Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093953 IP18-00036592
Baby B/O SAPNASHREE S
16-07-2026 0 Y 0 M 7 D (F)
Dr. PADMAPRIYA EKAMBARAM

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		23/7/26 @ 6 AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

UHID No: GUC-00093953 IP18-00036592
Baby B/O SAPNASHREE S
16-07-2026 0 Y 0 M 7 D (F)
Dr. PADMAPRIYA EKAMBARAM

Consultant: ..... Dept: .....

Date of Admission: .....

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

Room / Bed No: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/7/26	4Pm	OPD	4th Floor	
23/7/26	4Pm	411	704	

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
23/7/24	Sr. bilurubin, Electrolytes	26023734	
	Albumin		
24/7/24	Sr. bilurubin	26023789	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/7/26	DSPT	4.45Pm.		1732040	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 24/7/21 Time: 6 pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT

GUC-00093953 IP18-00036592
Baby B/O SAPNASHREE S
16-07-2026 0 Y 0 M 7 D (F)
Dr. PADMAPRIYA EKAMBARAM

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

24/7/26

T.wt - 2.452kg

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BED SIDE CHECK LIST FOR NURSES

Date:	23/7	24/7							
Doctor's Orders	✓	✓							
Carried out or not	✓	✓							
Bed Side									
Structured Handover done	YES	yes							
IV Site	NA	NA							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	NA	yes							
Eye Care	NA	yes							
Mouth Care	NA	yes							
Sterillum Bottle, Stethoscope	YES	yes							
Suction Bottle (Should be clean & empty)	NA	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	YES	yes							
Check all Infusion (Labelling,Correct Preparation)	YES	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	NUHA								
Signature :	NA								
Date & Time:	23/7 2PM	24/7 8AM							
Hand Over Taken By Name :									
Signature :									
Date & Time:									

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 : IP18-00036592 **Admit Date** : 23-Jul-2026 **Admit Time** : 02:00 PM **UHID** : GUC-00093953

Patient Details :

Patient Name	: Baby B/O SAPNASHREE S	**Age**	: 0 Y 0 M 7 D
Guardian	: Mr RAMKUMAR T	**DOB**	: 16-07-2026 12:36 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Plot No 1EIF, PLAZA PHASE-2, PRISTINE ALVES, ROSE GARDEN STREET, PERUMBAKKAM, Medavakkam Kanchipuram Tamil Nadu INDIA 600100	**Phone No**	: 7397312982/ 7397312982
		E-mail	: sapnashreesureshd@gmail.com

Admission Details :

Bed Type	: NICU FAMILY CENTRIC ROOM	**Bed No**	: NICU-FCR 335	**Ward Name**	: 3F-NICU 4
Room No	: NICU-FCR 335	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr RAMKUMAR T	**Relationship**	: Father
Contact Address	: Plot No 1EIF, PLAZA PHASE-2, PRISTINE ALVES, ROSE GARDEN STREET, PERUMBAKKAM, Medavakkam Kanchipuram Tamil Nadu INDIA 600100	**Phone No**	: 7397312982

Signature

Doctor Details :

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

Payment Details :

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

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Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SAPNASHREE S**	**Age :**	**0 Y 0 M 7 D**
IP No:	**IP18-00036592**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**3F-NICU 4/NICU-FCR 335**

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: Tha.Rams...

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: Tha.Rams...

Name: Ramkumar
Relationship: Father
Date: 23/07/2026 Time: 2.00
Witness Name: Jeevith
Witness Signature:

Patient Address:
Plot No 1EIF, PLAZA PHASE-2, PRISTINE ALVES, ROSE GARDEN STREET, PERUMBAKKAM, Medavakkam Kanchipuram Tamil Nadu INDIA 600100

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 : Ramkumar / W/o Swapna	UHID Number : GUC-0093953
Self/Attendant Name : Ramkumar	Relation : Father
Self/ Attendant Signature : Thakram.. Phone Number : 9600279123	Name & Signature of Financial Counselor

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2192/40786/02289

To
ராம்குமார் தா
Ramkumar T
S/O Thayumanavan.G,
NO 174/A,,
PUTHU VELLALAR STREET,
VTC: Mutharasanallur,
PO: Mutharasanallur,
District: Tiruchirappalli,
State: Tamil Nadu,
PIN Code: 620101,
Mobile: 9600279123

Signature Not Verified
Digitally signed by GS Unique Identification Authority of India
Date: 2025.11.24 18:39:29 IST

உங்கள் ஆதார் எண் / Your Aadhaar No. :

