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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 6/7/26

Name of the Pati GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 2 D (M)
UHID No: ..... Dr. PADMAPRIYA EKAMBARAM ..... Gender: .....

Ward: ..... GROUND FLOOR Room No: 6.06

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: 6/7/26	Date: .....
Time:	Time: 12.15 PM	Time: .....

Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	6/7/26						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
UHID No: 04-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM
Consultant: ..... Dept: .....
Date of ..... ime: ..... Date of Discharge: ..... Time: .....
Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/7/26	3:00pm	OT	MICU.	
4/7/26	11pm	MICU	6th floor	

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
4/7/26	Cord blood	26021275	
4/7/26	RBS ✓	(26021294)	
4/7/26	RBS ✓	26021320	
5/7/26	RBS ✓	201334	
5/7/26	RBS ✓	26021398	
5/7/26	RBS ✓	26021427	
6/7/26	RBS ✓	26021427	
6/7/26	RBS ✓	21485	
6/7/26	OAE	~~26~~ 17225~~03~~	
6/7/26	NBS, CBC	21530	

Total RBS (7)

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: 6/7/26 Time: 12.15pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Renuka 01/7/26			

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Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	6/7/26 12 pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing	6/7/26	12.11 pm			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

T-wt - 2.57 2 KG
HA - 36 cm
~~1 - 45.5 cm~~
2 - 46 cm

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
4/7/26	5pm	58mg/dl	informed Dr. padmapriya	[illegible]
			CBG Q6H	040772
4/7/26	11pm	63mg/dl	6th hourly	S/N [illegible] 010720
5/7/26	5am	99mg/dl	6th hourly	[illegible]
5/7/20	11AM	63mg/dl	6 hourly	[illegible]
5/7/20	6PM	76mg/dl	6th hourly	[illegible]
6/7/26	1am	60mg/dl	6th hourly	[illegible]

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 : IP18-00036319 **Admit Date** : 04-Jul-2026 **Admit Time** : 02:20 PM **UHID** : GUC-00093442

Patient Details :

Patient Name	: Baby B/O K PUNITHA	**Age**	: 0 D
Guardian	: K SUNDARAJAN	**DOB**	: 04-07-2026 01:51 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no 5\183 gopal street madipakkam Madipakkam Chennai Tamil Nadu INDIA 600091	**Phone No**	: 9080183470
		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 : K SUNDARAJAN **Relationship** : Father

Contact Address : plot no 5\183 gopal street madipakkam Madipakkam Chennai Tamil Nadu INDIA 600091 **Phone No** : 9080183470

Signature

Doctor Details :

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

Referral Doctor : Dr. Lucetta Amelia Dias **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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 K PUNITHA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036319**	**Sex:**	**Male**
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 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: K. SUNDARAJAN

Relationship: FATHER

Date: 04/07/26 Time: 02:20 PM

Witness Name: P Thamarai Selvan

Witness Signature:

Patient Address:

plot no 5\183 gopal street
madipakkam Madipakkam Chennai
Tamil Nadu INDIA 600091

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 0 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Punitha Age : 39 yrs Father's Name : ..... Age : .....

Date of Birth : 4/7/2026 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Padmapriya Referring Consultant : Dr. Lucilla

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

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

BIRTH INFORMATION

Name : B/o Punitha

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 4/7/2026 Time of Birth : 1:57 pm

Place of Birth : RCH, Ambattur

Mother's Blood Group : A +ve

Birth Weight (gms) : 2.765 Kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+5 Weeks

Current Obstetric History : (Booked / Unbooked Case) 25/10/2025

Maternal Age : 39 yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : 27/7/2026

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

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

Last Scans Details : USG (16 wks) - low lying placenta covering os. Cx 2.5 cm (29/6/2026) - cephalic, placenta low lying 1.2 cm away from internal os

TT Immunization and Iron / Folic Acid : ..... cervical encirclage done

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 Liquor - (R) AFI - 13.9 cm

H/o PIH (after 20 weeks) / PE - TTR - 1286 gm

How many Drugs / Doses / Since how long : ..... EFW - 2697 gm

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : 29.7g

IUGR - when detected : .....

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

AFI : .....

