Total		1 13		1 13	1 13	1 13

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

Intervention:					
Bed in low position	✓		✓	✓	✓
Call device within reach	✓		✓	✓	✓
Wheels Locked	✓		✓	✓	✓
Room free of clutter	–		✓	✓	✓
Adequate lighting	–		X	X	X
Wheel chair support	–		X	X	X
Other Intervention(s) Specify					
Nurse's Name:	Shruti				
Signature:					
Date:	1/8/26		1/8/26	1/8/26	2/8/26
Time:	2x		8pm	8pm	1.30pm

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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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THE HUMPTY DUMPTY SCALE

E N M

PARAMETER	CRITERIA	SCORE	DATE 2/6	DATE 2/8	DATE 3/0	DATE	DATE
Age	Less than 3 years old	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		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3			1		
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1	1				
Response to Surgery / Sedation Anesthesia	Within 24 hours	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		
	Total		13	13	13		

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:		P.Q	Simaja			
Signature:						
Date:		2/8	2/8	3/0		
Time:		2PM	8PM			

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

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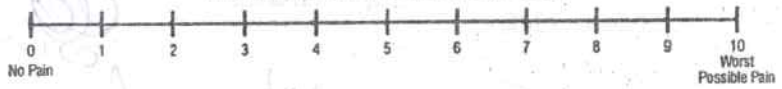
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/8/26	6AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	Shmily 0
1/8/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	Akeela 01808
1/8/26	2PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	02129
1/8/26	8PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	607728
2/8/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	60737
2/8/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	021875
2/8/26	2PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	607261
2/8/26	8PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	607383
3/8/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	607383
3/8/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	NIL	

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.

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 brawn 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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 3 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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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(P.T.O)

PAIN ASSESSMENT TOOLS

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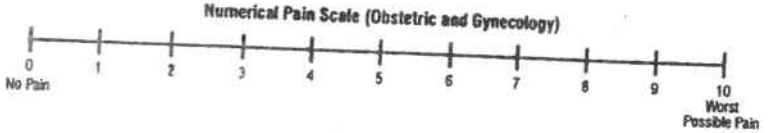
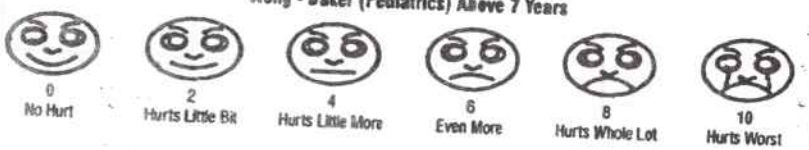


Wong - Baker (Pediatrics) Above 7 Years



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GUC-00094546 IP18-00036706
Baby B/O JEFF NE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
1/8/26	7Am	Nutrition Diet	Educated to mother about Need of DBF	Mother	NO	oral	none	Verbal	Good	[signature]
2/8/26	2pm	yes	explain about breast feeding	Mother	No	oral	None	verbal	good	[signature]
3/8/[illegible]	8am	yes	breast feeding technique	Mother	No	oral	None	Verbal	Good	[signature]

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

Doc No. : RCH / FRM / CLINICAL / 187

PATIENT TRANSFER FORM

(1)

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GUC-00094548 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission: 1/8/26 at 6:35 Pm	Date & Time of Transfer Order: 1/8/26 at 11 Am
Treating Consultant Name: Dr: padmapriya	Transfer Ordered by: Dr: Anna poorni	Reason for Transfer: Observation.
From Unit: LDR	To Unit: 7th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole IP files	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	1
2.	Baby diaper	1
3.	Baby dress	1
4.		
5.		

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

Baby Shifted to ward

Name & Signature of Person who is Transferring: S/d Nurse 01/8/26	Name of Person Ordered Transfer: Dr: Anna poorni
Patient & Clinical Records Received by :	
Date & Time of Patient Received : 1/8/26 @ 11 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

GUC-00094546 IP18-00036706
Baby B/O JEFFY JONE
01-08-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

Patien

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Infant Jefy Jone Mother's Name: Mrs. Infant Jefy Jone

Date of Birth: 1/08/2026 Time of Birth: 5.46 AM Gender: ☐ Male ☐ Female

Birth Weight: 3.018 Kgs HC: 34 cm Lenght: 44 cm

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

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

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

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 7.30 AM

GUC-00084304 IP18-00036700
Mrs JEFFY JONE
20-06-1996 30 Y 1 M 12 D (F)
Dr. PRIYADHARSHINI S M

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

Indication: Narrow pubic arch

Physical Assessment of New Born:

Temp: 98.6 °C HR: 150bt /Min RR: 50brs /Min BP: — SpO_2: 99%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☐ No **Score:** ..... (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: Sis: Tamilselvi Signature: Date &Time: 1/8/26 at 7A