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-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

Date: 19/7/26

Gender: F

Ward: .....

Room No: 701

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: 19/7/26	Date: 19/7/26
Time:	Time: 6 hrs	Time: .....

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

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 1 D (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		19/7/26 @ 6pm					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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GUC-00093976 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

Name: .....

UHID: 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
17/7/26	11:00 Am	OT	MICU	
17/7/26	2:45pm	LDR	701	

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
17/7/26	cord blood-grouping	26022990	[illegible]
17/7/26	RBS	26023068	[illegible]
17/7/26	RBS	26023034	[illegible]
18/7/26	RBS	26023087	[illegible]
18/7/26	RBS	26023082	[illegible]
18/7/26	RBS	26023133	[illegible]
19/7/26	RBS, S.T. bilirubin	26023176	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 29/12/22 Time: 6 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00093975 IP18-00036503
Baby B/O M VEENA (F)
17-07-2026 0 Y 0 M 1 D
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	19/7/26 at 10AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		19/7/26 at 10AM	[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					

19/7/26

Twt - 3.474 kg..

H - 33 cm

L - 49 cm

Latch phone - 8

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 2 H (F)
D/: PADMAPRIYA EKAMBARAM

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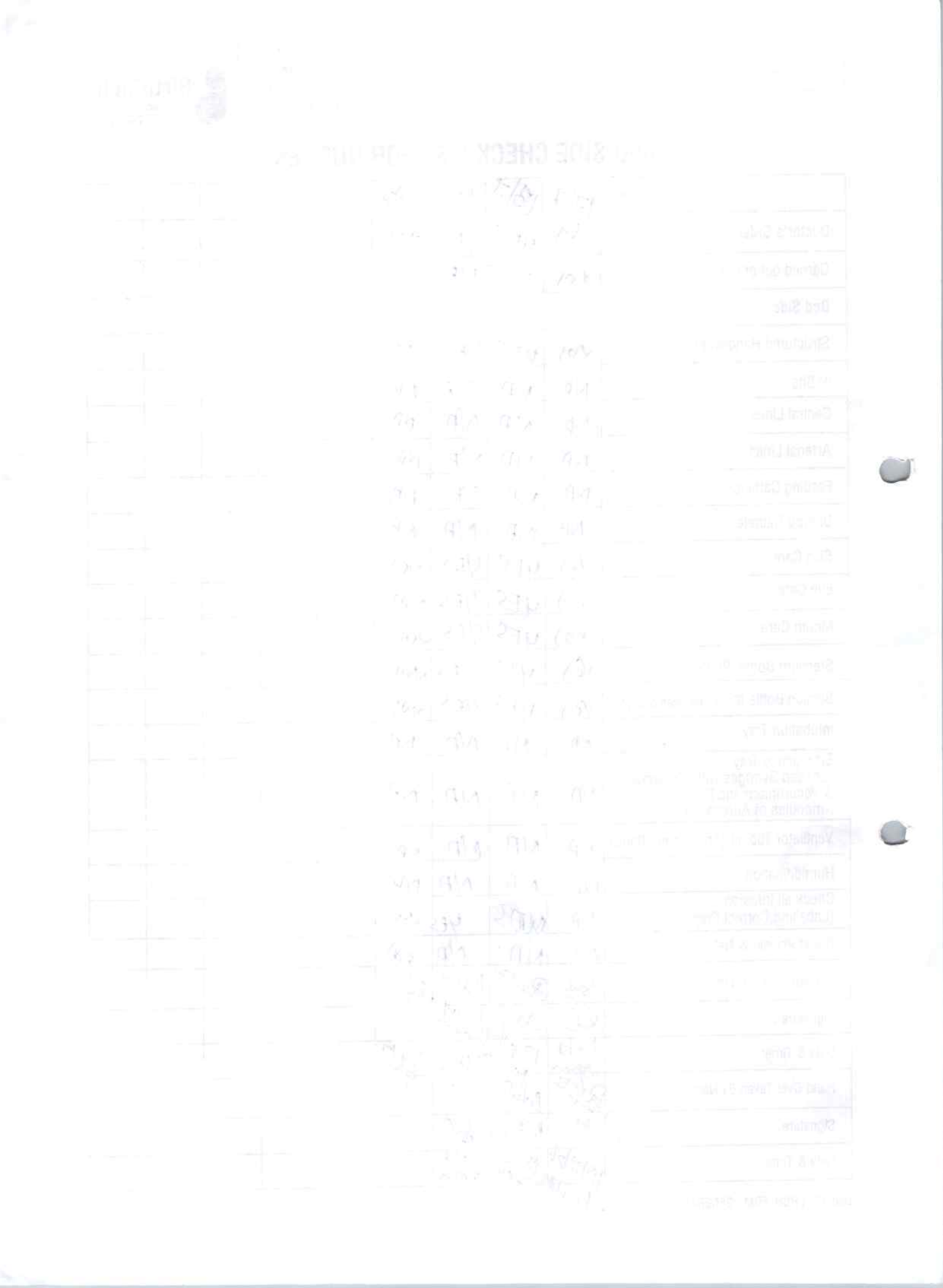
BED SIDE CHECK LIST FOR NURSES