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

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

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? -

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

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

Infection : H/O. Fever

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

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

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

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

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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)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : slow laying

Specify the reason : Placenta in labour

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	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink			
HEART RATE	Absent	< 100 Minutes	> Minutes			
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal			
MUSCLE TONE	Limp	Some Flexion	Active Motion			
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying			
			TOTAL	8/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried at birth

↓

Routine care given

Inj. vitK 1mg im stat given

Pre ductal + post ductal SpO_2 (N).

Baby shifted to mother's side.

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

cry + activity - good

VITALS : Temperature : 36.5°C HR : 136/min RR : 56/min NIBP : CFT : <3 sec

Color of the extremities : pink

Jaundice : – Pallor : – SpO2 : 98% RA

Anthropometry : Birth Weight : 2.765 Kg Length : HC : Present Weight :

Ponderal Index : AGA : 42 wks SGA : LGA :

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HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) G

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

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : G
Palate : No cleft palate
Gums :
Lips : B/L normal palate
Tongue :

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : G
Umbilical Stump : Soft + Lax
Discharge :

GENITILIA :
~~Labia / Hymen:~~
Testicles/penis : B/L Testis palpable.
Anus : patent, tip not stained.

HERNIAL ORIFICES

TRUNK and SPINE : G

SKIN LESIONS :

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

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 56/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 : ..... Auscultation : ..... Breath Sounds : BAE + Added Sounds : –

Cardiovascular System :

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

Precordial Activity : S1S2+

Femoral Pulses : B/L femorals (+)

Murmurs : –

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : NAT

Hernia orifice : .....

Anal Patency : ⊕

Palpation : .....

Umbilical Cord : .....

Palpable masses : .....

First urine passed : –

Abdominal girth : .....

Meconium passed : –

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

State of wakefulness : .....

Prechtle Score : cry & activity - good

Nerves :

.....

.....

.....

Motor System :

Passive Tone : ⊕ all 4 limbs

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

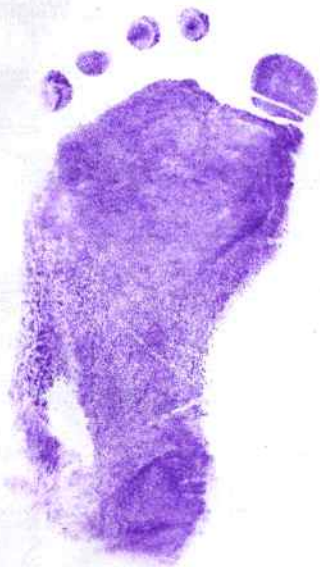
Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Late Preterm (36 + 5 weeks) / AIA / Bry / Emergency LSCS (Ind: placenta low lying)

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : V. Anandaraman 76744

Name : D.V. ANANDARAMAN.

Date & Time : 4/7/2026, 2pm

Consultant :

Signature : P. Padmapriya

Name : PADMAPRIYA ELAMBARAM.

Date & Time : 4/7/26 @ 3.30pm

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) warmth
2) Cord blood grouping + Rh typing
3) TO initiate direct breast feed within 1hr of life & then Q 2H
4) CBK at 1hr of life & then Q 6H x 48hrs
5) S. bilirubin / NBS / OAE at 48 hour of life

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 3:30 PM	Boy A live baby - late preterm (36+5 weeks) born to a A+ve 37yr old female - Emergency LSCS - low lying placenta in the labour / CIAB. / routine care given / normal transition & no external obvious congenital anomalies noted.	
	vitals : stable Pink in room air PP - well felt warm peripheries	
	RS: clear PA: soft/NT	CNS: NFND (N) tone / cry / Activity CVS: S1/S2 ⊕
	Imp: Late preterm (36+5wks) AGA / Boy / B.Wt. 2.765kg	Advice 1) DBF - Q2H / warmth 2) CBG 1hr postfeeds. 3) vaccination - morning 4) SBR / OAE / NBS at 6/7/26. morning 12:00PM 5) 4 limb saturation at tomorrow 2:00PM 6) CBG q6thly (prefeeds)
		Dr. Padmapriya 44268.

