

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 29/07/26

Name of the Patient: B10 SWATI.M

UHID No: GUC-94374/IP-36643

Gender: Female

Ward: NICU

Room No:

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:

Time:

Pharmacy Sign

Date:

Time:

10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

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10. 10. 19

10. 10. 19

10. 10. 19

10. 10. 19

DISCHARGE TRACKING SHEET

UHID: 94374 FLOOR: NICU CONSULTANT NAME: DR. Dr. Giridhar

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	10:30 AM			
Activity Sheet updated by Pharmacy				

ACTIVITY RECORD FOR BILLING

Name: B/o - Swati. m
UHID No: 94374 IP No: 36643 Consultant: Dr. Giridhar Dept: NICU
Date of Admission: 27/7/26 Time: 8:22pm Date of Discharge: _____ Time: _____
Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	8:22pm	Lakshmi Hospital	NICU - RCH	Syoti/01220

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

[illegible]

[illegible]

LEGAL EQUIPMENT: WARD 81011

LEGAL EQUIPMENT: WARD 81011

LEGAL EQUIPMENT: WARD 81011

LEGAL EQUIPMENT: WARD 81011

LEGAL EQUIPMENT: WARD 81011

BIO SWATI-M

Patient Sticker

GUC-94374/Ip-36643



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DISCHARGE TRACKING SHEET

DATE: 29/07/26

Name of Consultant: DR. GIRIDHAR

Floor: 3rd FLOOR UHID: GUC-94374

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time	10-30 AM		Swati M 29/7/26	
2	Arrangement of File by Nurses		10-30 am		
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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Handwritten text below the top right, possibly a title or subject.

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ADMISSION SHEET

Registration Details :



Admission No : IP18-00036643 Admit Date : 27-Jul-2026 Admit Time : 08:22 PM UHID : GUC-00094374

Patient Details :

Patient Name	: Baby Of SWATI.M	Age	: 0 D
Guardian	: SABARI.R.G	DOB	: 27-07-2026 01:00 AM
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: NO:12A,4TH STREET,SAMIYAR THOTTAM, Vyasarpadi Vyasarpady Chennai Tamil Nadu INDIA 600039	Phone No	: 9677164777
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : NICU Bed No : NICU 309 Ward Name : 3F-NICU 1
 Room No : NICU 309 Admission Type : First Visit

Contact Details :

Name	: SABARI.R.G	Relationship	: Father
Contact Address	: NO:12A,4TH STREET,SAMIYAR THOTTAM,Vyasarpadi Vyasarpady Chennai Tamil Nadu INDIA 600039	Phone No	: 9677164777


 Signature

Doctor Details :

Doctor Name	: Dr. GIRIDHAR S	Specialisation	: NEONATOLOGY
Referral Doctor	: Lakshmi hospital, Adayar	Phone No	:
Co-Consultant	:		

Payment Details :

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

**CONSENT FOR ADMISSION
IN NEONATAL INTENSIVE CARE UNIT**

Name: B/o. Suati. Age: Gender: Male ☐ Female ☒

UHID.No : Date:

I S/o, D/o, W/o hereby
declare that our patient Mr. / Ms who is related to me as
..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital
on

The doctors have explained to me in a language understood by me that my child has following health related issues :

Late Preterm / 36+6 / Girl / SGA / 2.2kg

The doctors have clearly explained to me that my patient B/o during his / her stay
in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line
and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this
procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed
consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures
performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of
infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o :
..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and
alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and
treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : R.G. Sabni

Name : R.G. Sabni

Relationship with Patient: Father

Date & Time : 27/7/26 - 9:40pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature] 137223

Name : Dr. Preethi

Date & Time : 27/7/26 9:40pm

1

IN SENATE
JANUARY 1, 1911

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 1, 1911

ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1911

THE COMMISSIONERS OF THE LAND OFFICE
HONORABLE SENATOR
JANUARY 1, 1911

RECEIVED
JANUARY 1, 1911

THE COMMISSIONERS OF THE LAND OFFICE
HONORABLE SENATOR
JANUARY 1, 1911

THE COMMISSIONERS OF THE LAND OFFICE
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JANUARY 1, 1911

THE COMMISSIONERS OF THE LAND OFFICE
HONORABLE SENATOR
JANUARY 1, 1911

GUC-00094374

IP18-00036643

Baby Of SWATI.M

27-07-2026

Dr. GIRIDHAR S

0 Y 0 M 0 D 19 H (F)



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ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☒ Others:

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- ☐ Respiratory Distress
- ☐ Congenital Heart Disease
- ☐ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☐ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Omphalocele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydronephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☒ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: *[Signature]*

Name of the Doctor: *Dr. Pralana*

Date & Time: *13/7/23*

Patient Sticker

DISCHARGE CRITERIA – NICU

Discharge to:

☐ HDU / Step down ICU

☐ Ward

☐ Outside Facility

☐ Others:

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- ☐ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- ☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- ☐ Preterm babies maintaining normal temperatures (36.5-37.5°C) in room temperature.
- ☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor:

Name of the Doctor :

Date & Time:

GUC-00094374 IP18-00036643
Baby Of SWATI.M
27-07-2026 0 Y 0 M 0 D 19 H (F)
Dr. GIRIDHAR S



CONSENT FOR FORMULA FEEDS

Patient Name:.....Age:.....

Gender:.....UHID. No.:.....I.P. No.:.....

I Mr/Mrs.:.....SW/D/o:.....

aged.....years. Hereby declare that I have admitted my son/daughter

.....in the NICU of Rainbow Children's Hospital, Bangalore

on.....Here by giving consent for formula feeding for my child. Doctors have explained me

about the formula feeding benefits and risks involved in the language I best understand.

Name of the Father/Mother/Attendent:

Signature:.....

Date:..... Time:

CIN : U85110TG1998PTC029914

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GUC-00094374
Baby Of SWATI.M
27-07-2026
Dr. GIRIDHAR S

IP18-00036643

0 Y 0 M 0 D 19 H (F)



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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B Swathi Age : Father's Name : Age :

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

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 Swathi Mother's Blood Group : O+ve

Gender : ☐ M ☒ F Blood Group : S Birth Weight (gms) : 2.2 kg Length (cms) :

Date of Birth : 27/7/26 Time of Birth : 5-49 am OFC (cms) :

Place of Birth : Estimated Gesth Age : 36+6

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : 11/11/25 EDD : 18/8/26

Conception : Spontaneous or with Rx :

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

Last Scans Details : 27/7/26 cephalic Anterior oligohydramnios AFI-5.7

FHR-149 bpm TT Immunization and Iron / Folic Acid :

EFW-2224 ± 222-4

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 Resistance / ADEF / REDF /

Redistribution in MCA) / Ductus Venosus :

AFI : 5.7

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 Hypothyroidism : when diagnosed ? Medication?

Any other Chronic Medical Problems, when detected

drugs ? corrected

(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 :

PAST OBSTETRIC HISTORY

G: P: A: L:

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☒ Emergency Indication :

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted VaginalCTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitation : ☐ 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 :

History of Present Illness:

Baby cried at birth,
Activity - fair - good.

Pulse ⊕,
HR - 140 bpm
SpO₂ - 97% on RA

CVS: S1S2 ⊕

AS: B1 AS ⊕

PA: Soft, BS ⊕

• started on oral pediatric feeds.

CBG @ birth - 45 mg/dl.

1.30 PM - 76

Investigation details in previous Hospital:

Feeding History:

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5° HR : 160 bpm RR : _____ NIBP : _____ CFT : < 3 sec
 Color of the extremities : Pink
 Jaundice : _____ Pallor : ✓ SpO2 : 97%

Anthropometry : Birth Weight : 2.2 kg Length : _____ HC : _____ Present Weight : _____
 Ponderal Index : _____ AGA : _____ SGA : ✓ LGA : _____

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		
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)
GENITALIA :	Labia / Hymen : Testicles / penis : Anus :	(N)
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMITIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ GaspingMention If baby has Respiratory distress : RR : 60 SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator RA

Settings :

Spo2 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 160 bpm BP : 90/60 Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : N Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :
Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtl Score :

Nerves :

N

.....

.....

Motor System :

Passive Tone : N

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

(N)

Diagnosis :

Late Preterm (36+6) / SGA / 2.29kg / Girl / Hypoglycemia

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature :

Dr Prasanna

Name :

13-1223

Date & Time :

Consultant :

Signature :

For, Dr 13-1223

Name :

1

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
 2. Name of the 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.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

.....