Date:	17/7	18/7	18/7	19/7					
Doctor's Orders	YES	YES	YES	YES					
Carried out or not	YES	YES	YES	YES					
Bed Side									
Structured Handover done	YES	YES	YES	YES					
IV Site	NA	NA	NA	NA					
Central Lines	NA	NA	NA	NA					
Arterial Lines	NA	NA	NA	NA					
Feeding Catheter	NA	NA	NA	NA					
Urinary Catheter	NA	NA	NA	NA					
Skin Care	YES	YES	YES	YES					
Eye Care	YES	YES	YES	YES					
Mouth Care	YES	YES	YES	YES					
Sterillum Bottle, Stethoscope	YES	YES	YES	YES					
Suction Bottle (Should be clean & empty)	YES	YES	YES	YES					
Intubation Tray	NA	NA	NA	NA					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA	NA					
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA	NA					
Humidification	NA	NA	NA	NA					
Check all Infusion (Labelling,Correct Preparation)	NA	YES	YES	YES					
Chest Physio & Neb	NA	NA	NA	NA					
Handed Over By Name :	SD	Baby	Baby	SD					
Signature :	SD		Baby	SD					
Date & Time:	17/7 8pm	18/7/26 1.30PM	18/7 2PM	19/7 8pm					
Hand Over Taken By Name :	Doctor	Baby	SD						
Signature :		Baby	SD						
Date & Time:	18/7/26 7.30AM	18/7 2PM	19/7 2pm						



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 : IP18-00036503 **Admit Date** : 17-Jul-2026 **Admit Time** : 10:07 AM **UHID** : GUC-00093975

Patient Details :

Patient Name	: Baby B/O M VEENA	**Age**	: 0 D
Guardian	: Mr PRAVEEN S	**DOB**	: 17-07-2026 09:53 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no.104, door no. 2/2a, anadam nagar main road, ramapuram Kudlyiruppur Chennai Tamil Nadu INDIA 600089	**Phone No**	: 9940251363/ 7845582854
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT702-2 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT702-2 **Admission Type** : First Visit

Contact Details :

Name : Mr PRAVEEN S **Relationship** : Father

Contact Address : plot no.104, door no. 2/2a, anadam nagar main road, ramapuram Kudlyiruppur Chennai Tamil Nadu INDIA 600089 **Phone No** : 9940251363

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

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 M VEENA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036503**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT702-2**

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: Praveen. S
Relationship: Father
Date: 17/07/2026 Time: 10.08 Am
Wittness Name:
Wittness Signature:

Patient Address:

plot no.104, door no. 2/2a, anadam nagar main road, ramapuram Kudlyiruppur Chennai Tamil Nadu INDIA 600089

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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 M.veena	UHID Number : GUC-00093975
Self/Attendant Name : Y	Relation : father
Self/ Attendant Signature : Y Phone Number : 9940251363	Name & Signature of Financial Counselor

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
17/7/26	12.30pm.	70mg/dl	Dr Srilakshmi	Dr. Devi [illegible]
			6th hourly.	
17/7/26	6:30pm	76 mgdl.	Q6Hrly	[illegible]
18/7/26	12.30AM	88 mg/dl	Q6 Hrly	[illegible]
18/7/26	6.30AM	78 mg/dl.	Q6 Hrly	[illegible]
18/7/26	12.30PM	76 mg/dl	Q6hrly	[illegible]
		Stop		

GUC-00093976 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. M. Veena Age : 32yr Father's Name : .... Age : ....