6427 5002 9780

VID : 9153 9781 1349 8242

எனது ஆதார், எனது அடையாளம்

Aadhaar no. issued: 27/02/2012

இந்திய அரசாங்கம்

Government of India

ராம்குமார் தா
Ramkumar T
பிறந்த நாள்/DOB: 26/11/1997
ஆண்/ MALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6427 5002 9780

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

Details as on: 24/11/2025

முகவரி:
S/O தாயுமானவன்.க, எண் 174/எ, புது வெள்ளாளர் தெரு, முத்தரசநல்லூர், முத்தரசநல்லூர், திருச்சிராப்பள்ளி, தமிழ் நாடு - 620101

Address:
S/O Thayumanavan.G, NO 174/A,, PUTHU VELLALAR STREET, Mutharasanallur, PO: Mutharasanallur, DIST: Tiruchirappalli, Tamil Nadu - 620101

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VID : 9153 9781 1349 8242

1947 | help@uidai.gov.in | www.uidai.gov.in

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/o Sapnashree Age : Father's Name : Ramkumar Age :

Date of Birth : 16/7/26 Date of Admission : 23/7/26 UHID No.: 93953

NICU Consultant : Referring Consultant :

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

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

BIRTH INFORMATION

Name : B/O Sapnashree

Gender : ☐ M ☑ F Blood Group : ABtve

Date of Birth : 16/7/26 Time of Birth : 12:3PM

Place of Birth : RCH Gmidy

Mother's Blood Group : ABtve

Birth Weight (gms) : 2598g Length (cms) :

OFC (cms) : 33cm

Estimated Gesth Age : (39+3) weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26 yrs Ht : Wt : BMI : Married Life : LMP : EDD :

Conception : Spontaneous or with Rx. :

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

Last Scans Details :

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : —

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

IUGR - when detected : —

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

AFI : —

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

Controlled or not, recent values, HbA1 values : —

Compliance with Rx : —

Scans : LGA, TIFFA , Fetal Echo : —

H/o Hypothyriodism : when diagnosed ? Medication? —

Any other Chronic Medical Problems, when detected drugs ? —

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

Infection : H/O, Fever

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

UTI : when — Any culture : —

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

Medication during Pregnancy : — Duration : —

Patient Sticker

PAST OBSTETRIC HISTORY

G: 1 P: 1 A: 0 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1.	Primi	39wks				

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 : Non progression of labour

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
TOTAL			

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

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Yellowish discolouration of the body & the eyes

TCB

~~SB~~ done at 23/7/26 → > 20mg/dl

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P

History of P

Yellowish discoloration of the eyes & the body till the legs.

feeding issues ⊕
Reduced milk output in mother

Investigation details in previous Hospital :

–

Feeding History :

Feeding OM / DBF 02H.

Patient Sticker

Past History : —

Family History : —

Socio Economic History : —

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Pedens ⊕ upto the level of the legs
↳ Af ort level.

VITALS : Temperature : 97°F HR : 120/min RR : 39/min NIBP : ..... CFT : < 3sec

Color of the extremities : pink in air

Jaundice : Pedens ⊕ Pallor : No pallor SpO2 : 100% @RA

Anthropometry : Birth Weight : 2598gms Length : 46cm HC : 33cm Present Weight : .....

Ponderal Index : ..... AGA : ✓ SGA : ..... LGA : .....

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HEAD TO TOE EXAMINATION

HEAD :	Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	2
Facies : (Any Facial Dysmorphism)		0
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	0
EYES :	Symmetry : Red Reflex : Discharge :	2
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	2
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	2
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	0
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	2

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 : .....

Spo2 : 100% @ RA Auscultation : BLAE ⊕ Breath Sounds : NVBS Added Sounds : .....

Cardiovascular System :

HR : 120/min BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : S1/S2 ⊕

Murmurs : No murmur

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : Soft NT, No organomegaly

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : N

Active Tone : N

Neonatal Reflexes : .....

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

Moro's : ..... DTR : 2+

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

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Any Congenital Anomalies : .....

Diagnosis : Term (39+3wd) / Girl / 2.598kgs / AGA / Neonatal hyperbilirubinemia

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : LUKY VIGNESH 2033D

Date & Time : 23/7/26

Consultant :

Signature : .....

Name : PADMAPRIYA. C

Date & Time : 23/7/26 @ 3 pm.

