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

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. PADMAPRIYA EKAMBARAM

Date: 3/7/2026

Name of the Patien .....

UHID No: .....

Gender: .....

Ward: 7th floor

Room No: 709 (C)

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 3/7/2026

Time: 12pm

Pharmacy Sign

Date: .....

Time: .....

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

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

RCH – 133008290816

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ACTIVITY RECORD FOR BILLING

Name: B/O SIVASHAKTHI

UHID No: ..... IP No: ..... Consultant: ..... Dept: .....

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

Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/2026	5pm	NICU	I09	Shalini 01407L

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
2/7/2026	Blood grueing	26020996.	
2/7/2026	RBS	21015	
2/7/26	RBS.	26021034.	
3/7/2026	RBS	26021119	
3/7/2026	RBS	26021119	

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: 3/7/2026 Time: 12 pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. PADMAPRIYA EKAMBARAM

Birthright Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATION	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		3/7/26 at 12pm					
Activity Sheet update by Pharmacy							

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GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

LOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	3/7/2026 at 12pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		3/7/2026 at 12pm			
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: 2.825 kg
Ht: 33 cm
Lt: ~~500~~ 49 cm
Length Score: (8)

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0Y0M0D7H (M)
Dr. PADMAPRIYA EKAMBARAM

akthi

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
2/7/26	3.20 pm	51mg/dl	DR-Sailakshmi	Shalini 01407
			Nanpee 10mg. after 1/2 hr check	
2/7/26.	6.30pm.	90mg/dl.	6th hourly GBV	Sowmya
			as per Dr padmapriya advice.	019559.
3/7/26	12:20AM	76mg/dl	6th hourly	607778
3/7/26	6:30Am	85mg/dl	6th hourly	607778
		Stop.		

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
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BED SIDE CHECK LIST FOR NURSES

Date:	02/7	3/7							
Doctor's Orders	YES	YES							
Carried out or not	YES	YES							
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	YES	YES							
Eye Care	YES	YES							
Mouth Care	YES	YES							
Sterillum Bottle, Stethoscope	YES	YES							
Suction Bottle (Should be clean & empty)	YES	YES							
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	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :									
Signature :									
Date & Time:	3/7 8PM	3/7							
Hand Over Taken By Name :									
Signature :									
Date & Time:	3/7								

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 : IP18-00036284 **Admit Date** : 02-Jul-2026 **Admit Time** : 01:14 PM **UHID** : GUC-00093329

Patient Details :

Patient Name : Baby B/O SIVASAKTHI .G
Guardian : Mr GANESH
Gender : Male
Occupation :
Address (H) : no 2 A Annai indira gandhi st balaji nagar anakaputhur Anakaputhur Chennai Tamil Nadu INDIA 600070

Age : 0 D
DOB : 02-07-2026 12:19 PM
Religion :
Martial Status :
Phone No : 7299880072/ 9600227762
E-mail : no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE713-2 **Ward Name** : 7F-PVT/SUITE
Room No : CRDL-SUITE713-2 **Admission Type** : First Visit

Contact Details :

Name : Mr GANESH **Relationship** : Father
Contact Address : no 2 A Annai indira gandhi st balaji nagar anakaputhur Anakaputhur Chennai Tamil Nadu INDIA 600070 **Phone No** : 7299880072

Signature

Doctor Details :

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

Payment Details :

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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SIVASAKTHI .G**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036284**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-2**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date:

Time:

Patient Address:

no 2 A Annai indira gandhi st balaji nagar anakaputhur Anakaputhur Chennai Tamil Nadu INDIA 600070

Witness Name:

Witness Signature:

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sivasakthi Age : 28y Father's Name : ..... Age : .....

Date of Birth : 2/7/26 Date of Admission : ..... UHID No.: .....

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

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

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

BIRTH INFORMATION

Name : B/o Sivasakthi

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 2/7/26 Time of Birth : 12:19pm

Place of Birth : RCH, Guindy

Mother's Blood Group : A I⊕

Birth Weight (gms) : 2.833kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+5 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 10/10/25 EDD : 17/7/26

Conception : Spontaneous or with Rx. : .....