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

NICU Consultant : Dr. Padma Priya Referring Consultant : Dr. Mathangi

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

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

BIRTH INFORMATION

Name : B/o M. Veena

Gender : ☐ M ☑ F Blood Group : ....

Date of Birth : 17/7/26 Time of Birth : 9:53 Am

Place of Birth : RCH OT

Mother's Blood Group : 'O' POSITIVE

Birth Weight (gms) : 3.827kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 38wk + 1day

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32yr Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 22/10/25 EDD : 29/7/26.

Conception : (Spontaneous) or with Rx. : ....

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

Last Scans Details : 9/7/26 – 37wk +1day, Cephalic, Placenta Anterior, SDP - 6.6, EFW - 3526gm .... TT Immunization and Iron / Folic Acid : ....

Doppler (N)

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs NT. 1.8mm

Consanguinity : ☐ Yes ☐ No FTS. Negative

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 Anomalies (N)

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 : ....
? GDM on MNT

Compliance with Rx : ....

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

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

Any other Chronic Medical Problems, when detected
drugs ? Bicuspid Aortic Valve

(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: 3 P: 1 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1			3.5kg	Girl	2020, LSCS	
G2					Miscarriage at 9wk	IDAC not done
G3	PP1		spontaneous	conception		

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	9	9

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:

A Single line term GIRL baby delivered via EL. C SCS. Baby cried immediately after birth.

Normal neonatal transition.

HR - 158/min | at 10mins
SpO2 - 98%.

Investigation details in previous Hospital :

—

Feeding History :

—

Patient Sticker

Past History :

Family History :

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Spo2 : .....

Cardiovascular System :

HR : 158/m BP : ..... Precordial Activity : -

Femoral Pulses : ..... Murmurs : -

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

Abdomen :

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

Palpation : ..... Anal Patency : Patent

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

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

Meconium passed : -

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Gener.

VITALS : Temperature : ...

Color of the extremities : .....

aundice : .....

hropometry : Birth Weight : .....

deral Index : .....

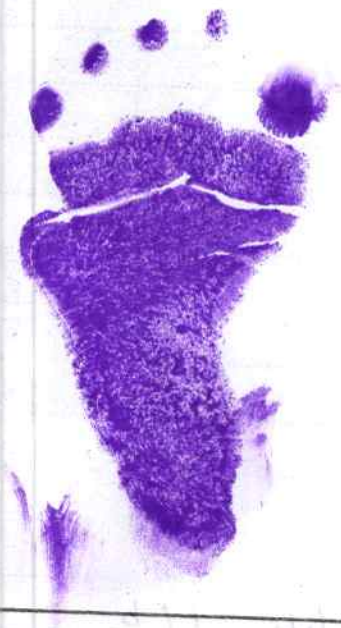
Patient Sticker

Any Congenital Anomalies : .....

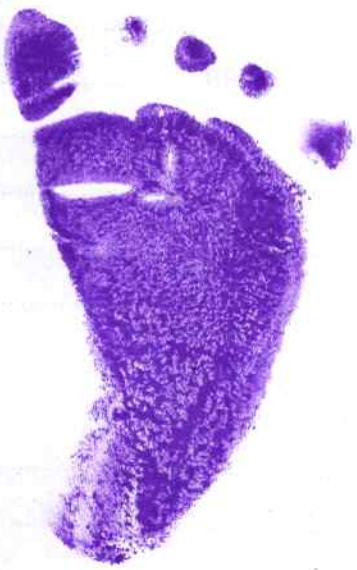
Diagnosis : Term 38wk + 1day | Girl | 3.827 kg | LGA 95th centile | IDM.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Shridevi

Date & Time : 17/7/26

Consultant :

Signature : for .....

Name : Dr. Padma Priya

Date & Time : 17/7/26.