Present Issues :

.....

Vital : ☐ HR : ☐ RR : ☐ BP : ☐ SP02 : 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 :

GUC-00094374 IP18-00036643
 Baby Of SWATI.M
 27-07-2026 0 Y 0 M 1 D (F)
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MBC:- O' POSITIVE

BBC:- O' NEGATIVE

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RESULT SHEET

Date	28/7/26					
Time	12.07					
Hb	17.1					
PCV	~~45.6~~ 53					
RBC	4.96					
WBC	10.84					
N/L						
Platelets	308					
CRP	<5					
ESR						
PCT						
RBS						
Na	135					
K	4.2					
Cl	107					
Ca/Mg						
Phosphate						
Urea	14					
Creatinine	0.77					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

IP18-00036643

0 Y 0 M 0 D 19 H (F)



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Date & Time	Progress Notes	Doctor's Order
27/7	S/B Dr. Prasanna Baby received to NICU. Activity, tone - good HR: 140 bpm SpO₂ - 97% CRT < 3sec on 50% IV fluids 10% D + 80% feeds CUS: S1S2@ RS: B/L A/E@ PIA: soft, BS@. CNS: Activity, tone good.	INJ PIPITAZ
28/7/26	S/B Dr. Lakshmi Late preterm (36+6) SGA Girl 2.29 Kg + hypoglycemia HOL - 15 On room air SpO₂: 95% HR: 120/min BP: 45/29 (35) mmHg	Wt: 2.28 Kg 1kg Uo 6hr - 0.9 ml/Kg/hr 24hrs - 0.6 ml/Kg/hr RRS: 85 mp/dl Stools: Meconium



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A soft, RS (+) @ 33ml/kg/day On feeds 6ml alk. paladai + IV F 3ml/kg/day (Cyl Tone) Activity - good	
		Rx: 1mg PIPIDAZ (D.)
28/7/25	8/8 2 broncha. CBC to be done, Vess, heat, Electrolytes (12pm) Blood test. ↑ feeds 10 → 15ml/feed Stop IV fluids at 15ml/feed	Rx: 1mg PIPIDAZ 7/6/44
28/7/26	8/8 2 Shrike. Baby in RA SpO ₂ - 96% feed 15ml full paladai P/A - soft, RS (+) HR - 146/min Color pink Activity 1/2 hr @	CRA - 95mg/dl. D. Shrike (112334)

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order
29/12/26	S/S Dr. Shrilashmi	
8am	Late Return 36+6 hrs Ail 2.2904 SCA Hypoglycaemia	
	37 HOC PMA - 37+1 wk.	
	Baby in RA CPD2 - 96%.	Tw - 2.260 ↓ U/O - 1.7, 1.9 m RSS - 105 mg/dl stade - 4 times
	feed 18 ml full + 2ml - paladar @ 78 ml / 4/day	
	HR - 152/min BP - 52/32(39) b2-3 In Pipta2 color pink	
	Activity 1 hr ☺	<u>H</u> D. Shrilashmi (113334) plan - discharge today.

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

GUC-00094374 IP18-00036643
 Baby Of SWATI.M
 27-07-2026 0 Y 0 M 0 D 19 H (F)
 Dr. GIRIDHAR S



DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Doc

Date: Department: Shift:

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor
28/7	B/o SWATI	HDURS OF LIFE → 25	On RA	Feeds 6 ml Q2H IVF 30ml/kg/day	2ij Piptar	Dr 19/07/23	Dr 15/7/23
29/7	B/o SWATI	36 HOL 37 + 1wk.	In RA SpO2 - 97%	Feed 15 ml Full Palada	D2 4j Piptar.	Dr 15/7/23	

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Date:

Department:

Shift:

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00094374
Baby Of SWATI.M
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Dr. GIRIDHAR S

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0 Y 0 M 0 D 19 H (F)



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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:

Shifted to:

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	INJ. PIPITAZ	2.29 mg	IV	Q12H		☐ 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 : Dr. Prasanag

Date & Time : 13/12/23

Nurse Name & Signature : Jyoti / Jyoti

Date & Time : 27/7/26 @ 9pm

Docu. No. : RCH / FRM / GENERAL / 090

This form is to be completed by the health care provider who is responsible for the patient's care. It should be completed for all patients who are admitted to the hospital, regardless of whether or not they are being treated for a condition. The information on this form is used for statistical purposes and to help the health care provider make decisions about the patient's care.