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

Last Scans Details : (24/6) - SLUG, AD liquor - EFW - 2892 gm

..... 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 / Redistribution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? Thyronorm 50mcg

.....

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

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	6	Tam	Boy	3kg	LSCS	

PERINATAL HISTORY

Treating Obstetrician : Dr Priyadarshini Hospital : RGH ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) Dr Priyadarshini

Second stage (> 2 hours after dilation) TOLAC

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 32+5 Weeks : .....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	2	2	
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	1	2	
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	2	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	2	
			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 immediately after birth.

↓ with.

(N) Post natal transition.

Investigation details in previous Hospital :

—

Feeding History :

—

Patient Sticker

Past History :

-

Family History :

-

Socio Economic History :

-

GENERAL EXAMINATION ON ADMISSION

General Disposition :

-

VITALS : Temperature : ..... HR : 135 bpm RR : 59 cycle/min. NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : .....

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

Ponderal Index : ..... AGA : 29.1 SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

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

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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 : 94 % Auscultation : ..... Breath Sounds : NBS. Added Sounds : NO.

Cardiovascular System :

HR : 159 BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : NO.

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : NO.

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : clamped. 2 VAIUC.

First urine passed : NO

Meconium passed : NO

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : N.

Active Tone : .....

Neonatal Reflexes : Moro ++ ⊕

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

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

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

Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Term (37 weeks + 5D) | NVD vacuum Assisted | B'wt - 2.832 kg | AGA 29/.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : 12/7/26 (Dr. Dinesh)

Name : .....

Date & Time : 3/7/26 12:45 PM

Consultant :

Signature : E. Padmapriya.

Name : PADMAPRIYA GEAMBARAM.

Date & Time : 3/7/26 @ 11am.

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 :

CBC @ 1 hour of life

DBF + warmth care.

Post ductal SpO_2 @ 24 HOL

NBS, OAE, Serum bilirubin @ 48 HOL

BIAR vaccination.

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

Sivasakthi NB|M.
UHID: 93329
Padmapriya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 4:30 PM	S/B. Dr Lakshmanan	
	Δ: Term (37+5) / NVD - assisted delivery / 2.837 kgs / AGA / mother - K/C/O hypothyroidism - on 50 mcg thyronorm.	HOL-3 hrs
	A live baby male born to 28 yr female / G1A0 / @ hospital mother A +ve ĉ wt of 2.833 kgs (37+5 weeks) / mother has no significant comorbidities	
		M A +ve / B B +ve
	Baby received pink at air / PP well felt / warm peripheries / vitals - stable	urine - passed / meconium - not passed
		Adv
	RS: clear / PA: soft / NT no organomegaly / mass	CVS: S1 S2 / Normal / CNS: NBWO / @ wy / hard activity
		Advice
		1) CBG 1 hr post feed → 2) DBF - dm / warmth 3) SpO2 - at 24 hrs (not handled) 4) Vaccination tomorrow 5) NBS / OAE / SBr at 4/7/26.
	Lakshmipriya 2033 hrs	

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
3/7/26. 9:55AM	S/B. Dr. LUCKY ULINEM	
	Δ: Term (37+5/7) / NVD - assisted delivery (TOLAC) / 2.837kgs / AGA (mother hypothyroidism)	
	HOL - 2 hrs / DOL	Bwt: 2.837 kgs
	Baby received	Twt: 2.925 kgs
	M/ A+ve vital stable	Δ: ? 18%.
	B/ B+ve pink in air	% 512 g
	PP - well felt	
	warm peripheries	
	RS: clear	CNS: (N) tone/cry/activity
	PA: S/NT, normal	CVS: S1S2 (+) / No murmur
		Advice
		1) DBF - on demand / warmth
		2) monitor vitals
		3) SDr / OAE / NBS at time of mother getting discharged
		4) 4 limb saturation (today) at 12:00PM
	Luckyright 2037M	[signature] 44268