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☒ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

1. DBF / Haemm
2. CSA at 1 hour of life F/b CSA monitory Q6H for 48 hours pr feed.
3. Post ductal SpO2 at 24 HOL
4. SBR, OAE, NBS at 48 HOL
5. Birth vaccination

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 1:15pm.	S/B Dr. Padmapriya	
	A live baby girl born to a 37yr old mother – Other c GDM on MNT & Bicuspid aortic valve delivered via Elective LSCS – Baby CIAB & Had normal transition	
	A/O Congenital anomalies noted externally	
	vitals stable	
	Term (38wt1) / Girl / GDM-MNT / 3.827kgs / LGA (95th centile)	
	Plan:	
	1) DBF - Orm / warmth	
	2) CBG Q6h prefeeds	
	3) Post ductal SpO2 at 24 hrs	
	4) SBr / OAE / NBS at 48hrs	
	5) Birth registration – today	
	Dr. Padmapriya 44268	

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

Patient Sticker

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BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 9:30AM	S/B. Dr. Lucky Vikram	
	LGA - 95th centile	
	Δ: Term (38+1w) / ~~[illegible]~~ [illegible] / 3.827kgs / GDM-MNT /	
	B/male baby remained	
	(17/7/26, 9:53AM) No new concerns	
	pink in air	urine } passing
	warm peripheries	meconium }
	Bwt : 3.827kgs CRT < 3sec	
	Twt : 3.603kgs.	M / O+ve
	Δ : 224grams vitals: stable	B / O+ve
	X : 5.9%	
	RS: clear	CNS: NFND / Ⓐ [illegible] / cry / activity
	CVS: S1S2 ⊕ / No murmur	PA: soft NT.
	Plan: 1) DBF - Q2H / warmer	
	2) CBG Q6H till 48hrs of life	
	3) [illegible] today	
	4) SBr / OAE / NBS Tomorrow morning 6AM.	
	[signature] 2023[illegible]	

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

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 1 D (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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 10 AM	S/B - Dr Yuvaraj	
	Female	
	A - Term (38+1 wo) / 3.827 kg / LGA / IDM	
M/O+ B/O+		Bw - 3.827 kg
		Yw - 3.603
	c/o - Not passing adequate urine - 3-4 times/day	Tw - 3.474 kg
		SBR - 8.6 / 8.6
	Child received	
	pink	Vaccine ✓
	Alert active	OAE - on review
	feeding well	NBS ✓
	Cry/tone/activity - good	
	S/E - WNL	SBR 8.6
	Plan	
	- D/c today after rounds	
	- ~~TB~~ OAE on review	
	- give feed & reassure whether passing urine	
		T.Y. (signature)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.227 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
17/7	10:10 Am	INJ. VIT-K	1mg	I.M	[signature] 17337,	RS	SP
19/7	8AM	INJ. BCG	0.1ml	ID	[signature]	S.M	V.A
19/7	8AM	INJ. HEPATITIS B	0.5ml	IM	[signature]	S.M	V.A
19/7	8AM	OPV	2DROPS	PO	[signature]	S.M	V.A

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

GUC-00093976 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

CH/ FRM / CLINICAL / 124

①

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: 17/7/26

Time:	10Am	12pm	2pm	4Pm	8pm	12Am	4Am
Doctor/Nurse/Family Concern?							
Temperature (°F) (scale 94–104)	98.5F	98.2	98F	97.5F	97.6F	97.6F	97.2F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	150	140	•	•	•	•	•
Heart Rate (Number)	150b/m	140	140	136b/m	150b/m	150b/m	148b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	•	46	•	•	•	•	•
Resp Rate (Number)	50b/m	46b	49	40b/m	46b/m	50b/m	52b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓					
Receiving O_2 (l/min)			RA	RA	RA	RA	RA
O_2 Saturations (%)	98%	96%	99	99%	98%	100%	100%
Conscious Level: Normal / Altered	✓	✓	Alert	RA Alert	✓	✓	✓
GCS *	15/15	15/15	15/15	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0					
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

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: 18/7/26 Time:

Doctor/Nurse/Family Concern?	8 AM	12 PM	4 PM	8 PM	12 AM	4 AM
Temperature (°F)	98.2 F	98.2 F	97.8 F	98 F	97.5 F	97.8 F
Heart Rate (bpm) and Blood Pressure (mmHg) *	144 bpm	134 bpm	130 bpm	132 bpm	130 bpm	132 bpm
Resp. Rate (bpm) (Over 1 Minute) *	28 bpm	28 bpm	30 bpm	30 bpm	30 bpm	30 bpm
Resp Distress: Mod/ Severe / None / Mild	—	—	—	—	—	—
Receiving O_2 (l/min) O_2 Saturations (%)	100% RA	100% RA	99% (RA)	98% (RA)	99% (RA)	98% (RA)
Conscious Level: Normal / Altered	—	—	—	—	—	—
GCS *	15/15	15/15	Alert	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	A	A	A	A	A	A