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Chandiralega / Dr Lucky Vignesh.	
5/7/24 9AM	Late preterm / 36W 5D / Emg LSCS) - low lying placenta	
	B.wt - 2.965kg.	
	Baby received	
	Alert, Active	Bwt: 2965
	pink at air	T.wt - 2.673kgs
	Tolerating oral feeds well	wt loss - 92gms
		% : 3.3%
	O/E	M / A+ve
	Afebrile	B / A1+ve
	CVS - S1S2 (+)	
	RS - B/L AE (+)	
	P/A soft	
	CNS - (N) cry, Tone, Activity	
	Adv	
	- warmth	
	- direct breast feeding Q2H	
	- vaccination today ✓	
	- SRR, NBS, OAE ~~[illegible]~~ 8/7/24	
	- ? limb saturation at 11AM	
	[signature] 19/7/24 ... CBG monitoring - O6H.	

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10:30AM	S/B. Dr. Luckynarayanan	
	Late preterm (36+5/7) / Em LSCS / low lying placenta / BWt: 2.765kgs.	
	Baby reviewed	
	active / alert	
	(N) cry / tone / activity	BWt: 2.765kgs
	accepts oral feeds.	TWt: 2.572 kgs
		Δ: 193grams
	M / Active	% loss: 6.9%
	B / Active Baby reviewed	
	pink in air	
	tolerates oral feeds.	
	vitals - stable	
	RS: clear	CNS: NFND / (N) tone / cry / activity
	PA: soft, NT, normal	CVS: S1 S2 ⊕ / No murmur
		Advice
		1) DBF - ad lib. / warmth
		2) vaccination - due
		SBr / OAE / NBS at today 12pm.
	Luckynarayanan 10371	
10:40am	Baby reviewed.	
	If S-BR <14.8mg/dl plan discharge.	
	'R' on Friday, 10th July	Padmapriya 44268

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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STAT / ONCE ONLY DRUGS

Name: ....

Weight: 2.765 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
4/7/2026	2pm.	INJ. VITAMIN K	1mg	IM	[signature] 70744	SE	[signature]
5/7	9:30AM	Inj BCG	0.05ml	ID	[signature] 203872	AA	Sm
5/7	9:30AM	Inj Hep B	0.5ml	IM.		AA	Sm
5/7	9:30AM	OPV drops	2 drops	PO		AA	Sm

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04-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

(1)

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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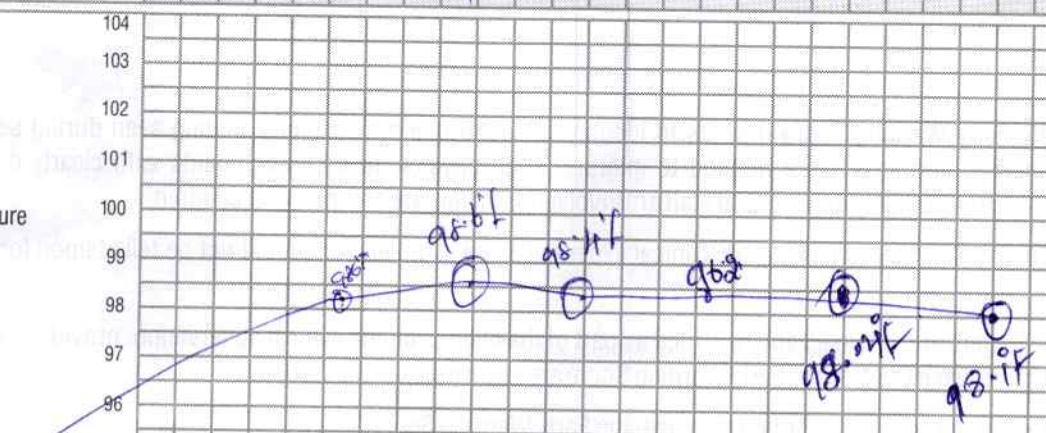
EARLY WARNING SCORE: CHILDREN'S UNIT

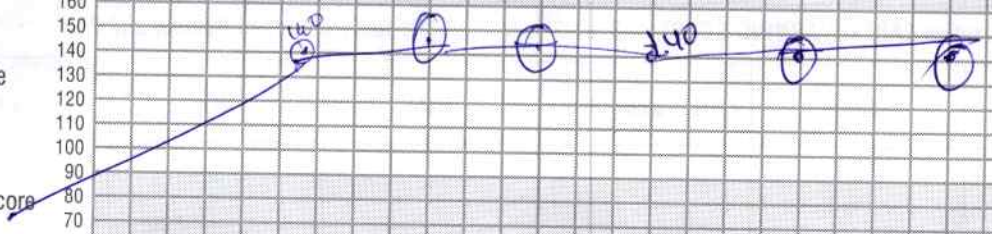
Date: 4/7/26 Time:	1:51PM	2pm	4pm	8pm	12am	4am	
Doctor/Nurse/Family Concern?							