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

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0Y0M0D7H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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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: 2.833kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/7/2026	12:35pm	Vitamin K	1mg	IM		SP	SN
3/7/26	9:30AM	Inj BCG	0.05ml	ID		D'R	BS
3/7/26	9:30AM	Inj Hep B	0.5ml	IM	Cadyla 203777	D'R	BS
3/7/26	9:30AM	Paracetamol	2 days	PO		D'R	BS

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

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time: 12 28pm 2pm 4pm 8pm 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 98.1 | 98.6°F | 98.4°F | 98.0°F | 98.4°F | 98.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 150 | | | | | |

Note: BP does not score in early warning scoring

Heart Rate (Number): 150b/m | 148/mt | 146/m | 136b/m | 136b/m | 136b/m

Resp. Rate (bpm) (Over 1 Minute) *: 45 | | | | | |

Resp Rate (Number): 45 | 44/mt | 46/m | Aeun | 40m | 40m

Resp Distress	Mod/ Severe / None / Mild		✓	/	/	
Receiving O_2 (l/min) O_2 Saturations (%)		RA	98%	98%	99% On RA	98% RA	98% RA
Conscious Level	Normal / Altered	Awn	✓	/			
GCS *		15/15	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		DS					

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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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-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
0Y0M0D1H (M)
02-07-2026
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 1

RWt - 2.830kg.

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	←	on	Delivery		→					NO	
	12:00 pm										IV	DS
	01:00 pm											
Total Intake :	—					Total Output :				U/M	Not	passed
	02:00 pm	DBF									No	
	03:00 pm										IV	
	04:00 pm	DBF									line	
	05:00 pm	↑									NO	
	06:00 pm	FF	10ml.								IV	
	07:00 pm										line	
Total Intake :	DBF (2) time + 10ml.					Total Output :	NIL					
	08:00 pm											
	09:00 pm	Non Pro	30				✓			30	NO	
	10:00 pm										IV	Sw
	11:00 pm	DBF										Sw
	12:00 am	Pre non	20								line	Sw
	01:00 am	DBF					✓			30		
Total Intake :	3 times DBF + pre non 50ml					Total Output :				60ml		
	02:00 am										NO	Sw
	03:00 am	DBF					✓			30		Sw
	04:00 am										IV	Sw
	05:00 am	DBF										Sw
	06:00 am						✓			30	line	Sw
	07:00 am	DBF										
Total Intake :	3 times DBF					Total Output :				60ml		

Total 24 hrs. Intake	7 times DBF pre non 3 times	Total 24 hrs. Output	U - 4 times M - 4 times

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

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

vasakthi

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby delivery Notes (2/7/2026)	
2/7/26	12.19 pm	A Baby alive sigh.	
		Baby delivery K.w.	
		Attended Normal vaginal	
		delivery Baby was Resuscitated	
		done by DR.Imtmin Baby	
		cried immediately after	
		birth Baby was activity	
		U/M Not passed Baby	
		vitals are stable, Baby	
		Inj : Vit 0.1 ml ID given	
		Baby pain spo2 - 100%.	
		RR - 48 b/m : Baby ones around	
		lowel : cord Neck.	
		B - 2/7/2026 at 12.19pm.	
		A - 2.833 kg.	
		S - BOY	
		A - 8/10 9/10	017148
		Baby DBF good	
		sucking Baby does activity	
		urine Motion Not passed.	
		Baby vaccination Not packed	
		done	0174
		Direct breast feeding well.	
	1.30 pm	Baby details, files & band handed	
		over given to Evening	
		duty staff.	S/N parange 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

6 Type ISO 11140 | STEAM | Green = Sterilized | Man.: 2025 - 06 | Exp.: 2030 - 06 | Ref.: 106.303.0500 | Lot.: 14176 | SV: 121°C - 15 min. 134°C - 3,5 min. | Sterintech