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

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

Note: BP does not score in early warning scoring

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

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

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

Patient Sticker

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INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

GUC-00093976 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 1

RWt: 3.741 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	Nature of Fluid	Intake: Route - Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
17/7/26	08:00 am											
	09:00 am		←			On Admission				→		
	10:00 am						meconium passed					
	11:00 am	DBF					✓				No	
	12:00 pm	DBF								7	IV line	
	01:00 pm	ran	20ml								No IV line	
Total Intake: 2time / 20ml						Total Output: passed 4 times						
17/7/26	02:00 pm										No IV	
	03:00 pm	DBF									"	Sm
	04:00 pm	Pre ran	30							30	No	Sm
	05:00 pm	DBF					✓					Sm
	06:00 pm										IV	Sm
	07:00 pm	DBF								30	line	Sm
Total Intake: 3times DBF + pre nan30ml						Total Output: 60ml						
	08:00 pm											
	09:00 pm	DBF								✓	No	AA
	10:00 pm	FF	20ml								IV	AA
	11:00 pm	DBF									line	AA
	12:00 am						✓			✓	No	AA
	01:00 am	DBF									IV line	AA
Total Intake: 3time DBF +						Total Output: 2time						
	02:00 am	FF	20									
	03:00 am	DBF									No	AA
	04:00 am	FF	20								IV	AA
	05:00 am	DBF									line	AA
	06:00 am						✓			✓	No	AA
	07:00 am	DBF									IV line	AA
Total Intake: 3time DBF +						Total Output: 1time						

Total 24 hrs. Intake	11 time DBF FF - 5	Total 24 hrs. Output	6 time M - 4

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

T.Wt : 3.600kg

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.

17/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	DBF										
	09:00 am	Neopro	30ml				✓			30ml	NO	P.L
	10:00 am											P.L
	11:00 am	DBF									IV	P.L
	12:00 pm						✓			30ml		P.L
	01:00 pm	DBF									Pine	P.L
Total Intake : 3 times @ Neopro 30ml						Total Output : 60 ml						P.L
	02:00 pm											
	03:00 pm	DBF									No	Baby
	04:00 pm											Baby
	05:00 pm	DBF									IV	Baby
	06:00 pm											Baby
	07:00 pm	DBF									Cine	Baby
Total Intake : 3 times DBF						Total Output : Nil.						Baby
	08:00 pm											
	09:00 pm	DBF									No	Dr
	10:00 pm											Dr
	11:00 pm	DBF								30ml	IV	✓
	12:00 am										No	Dr
	01:00 am	DBF										Dr
Total Intake : 2 times DBF						Total Output : 30ml						✓
	02:00 am											
	03:00 am	DBF									No	Dr
	04:00 am						✓					Dr
	05:00 am	DBF								20ml	IV	✓
	06:00 am										No IV	Dr
	07:00 am	DBF										Dr
Total Intake : 2 times DBF						Total Output : 20ml						Dr

Total 24 hrs. Intake	12 times DBF Neopro — 1	Total 24 hrs. Output	U — 4 M — 3

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
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: 17/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11AM	* promote adequate Nutrition	11:30 AM	* Assist Feeding * Maintain & Monitor I/o * Monitor weight	Maintained Good nutritional Status to some extend	Reassessment Done	
Afternoon	2pm	Reduce risk of Infection	2-30 pm	Maintain strict handhygiene Use aseptic technique any procedure	Educate Baby mother & family	Reassessment done	
Night	8pm.	* Promote adequate nutrition	10pm.	* Assist Feeding * Maintain & monitor I/o * Monitor weight	Educate Baby mother & Family	Reassessment done	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

NURSING CARE RECORD

Date: 17/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure the maintain good nutritional status	10AM	Explain the mothe to feeding process.	2nd hourly DBF and Formula Feeding given	Re Assesment Done.	[signature]
Afternoon	2pm	Prevent Infection of the Baby.	3pm	Assess the Baby's condition. Follow hand hygiene and hand wash Technique.	Prevented Infection level.	Reassessment done.	Balu [signature] 020685
Night	7.30pm	- Assess the Baby general condition - teach the parents how to prevent infection	9pm	- Assessed the baby general condition - taught the parents how to prevent infection	taught the parents how to prevent infection	Parents aware of infection.	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093976 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
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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: 18/7/26