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 :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B. Dr. Lucky Vignesh	
23/7/26 4:00PM		
	Δ : Term (39+3) / AGA / Girl / 2.598kgs / Neonatal Hyperbilirubinemia	
		Bwt : 2.598kgs
M / Above		
B / B+ve	Baby seemed	Twt : 2.38kgs
	Normal CITTA	Δ : 119g
	PP well felt	% = 8.5%
	Warm peripheries	
	Urine - passing	
	vitals : Stable	
	RS: clear	CVS: S1/S2(+) / Nomurmur
	PA: soft/NT	CNS: NGND.
		Adv
		1) Continue DSPT.
		2) DBF - DBM / EBM (if necessary)
		3) To do SBR / Electrolytes / Albumin.
	Lucky Vignesh 2033	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 10:35AM	S/B Dr. Lucky Vignesh	
	Δ: Term (39+3) / AGA / girl / 2.598kgs / Neonatal	Hyperbilirubinemia
M/ AB+ve B/ B+ve		
	Baby received	BWT: 2598 kgs
	Normal C/T/A	PWT: 2452 kgs
	PP well felt	Δ: 5.6 %
	Warm peripheries	146 g
	Urine - passing	
	vitals: stable	
	PA: Soft NT	CVS: S1/S2 + / No murmur
	RS: Clear	CNS: NFND.
	Adv:	1) Continue SSPT
		2) DBF - Q2H / on demand
	SBr - 16.01mg/dl / (1.0).	3) monitor vitals
	B/A ratio: 5.3	4) plan for discharge
	'R' on Monday	for wt check / Bilirubin
		K. 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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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	23/7/26	24/7/26				
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na	138					
K	5.3					
Cl	105					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	18.2/11.1	16.1/10.6				
T.Protein						
S.Albumin	3.4					
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: 4th Floor Shifted to: 7th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: NISHA / NURSE

Date & Time : 23/7/26 at 4pm

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

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Y WARNING SCORE: CHILDREN'S UNIT

Date: 23/7/26					
Time:	8PM	4PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?					
Temperature (°F)	97.6°F	98.2°F	97.1°F	97.4°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Heart Rate (Number)	138b/m	142b/m	138bpm	140bpm	142bpm
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	40b/m	42b/m	40bpm	40bpm	42bpm
Resp Distress: Mod/ Severe / None / Mild	✓	↑	↑	↑	↑
Receiving O_2 (l/min) O_2 Saturations (%)	99%	RA 100%	99% (RA)	98% (RA)	99% (RA)
Conscious Level: Normal / Altered	✓	↑			
GCS *	15/15	Altered	Alt	Alt	Alt
TOTAL SCORE					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	PV	[illegible]	KV	W	W

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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : 6

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.

23/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	DBF	Referred from OPD to 4th → 2 PM									
	04:00 pm		Baby Received from 4th F/OOR									
	05:00 pm	DBF										
	06:00 pm											
	07:00 pm	DBF										
Total Intake :		2 hrs of DBF				Total Output :				Nil		
	08:00 pm											
	09:00 pm	DBF								30ml	No IV line	
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF								20ml		
Total Intake :		2 hrs DBF				Total Output :				50ml		
	02:00 am											
	03:00 am	DBF									No IV line	
	04:00 am											
	05:00 am	DBF										
	06:00 am											
	07:00 am	DBF								30ml	NOIV	
Total Intake :		2 hrs DBF				Total Output :				30ml		

Total 24 hrs. Intake	6 hrs DBF	Total 24 hrs. Output	O - 3 M - 1

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
23/7	2:50 pm	The child details receiving from OPD to 11th Floor. The Baby is active & alive. Baby on DBF orally and tolerating well	[illegible]
	3:15 pm	DR. Padmapriya ma'am seen by baby she advised to send S.bili, A/c, electrolytes at 9pm	[illegible]
	3:20 pm	vital signs are checked & recorded. vitals are stable. The child shifted 11th Floor to 7th Floor. The baby details handing over given to 7th Floor staff	[illegible]
		Receiving Notes:	
23/7/26.	4:10PM.	Baby Receiving from 11th floor to 7th floor. Baby details handing over taken from 11th floor Staff. Baby Bed Side Assessment done Conscious & Oriented. Baby active & Alert. Baby Breast feeding Sucking good. DBF Q2 hourly Continue. →	[illegible]
	4:40PM.	Baby Vitals Sign checked & Recorded. Vitals are Stable I/O Chart monitored. No IV line. Baby DSPT Start @ 4:40PM. Baby Sleeping pattern is Normal.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	5PM.	Baby active & Alert. Today Evening @ 9pm SBR, Electrolytes, Albumin to do. DBF - Q2 hourly continue. →	[signature]
		No any other complaint.	
	6pm	Baby vitals sign checked & Recorded. vitals are stable. DBF continue No any other complaint. DSPT continue. →	[signature]
	7.30Pm.	Baby details handing over to Night duty staff. →	[signature]
		Night duty on 23/7/26	
	7.31pm	Baby details handing over taken from Evening duty staff. Baby active and good. Baby in on DSPT. Today sample @10pm S.bilirubin, Eletrolytes, Albumin. Baby maintain panel.	[signature]
	8pm	Vital signs checked and Recorded.	[signature]
	10 pm.	S.bilirubin Eletrolytes, Albumin sample collected and send to lab. Dr. padmapriya mam phone order	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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THE HUMPTY DUMPTY SCALE