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



Heart Rate (Number)	140/min	148/min	144/min	140	142 b/m	145 b/m

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

Resp Rate (Number)	40/min	46/min	48/min	40/min	42 b/m	44 b/m
Resp Distress (Mod/ Severe / None / Mild)	—	—	—	—	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	99%	99%	100%	98%
Conscious Level (Normal / Altered)	—	—	—	—	✓	✓
GCS *	15/15	Alert	Alert	Alert	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		SR	SR	SR		

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-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

IM / 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: 5/7/26 Time:	8am	12pm	4pm	8pm	12am	4am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.6°F	97.5°F	97.6°F	97.9°F	98.1°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	136bpm	136bpm	134 Bpm	138bpm	148 b/m	142 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	40pm	40pm	40bpm	37bpm	46b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	—	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99% RA	99% RA	98% RA	96% RA	100%	98%
Conscious Level: Normal / Altered	Alert	Alert	Alert	Alert	✓	✓
GCS *				15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	✓	✓	✓	✓	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

UR	UL
98 %	99 %
LR	LL

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

Rwt - 2.700kg

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.

4/8/26

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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm					Birth						
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm		DBF								No	
	04:00 pm										IV	
	05:00 pm									✓	line	
	06:00 pm		ABST									
	07:00 pm											
Total Intake :		(2) thus				**Total Output :**	(1) thu					
	08:00 pm		DBF								NO	
	09:00 pm										Twin	
	10:00 pm	DBF					✓			✓	NOIV	
	11:00 pm									✓	Line	
	12:00 am									✓	NOIV	
	01:00 am	DBF									line	Suppng
Total Intake :		(3) DBF				**Total Output :**					3times	
	02:00 am						✓			✓		
	03:00 am	DBF									NO	Suppng
	04:00 am											
	05:00 am						✓			✓	IV	Suppng
	06:00 am	DBF								✓		
	07:00 am										line	Suppng
Total Intake :		(2) DBF				**Total Output :**					3 time	

Total 24 hrs. Intake	(7) DBF	Total 24 hrs. Output	7 times

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
[illegible]-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 2

Twt - 2.673 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 (stool)	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
5/7/26												
	08:00 am	DBF					✓			✓	NO	
	09:00 am											
	10:00 am	DBF									IV	
	11:00 am											
	12:00 pm	DBF					✓			✓		
	01:00 pm											
Total Intake : 2times DBF						Total Output : 2time						
	02:00 pm											
	03:00 pm	DBF					✓			✓	NO	
	04:00 pm										IV	
	05:00 pm											
	06:00 pm	DBF										
	07:00 pm											
Total Intake : 3times.						Total Output : 1time.						
	08:00 pm											
	09:00 pm	DBF					✓			✓	NO	8/4/2024
	10:00 pm									✓		
	11:00 pm	DBF									IV	8/4/2024.
	12:00 am											
	01:00 am	DBF									line	8/4/2024
Total Intake : (3) DBF						Total Output : 2times						
	02:00 am										NO	8/4/2024
	03:00 am	DBF										
	04:00 am										IV	8/4/2024
	05:00 am	DBF										
	06:00 am						✓			✓	line	8/4/2024.
	07:00 am	DBF										
Total Intake : (3) DBF						Total Output : 1 time						

Total 24 hrs. Intake	(11) DBF	Total 24 hrs. Output	V-6 / M-5

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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

Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	→ Assess the Baby condition → Monitor vital sign → Maintain I/o chart → Provided DBF Q2H	2:30 pm	→ Assessed the Baby condition → Monitored vital sign → Maintained I/o chart → Provided DBF Q2H	Nutritim. Status Maintain.	Reassessment was done	Shalini 04/07/26
Night	8pm.	Maintain good nutritional status	8:30 pm	Assess nutritional status and appetite. Provide Assist with feeding if need.	Nutrition. status maintain.	Reassessment was done.	Deni 04/07/26