Section	Item	17/7/26 M	17/7/26 Evening	17/7/26 N	18/7/26 M	18/7 E	18/7 N
BACKGROUND	Medical Condition (Any special condition to be noted):		–	–	–	–	–
BACKGROUND	Diet:	DBF	DBF	DBF	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):	NA	RA	RA	RA	RA	RA
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ASSESSMENT	Vital Signs: Temp:	98F	98F	97.8F	98.2°F	98.9F	97.8F
ASSESSMENT	Res:	60b/m	44bpm	48bpm	40b/m	40b/m	40bm
ASSESSMENT	SpO_2:	99%	99	99%	100%	99%	98% (RA)
ASSESSMENT	Pulse:	150b/m	148bpm	146bpm	142b/m	136b/m	132bm
ASSESSMENT	BP:	–	–	–	–	–	–
ASSESSMENT	LOC:	Conscious	Conscious	Conscious	Alert	Alert	Alert
ASSESSMENT	Fall Risk Score:	14	14	14	14	14	14
ASSESSMENT	Pain Score:	0/10	0	0	0	0	0
ASSESSMENT	Skin Integrity	Normal	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Recommendations	Physiotherapy:	NA	NA	NA	NA	N/A	NA
Recommendations	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
Recommendations	Critical Lab Test / Values:		–	–		–	–
Recommendations	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	
	Post Operative Procedure Special Orders:		–	–	–	–	–
	Handed Over By Name :	Sm [illegible]	Sriparamesh	Ashwini	[illegible]	Balaji	E. [illegible]
	Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	Balaji	[illegible]
	Date:	17/7/26	17/7/26	18/7/26	18/7/26	18/7	19/7/26
	Time:		2pm	8AM	1.30PM	8pm	7.30Am
	Taken Over By Name :	Sriparamesh	[illegible]	Ashwini	[illegible]	Balaji	E. [illegible]
	Signature / ID :	[illegible]	[illegible]	[illegible]	Balaji	[illegible]	[illegible]
	Date:	17/7/26	17/7/26	18/7/26	18/7	18/7/26	19/7
	Time:	2pm	8PM.	7:30 PM	2pm	7.30	8pm

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Baby shifting Notes
17/7/26	10 Am	A single alive baby girl delivered @ 9:53 Am with birth weight of 3.827 kg. Baby cried immeditly after delivery. Immediate cord clamping done. Baby shifted for routine care and routine care done. Baby vital signs are stable.
	11:00 Am	Baby shifted to mnw for futher care → (sign)
		Receiving Notes
	11 Am	Baby Received from OT to MPW. Baby care Handing over taken from OT staff. Monitored vitals and Recorded, Maintained I/O. Meconium passed at birth. Urine Not passed. Baby well and active. vaccination Not Done — (sign)
	12 pm	Monitored vitals and Recorded. DBF given. Baby Motherside. Urine Not passed, Meconium passed. Vaccination Not done Baby well and active — (sign)
	1:00 pm	Baby vital checked & recorded Post feeding CBG checking value 70 mg/dl Informed to Srilakshmi mam and 6th hourly to be followed. Baby continue crying Informed to Srilakshmi mam and in formula feeding given

(sign) DM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093975 IP18-00036503
Baby B/O M VEENA (F)
17-07-2026 0 Y 0 M 0 D 2 H
Dr. PADMAPRIYA EKAMBARAM

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Baby handing Over to evening duty
17/7/26	1.30 pm	Staff Baby passed urine, motion not passed
		CIMU to be followed. — Ben 10/1662
	1.35 pm	Evening duty Notes:
		Baby details handed over
		taken from Morning duty staff.
		Baby active & alert. Vitals are
		checked & recorded. Baby Urine
		passed at birth. Baby not vaccinated.
	1.40 pm	Dr. padmapriya saw the baby S/n parar 016808
		adviced to continue DBF
		CBG monitoring 6th hrly. S/n parames 016808
	2.30 pm	Baby active & alert vitals
		are checked & recorded. Baby
		side no complaints. OAE, NBS
		@ 48 hrs. S/n parames 016808
	2.45 pm	Baby shifted to ward. Baby
		details, files handed over
		given to 7th floor staff. S/n parameshn 016808
		Receiving Notes
17/7/26	2:45 pm	Baby details Hand over taken from
		LDR staff. Baby active and alert, vitals are
		stable. Baby U/M passed, DBF + pre nan (15-20ml)
		SBR/NBS /OAE after 48Hrs, vaccine plan
		tomorrow. — [signature] 607383