E N M

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	23/4 4	23/4 4	24/4 4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	1 3	1 3	1 3		
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
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 /13	1 13	1/13		
	Total						

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	x		
Other Intervention(s) Specify		NA	NA	x		
Nurse's Name:		ANISHA	[illegible]	[illegible]		
Signature:		[illegible]	[illegible]	[illegible]		
Date:		23/7	23/7/26	24/7/26		
Time:		8p	8 M	[illegible]		

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BRADEN 'Q' SC

(for Paediatric us

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it Name : .....

..... Gender : ☐ M ☐ F IP No. : .....

				Date :	E 23/7	N 23/7	M 24/7	
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.	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	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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.	3	3	3	
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	27	27	27	
				Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00093953 IP18-00036592
Baby B/O SAPNASHREE S
16-07-2026 0 Y 0 M 7 D (F)
Dr. PADMAPRIYA EKAMBARAM

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

Patient Name : .....

Age.....

				Date :				
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.				
"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.				
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.				
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.				
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."				
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.				
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				TOTAL SCORE				
				Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

GUC-00093953 IP18-00036592
Baby B/O SAPNASHREE S
16-07-2026 0 Y 0 M 7 D
Dr. PADMAPRIYA EKAMBARAM (F)

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BirthRight
BY RAINBOW HOSPITALS
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PAIN ASSESSMENT FORM

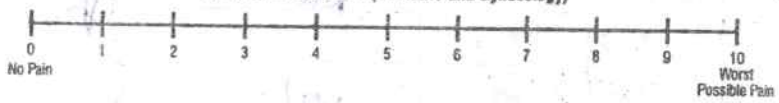
Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/7	3pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
23/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	Nil	[signature]
24/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	Nil	[signature]
24/7/26	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes☐ No☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
23/7/24	4:10 pm	yes	Health education given about Room Rounds call bell, DBF Q2 hourly.	Mother	Learning barrier	verbal	none	good	-	[signature] 02/04
24/7/24	8Am	yes	Health education given about DBF Q2 hourly	mother	learning barrier	verbal	none	Good	-	[signature] 60778

Part - III: CODES

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

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

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

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

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

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PATIENT TRANSFER FORM

GUC-00093953 IP18-00036592
Baby B/O SAPNASHREE S (F)
16-07-2026 0 Y 0 M 7 D
Dr. PADMAPRIYA EKAMBARAM

...o.	Date & Time of Admission	Date & Time of Transfer Order
	23/7/26 at 2p.m	23/7/26 at 4Pm.
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Padmapriya	DR. Balaji	Pre-term managemed
From Unit	To Unit	Information to Attendant
411	704	Yes ✓ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
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
ns/[illegible]	

Patient & Clinical Records Received by : [signature] 02/2026 4.10pm.

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

Docu. No. : RCH /FRM / CLINICAL / 102

GUC-00093953 IP18-00036592
Baby B/O SAPNASHREE S
16-07-2026 0 Y 0 M 7 D (F)
Dr. PADMAPRIYA EKAMBARAM

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:
Arrival Time: 2.50 pm Mode of Arrival: Self Admitting From: ☐ ER ☑ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil ..... Body Weight: ..... Kg

..... Height: ..... cm

.....

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Family History: ..... Nil .....

.....

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

.....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☐ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: ..... Length: ..... Head Circumference (< 2 years): ....

Temp.: 98°F HR: 140 b/m RR: 38 b/m BP: -

Pain Score: 0/10 Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: ..... Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain – Location – Frequency ..... Duration –

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

(P.T.O)

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☑ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): 23/7/26 at 2.55 pm

Social History: Lives With .....

Siblings in household ☐ Yes ☑ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse's Name: ..... Nisha ..... Date: ..... 23/7/26 ..... Time: 2.55 pm ..... Signature