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening Duty ON 2/7/26	
2/7/26	1³⁰ pm	Report Received from Morning Duty Staff to Evening Duty Staff. Baby Activity are good. No IV line	
	2pm	DBF taking well. No vomiting. Baby urine, ~~[illegible]~~ Meconium Not passed	
		Baby vaccination Not done.	Shalini 01407
		Baby Activity are good	
		I/O chart Maintain.	
	3²⁰ pm	CBG Checked 51mg/dl informed DR. Srilakshmi She advised paladai Nanpeo 10ml paladai feed given after ½ hr Repeat check CBG.	
		I/O chart Maintain	
	4³⁰ pm	S/B DR. Luckey vignesh, Tme vaccination Spoz 48 hrs of life	
	5³⁰ pm	Baby shifted to 7th Floor ward	Shalini 01407
		Receiving Notes.	
	5.30pm	Handover Received from LDR Staff. Child is active and alert. DBF and hourly ~~[illegible]~~ formula feed added. vaccine due. urine motion Not passed. Rwt - 2.830kg. Baby is pink colour.	Jolly 014081

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Formula feed 10ml given @ 5.40pm. Need to check after half hour RBS.	
	6.30pm	Checked RBS - 90mg/dl. Inform Dr. Padmapriya mam advice. Follow 6th hourly RBS. and If mother secreation is low need to give formula feeding.	[signature] 01959.
	7pm	Monitored input and output chart and Recorded.	
	7.30pm	Handover given to Night Duty Staff	[signature] 01959.
02/7/26	7:30pm	Night Duty Baby details Hand over taken from Evening duty staff. Baby active and alert, vitals are stable. Baby tomorrow vaccine plan, SBR /NBS/OAE after 48hrs, RBS Q6th hrly. DBF + Nonpro 20-25ml. ① (mu/Not passed) →	[signature]
	8pm	Baby vitals signs checked and recorded. vitals are stable →	[signature]
	10pm	Baby feeding well, ① Impassed Non pore taken 20ml, maintained the chart. →	[signature]
03/7/26	12Am	RBS 76 mg/dl checked and recorded. maintained the chart →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
03	2Am	Baby had mother feed.	
		F - 2	
		A - 2	
		T - 2	
		C - 1	
		H - 1 head supervisor	6073
		8	
	4Am	Baby sleeping well. No other complaints. Maintained I/O chart - DBF + mon pro sent.	6073
	6Am	Baby morning care done, weight checked and recorded. Maintained I/O chart. RBS ___ recorded.	6073
	7:20Am	Baby details Hand over given to morning duty staff	6073
		Morning duty ON 03/7/26.	
3/7/26	8.30AM	Baby Details handing Over taken by Night duty staff Nurse: Baby has Active. vital are stable no oxygen Requirement. Head to Foot Activities good.	
	9AM	vital Recheck and Monitored done	
	10AM	DBF Will be Given Done	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O SIVASAKTHI Mother's Name: MRS. SIVASAKTHI

Date of Birth: 2/7/2026 Time of Birth: 12.19 pm Gender: ☑ Male ☐ Female

Birth Weight: 2.833kg Kgs HC: 34 cm Lenght: 45 cm

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

Term / Pre-term / Post-term: ..... Blood Group: Mother: A+ve Baby: .....

Resuscitated: ☑ Yes ☐ No First Feed Th...

GUC-00085094 IP18-00036276
Mrs SIVASAKTHI .G
13-07-1997 28 Y 11 M 19 D (F)
Dr. PRIYADHARSHINI S M

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.1°F °C HR: 140 /Min RR: 24 /Min BP: — SpO2: 100%

Pain Score: — (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: D. Sobhana Signature: D. Sobhana Date &Time: 2/7/2026.