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
17/7/26	3PM	Baby vitals & Signs Checked and recorded. Vitals are stable. Maintained I/o chart.	
		Baby had mother feed	
		L - 2	
		A - 2	
		T - 2	
		C - 1	
		H - 1 Need Super vision →	
	4PM	Baby Sucking is good, No c/o Vomiting. Maintained I/o chart →	
	6 PM	RBS Checked and recorded. RBS 76 mg/dl Q6Hrly continue, Maintained I/o chart →	
	7:30pm	Baby details Handover given to Night Duty Staff. →	
		Night duty Notes.	
17/7/26	7.30pm.	Baby details handing Over taken from Evening duty Staff. Bed Side Assessment done. Baby active & alert, Conscious & Oriented. Baby no IV line. Baby is Crying well, Breast feeding Sucking good. No any other complaints →	
	8PM.	Baby vitals Sign Checked & Recorded. vitals are Stable. I/O Chart monitored. DBF Q2 hourly Continue.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....Nil.....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) Continue the Notes	SIGNATURE
17/7/26	10PM.	Baby Urine & Motion Passed. Vitals are Stable. CBG @6th hourly Continue, Baby DBF & warmth Tomorrow Hlim SPO2 to do, SBT, OAE, NBS @ 48 hourly to do, Tomorrow Plan Vaccine to do. →	
18/7/26	12AM.	Baby Vitals Sign Checked & Recorded. Vitals are Stable. Ilo chart monitored. Urine & Motion passed. No any Other complaints. Breast feeding Sucking good. DBF @2 hourly	
	2AM	Baby Bleeding Pattern is good. No complaints.	
	4AM.	Vitals Sign Checked & Recorded. Vitals are Stable. Ilo Chart monitored. CBG @6 Hrly Continue. DBF @2 hourly.	
	6AM.	Baby Morning Care done. Baby active & alert, vitals are Stable. Baby Colour is Pink. Baby Urine & Motion Passed. No any Other Complaints →	
	7:30AM	Baby details handing Over to Morning duty Staff. →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

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
18/7/26	7.30AM	Morning duty on 18/7/2026:	
		child conditions and details	
		handing Over taken from Night	
		duty Staff Nurse child is Active	
		Cousious Oriended GCS E4 V5 M6.	
		O/T:- Abdomen was soft Bowel sound+	
		O/U:- Self voiding	
		Diet:- DBF & Formula Feeding	021875
	8AM.	vital signs are Manitored	
		& Recorded H.D stable.	
	10AM.	feeding will be Given	
		and baby Latch Score.	
		L — 2	
		A — 2	
		T — 2	
		C — 1	
		H — 1 Total Score 8	021875
	12:00pm	vitals was checked and	
		recorded maintain T/O	
		chart no other complaints	602230
	1:00pm	Recorded T/O chart at	
		recorded.	
	1:30pm	Baby details handing over	
		given by evening duty	
		Staff	602230

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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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
		Evening duty Notes.	
18/7.	1.30pm.	The Baby details handing over taken from morning duty staff. Baby is conscious and alert. No Nil Line. →	Baby/020685
	2pm.	Baby taking DBF, sucking well. →	Baby/020685
	4pm.	Vital Signs Checked & Recorded Vitals are stable CP / PP / CRT ff / ++ / <3sec →	Baby/020685
	5pm.	Baby taking DBF. sucking well. Feed tolerated well. →	Baby/020685
	6pm.	No chart maintained. No other complaints. Urine motion passed. →	Baby/020685
	7pm.	Feeding well. Latch assessment done. L - 2 A - 2 T - 2 C - 1 H - 1 = Total Score = 8	Baby/020685
	7.30pm.	The Baby details handing over given to night duty staff →	Baby/020685

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

Rainbow® Children's Hospital
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE 17/7/26	E DATE 17/7/26	N DATE 17/7/26	M DATE 18/7/26	E DATE 18/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3		3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1	1	~~1~~			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	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	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

Intervention:

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

Bed in low position	✓	✓	✓	—	✓
Call device within reach	✓	✓	✓	—	✓
Wheels Locked	✓	✓	✓	—	✓
Room free of clutter	✓	✓	✓	—	✓
Adequate lighting	✓	✓	✓	—	✓
Wheel chair support	✓	NA	NA	ND	—
Other Intervention(s) Specify	✓	NA	NA	NL	—
Nurse's Name:	Risna	S[illegible]	[illegible]	[illegible]	Balej
Signature:	[illegible]	[illegible]	[illegible]	[illegible]	Balej
Date:	17/7/26	17/7	17/7/26	18/7/26	18/7
Time:	10:00 Am	2pm	8pm	7-30Am	8pm

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 1 D (F)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE

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

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

Bed in low position		✓	✓			
Call device within reach		✓	✓			
Wheels Locked		✓	✓			
Room free of clutter		✓	✓			
Adequate lighting		✓	✓			
Wheel chair support		NA	NA			
Other Intervention(s) Specify		NA	NA			
Nurse's Name:		[illegible]	[illegible]			
Signature:		[illegible]	[illegible]			
Date:		16/7/26	17/7/26			
Time:		8pm	8am			

GUC-00093976 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

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

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PAIN ASSESSMENT FORM

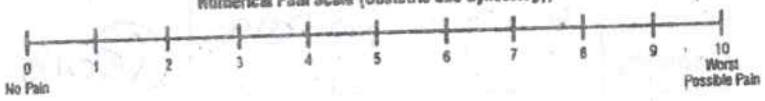
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/7/26	10am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
17/7/26	2pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No pain	
17/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No Pain	
18/7/26	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	No Pain	
18/7/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
18/7	2pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	
18/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
19/7/26	2am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
19/7/26	8am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F) HW/BRD-Q/NSG/04
Dr. PADMAPRIYA EKAMBARAM

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gende

				Date :	M 17/7	E 17/7	N 17/7	M 18/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name	DS 60714			

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

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : Baby B/o Meena

Age..... Gender : ☐ M ☐ F IP No. : .....

					Date :	18/7 E	18/7 N	17/10 M	
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.		1	1	1	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	
					TOTAL SCORE	25	25	25	
					Evaluator's Name	Baby			

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

GUC-00093976 IP18-00036503
Baby B/O M VEENA
17-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Veena   Mother's Name: Mrs. Veena

Date of Birth: 17/7/26   Time of Birth: 9:53 Am   Gender: ☐ Male ☑ Female

Birth Weight: 3.827 Kgs   HC: 34 cm   Lenght: 44 cm

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

Term / Pre-term / Post-term: term

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both   First Feed Time: 11.15 Am

GUC-00092073 IP18-00036501
Mrs M VEENA
06-08-1993 32 Y 11 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Precious CS

Physical Assessment of New Born:

Temp: 98.5°F °C   HR: 150 b /Min   RR: 50 b /Min   BP: — SpO_2: 98%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No**   **Score:** 14 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☑ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify:

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg   I.M Administered: ~~Yes~~ / No

Routine Care Provided: Yes / No ✓

Capillary Blood Glucose Monitoring Done: Yes / No ✓

Neonatal Screening Done: Yes / No ✓

1. Nutritional Screening: Feeding Problem Yes / No ✓
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No ✓
3. Socio History: Siblings Yes ✓ / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes ✓ / No

Nurse Name: Risna   Signature: [signature] 607921   Date &Time: 17/7/26 @ 10:00 Am

PATIENT TRANSFER FORM

(1)

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GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
17/7/26 @ 10:07 AM	17/7/26 @ 11:00 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Padmapriya Ekambaram	Dr. Srilakshmi	for further care

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

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
1 Tp 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
B607721	Dr. Srilakshmi

Patient & Clinical Records Received by : Devi 21760

Date & Time of Patient Received : 17/7/26 at 11.00 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

PATIENT TRANSFER FORM

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093975 IP18-00036503
Baby B/O M VEENA
17-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	17/7/26 at 10:07AM	17/7/26 at 2.45pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr-padmapriya	Dr-padmapriya	Shifted to ward
From Unit	**To Unit**	**Information to Attendant**
MICU	7th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP Files	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby Pampers	(1)
2.	Baby wipes	(1)
3.	Nan excella pro	(1)
4.	Feeding Bottle	(1)
5.	Paladai	(1)

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Parameswari 016808	Dr-padmapriya

Patient & Clinical Records Received by : V. Abirami 607278

Date & Time of Patient Received : 17/7/26 @ 8:00pm

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