GUC-00093442 IP 18-00036519
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING CARE RECORD

Date: 05/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify... WNL.
- ☐ 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	8pm	Maintain Good nutritional status	1pm	Assessed the Baby Condition Provided breast feeding actively.	Encouraged Breast feeding	Done	Sud 05/7/26
Afternoon	2 pm	Maintain good Nutritional Status.	4 pm.	Maintained good Nutritional status.	Encouraged Breast feeding	Reassessment Done	Jm Jan 7
Night	8pm	=> Prevent falls and injury	9pm	=> Keep bed in low position & Side rails up.	=> patient kepted to cradle up.	=> Patient clinically Stable	Lmy 05/7/26

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

NURSES NOTES

(USE BALL POINT PEN ONLY)

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)
		Baby shifting Notes
4/7/26	1:51pm	=> A live Single Baby Boy delivered @ 1:51 pm With Birth weight 2.765 kg. Baby cried immediately. Cord clamp done Immediately.
		-> Inj vilak 1mg given. Routine care given.
		=> Baby vital Signs Tem: 98.4°F Hr: 140 b/m SpO2: 98% RR: 40 b/m.
		=> Baby shifted to NICU and baby handover to NICU staff.
	3:00 pm	
		← Receiving Notes ON 4/7/26 →
4/7/26	3pm	Report Received from OT staff to CDR staff Baby Activity are good. IV line no. vital sign checked & recorded vital sign are Stable. Baby urine, Meconium Not passed. Baby DBF taking well. No vomiting Flo chart maintain
	3:30pm.	S/B. Dr. padmapriya She advice, CBC (Cbh of Feeds 3). S. Bilirubin, OAE, NBS. 6/7/26 at 12pm. : DBF (2H. Baby Activity are good

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow® Children's Hospital
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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)
		← Continuous 4/7/26 →
	4pm	vital sign checked & recorded vital sign are stable. Baby Activity are good
	5pm	CBG checked 58mg/dl informed Dr. Padmapriya she advice CBG 6th. The chart Maintain — Shalini 014072.
	5.20pm	Baby wipe pared
	6pm	⇒ Baby feeding OBF by spoon well. No other complaint seen
	7pm	⇒ Baby vital signs stable. General condition fair seen
	7.30pm	⇒ Baby report hand over to Night duty staff Night duty report on 4/7/26 Baby taken out from the evening duty staff Baby Conscious & Oriented. Crying is well active is good Baby general condition is good. — Anitha.
	8pm	Baby vital sound & recorded BBR grim crying is good no worrying Baby general condition is good —
	10pm	Maintained D/O. Baby well and active. Baby Mother side. Urine

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0Y0M0D2H (M)
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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7/26		Meconium passed. Vaccination Not Done	
	11pm	RBS Monitored 63mg/dl Informed to Doctors advised to follow 6th hourly. Baby well and active. Baby shifted from NICU to 6th Floor. Baby care, Handing over given to 6th Floor Staff	
		Received notes 4/7/26	
4/7/26	11.15pm	=> Patient received from LDR to 6th Floor	
		=> Patient clinically Stable	
5/7/26	12am	=> Checked vital Signs	
		=> Patient vitals is Stable	

CRT	CP	PP
<3sec	++	++

2am	=> Provide feeding @2nd hourly once DRF
	=> Monitored I/O Chart
	=> Maintain records & reports
4am	=> again Checked vital Signs
	=> patient vitals is Stable

CRT	CP	PP
<3sec	++	++

6am	=> provide Morning care and checked baby weight

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 ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26	7am	→ Checked RBS, 99mg/dl is @-5am. marked and recorded →	Clayy 017179
	7.30 am	→ Patient handover given to morning duty S/N → morning duty	Clayy 017179
5/7/26	7:30AM	Baby details Handover taken from night duty staff. Baby active and alert. Baby vitals are stable. Baby today vaccine plan, RBS@6Hrly, SBR/NBS/OAE after 48Hrs. U/m passed. warmth care provided. →	Suf 607353
	8am	Baby vital signs checked and recorded. vitals are stable. maintaining I/o chart. DBF @2Hrly. U/m passed →	Suf 607353.
	10am	Baby vitals are stable. No other complaints. Baby had mother feed L – 2 A – 2 T – 2 C – 1 H – 1 8 need supervision. →	Suf 607353
	11AM	RBS checked and recorded. RBS 63mg/dl. provided food. →	Suf 607353