Docu. No. : RCH /FRM / CLINICAL / 144

GUC-00093329 IP18-00036284 : vasakthi
Baby Of SIVASAKTHI .G
02-07-2025 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 27	DATE 27	DATE 27	DATE 3/7	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	2	2	2	2	
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	2					
	One of the Meds listed above	1	1	1	1	1	
	Other Medications / None	Total	15	15	15	15	

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

Intervention:					
Bed in low position		✓	✓	—	—
Call device within reach		✓	✓	—	—
Wheels Locked		✓	✓	—	—
Room free of clutter		✓	✓	—	—
Adequate lighting		✓	—	—	—
Wheel chair support		✓	—	—	—
Other Intervention(s) Specify					
Nurse's Name:					
Signature:					
Date:		27/7/25	2/7/25	2/7/25	3/7/25
Time:		1.30 pm	2pm	5.30pm	

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	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					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
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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					
	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						
	Other Intervention(s) Specify						
	Nurse's Name:						
	Signature:						
	Date:						
	Time:						

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : Bb. Sivasakthi

Age..... Gender : ☑ M ☐ F IP No. :

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

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

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GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

M ☐F IP No. : .....

BRADEN 'Q' SCALE

(for Paediatric use)

				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 though 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 waking hours.				
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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.				
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.				
				TOTAL SCORE				
				Evaluator's Name				

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

GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital
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Patient: B/o. Sivasakthi.

PAIN ASSESSMENT FORM

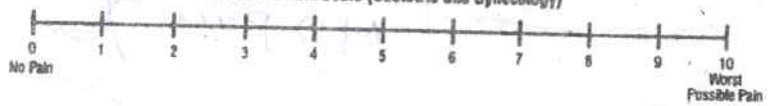
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/7/26	1pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[signature] 01/07/26
2/7/26	3pm	1/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[signature] 01/07/26
2/7/	6pm	1/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[signature]
3/7/26	12Am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
3/7/26	6Am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
3/7/26	12PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[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		

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.

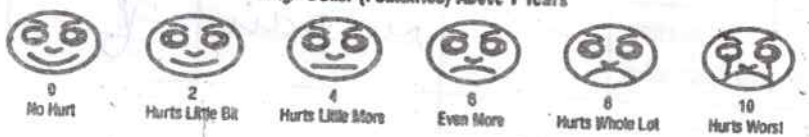
(P.T.O)

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

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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2

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
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   c) Prior to pain pain-relieving intervention.
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(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

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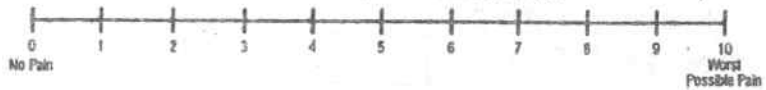

Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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GUC-00093329 IP18-00036284
Baby Of SIVASAKTHI .G (M)
02-07-2026 0 Y 0 M 0 D 7 H
Dr. PADMAPRIYA EKAMBARAM

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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 NB.
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 (circled)
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	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				(Use codes from the list in part III)						
2/7/26	4pm	yes	Mother explain to breast Feeding position	mother	no learning Bar	Oral	None	Von	Good	[signature]
3/7/2026	10AM	yes	New born care explain about to parents	mother	nil	verbal	none	yes	good	[signature]

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother (circled) 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 (circled) P: Printed 7. Other, Specify ....

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

Understanding: 1. Verbalizes Understanding (circled) 2. Demonstrates Understanding 3. Needs Review

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PATIENT TRANSFER FORM

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
02/7/26 at 1.14pm	2/7/26 at 5pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Padmapriya	Dr. Sailakshmi	further treatment

From Unit	To Unit	Information to Attendant
NICU	F09	Yes ☑ No ☐

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	1
2.	Baby Diaper Male.	2 set
3.	Baby Bands	1
4.	Nanpro Feeding Bottle	1
5.	Paladai Feed	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 01407z	Dr. Sailakshmi

Patient & Clinical Records Received by : Shalini 01407z @ 5:20 pm.

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

GUC-00093329 IP18-00036284
Baby B/O SIVASAKTHI .G
2-07-2026 0 Y 0 M 0 D 1 H (M)
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Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATIO

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
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					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/7	2pm	Nutrition Diet	Explain about Breast feeding techniques	Mother	No learning barriers	Oral	None	verbalizes understanding	good	Shalini 04074

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