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093442 IP-18-00038515
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. PADMAPRIYA EKAMBARAM

(3)

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
5/7/26	11AM	Dr. Chandra Lekha mam Come and Seen assessed the Baby condition, today Vaccine plan explained to parents BCG 0.1ml ID, OPV 2drops, Hep-B 0.5ml Im. given as per order →	Sd/ 6073
	12pm	Baby No other complaints. Maintained Ilo staff. →	Sd/ 6073
	1:30pm	Baby details Hand over given to Evening duty staff. → Evening Duty on 5/7/26	Sd/ 6073
	1.30pm.	Baby details Handing over taken from Morning duty staff Nurse. Baby VP tabs stable and Recorded.	02/26
	2pm.	child kept warmth and Comfortable.	
	4pm.	Baby's Vital Signs checked and Recorded.	3/26
	6PM	RBS - 73mg/dl. Baby passed Urine. maintained BD Cares.	
	7PM	tomorrow 12PM to OD SBR, NBS, OAE.	
	7.30AM	Handing over given to night duty SIN.	

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
		Night duty 5/7/26	
5/7/26	7:30pm	⇒ patient handover taken by evening duty S/N	Cmyy OBIG
		⇒ patient clinically Stable.	
	8pm	⇒ checked vital signs	
		⇒ patient vitals is Stable	
		CRT: <3sec; CP: ++; PP: ++	Cmyy OBIG
	10pm	⇒ Provide feeding 2nd hourly one. DBF	
		⇒ Monitor I/O chart	
6/7/26	12am	⇒ again checked vitalsigns	
		⇒ Patient vitals is Stable.	
		CRT: <3sec; CP: ++; PP: ++	Cmyy OBIG
	1am	⇒ Checked RBS. 60mg/dl is there, marked and recorded	Cmyy OBIG
	4am	⇒ Checked Vital signs	
		⇒ Patient vitals is Stable	
		CRT: <3sec; CP: ++; PP: ++	
	6am	⇒ Provide morning care and checked Baby weight	
		⇒ Monitored I/O chart ⇒	Cmyy OBIG
	7:30 am	⇒ Patient handover given to morning duty S/N ⇒	Cmyy OBIG

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00093442 IP18-00036315
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

Gender : ☐ M ☐ F IP No. :

Date :					M 4/7/26	F 4/7/26	N 4/7/26	M 5/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	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 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		Shalini	Ray	

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

GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 4/7/26 Time of Birth: 1:51 pm Gender: ☐ Male ☐ Female

Birth Weight: 2.765 Kgs HC: 32 cm Lenght: 47 cm

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

Term / Pre-term / Post-term: Term

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

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

GUC-00076618 IP18-00036318
Mrs K PUNITHA
20-12-1986 39 Y 6 M 14 D (F)
Dr. LUCETTA AMELIA DIAS

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

Indication: .....

Physical Assessment of New Born:

Temp: 98°F °C HR: 140 b/Min RR: 40 b/Min BP: — SpO_2: 99

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☐ No **Score:** 15 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Risna Signature: Date &Time: 4/7/2026 3:00 pm

PATIENT TRANSFER FORM

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GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
04/07/26 at 2.20 pm	04/07/26 @ 3 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. padmapriya Ekambaram	Dr. Annapoorni	For Further Management

From Unit	To Unit	Information to Attendant
OT	NICU.	Yes ☒ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
1 IP file	-	Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 607721	Dr. Annapoorni

Patient & Clinical Records Received by : Shri. Nivetha 04/07/26. 3pm

Date & Time of Patient Received :

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

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GUC-00093442 IP18-00036319
Baby B/O K PUNITHA
04-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name: Dr. padmapriya	4/7/26 at 2.20pm	4/7/26 at 11pm
Transfer Ordered by: Dr. Padmapriya		Reason for Transfer: Shifted to ward
From Unit: MICU	To Unit: 6th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 2 pages	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 Pampers	1
2.	Baby wipes	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Faizal 04/07/26	Dr. Padmapriya

Patient & Clinical Records Received by : S. Ilayathai 04/07/26

Date & Time of Patient Received : 4/7/26 @ 11.15pm

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