Patient's Name	Room Number	Date of Admission	Date of Discharge	Length of Stay	Diagnosis	Procedure	Referring Physician
John Doe	123	10/1/80	10/15/80	14	Myocardial Infarction	Catheterization	Dr. Smith
Jane Smith	456	10/2/80	10/20/80	18	Pneumonia	Antibiotic Therapy	Dr. Jones
Bob Johnson	789	10/3/80	10/25/80	22	Cholecystitis	Cholecystectomy	Dr. Brown
Alice White	101	10/4/80	10/30/80	26	Hypertension	Medication	Dr. Green
Charlie Black	202	10/5/80	10/31/80	26	Diabetes Mellitus	Insulin Therapy	Dr. White
Diana Gray	303	10/6/80	11/1/80	26	Asthma	Inhaler	Dr. Black
Eve Pink	404	10/7/80	11/2/80	26	Parkinson's Disease	Medication	Dr. Gray
Frank Blue	505	10/8/80	11/3/80	26	Alzheimer's Disease	Medication	Dr. White
Grace Yellow	606	10/9/80	11/4/80	26	Epilepsy	Medication	Dr. Black
Henry Green	707	10/10/80	11/5/80	26	Hypertension	Medication	Dr. Gray
Irene Brown	808	10/11/80	11/6/80	26	Diabetes Mellitus	Insulin Therapy	Dr. White
Jack Black	909	10/12/80	11/7/80	26	Asthma	Inhaler	Dr. Black
Karen White	1010	10/13/80	11/8/80	26	Parkinson's Disease	Medication	Dr. Gray
Leo Gray	1111	10/14/80	11/9/80	26	Alzheimer's Disease	Medication	Dr. White
Mia Brown	1212	10/15/80	11/10/80	26	Epilepsy	Medication	Dr. Black
Noah Black	1313	10/16/80	11/11/80	26	Hypertension	Medication	Dr. Gray

MILLERSON, PETER
 10/15/80
 Date & Time
 10/15/80
 10:00 AM

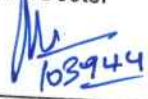
Patient Sticker

~~Dr. Swati~~
Bla Swati

uv-94374

REGULAR PRESCRIPTIONS

Weight. 2.2 Ward. N/CJ

DRUG : <u>Am. PIPTAZ</u>				Date Time	27/7/2017	AM	9	S.B. 2.5	R.M. 5.5
Dose	Route	Frequency	Start Date						
229 mg	IV	@12H	27/7						
Name & Signature of the Doctor Starting the Drugs:				 103944					
Additional Instructions:				9 J.K PM pm T.H M.S 113354					
Daily Doctor's Endorsement by a Sign									

DRUG :				Date Time					
Dose	Route	Frequency	Start Date						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

DRUG :				Date Time					
Dose	Route	Frequency	Start Date						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

DRUG :				Date Time					
Dose	Route	Frequency	Start Date						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

Patient Sticker

Weight. Ward.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature

VERIFIED BY : Name

IP18-00036643

27-07-2026

Dr. GIRIDHA

0 Y 0 M 0 D 19 H (F)

Dr. GIRIDHAR S



I.V. FLUIDS CHART

Weight. 2.27kg Ward. _____

[illegible]

B/o-Swati .m

Patient Sticker

GUC-94374/36643

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O+ve Baby's Blood Group: O+ve Sheet No: 1
Gest Age: (36+6) wks Birth Weight: 2.2 kg

Date: <u>28/7/26</u>	Date: <u>29/7/26</u>	Date:
DOL <u>D14hr</u> <u>(37 wks)</u> Weight <u>2.280</u> <u>16</u>	DOL <u>D2</u> <u>37+1w</u> Weight <u>2.260</u> <u>20g</u>	DOL Weight
Problems: <u>LPT / hypoglycemia</u>	Problems: <u>LPT / Hypoglycemia</u>	Problems:
Rs. <u>54b/m</u> Exam <u>done</u> Vent. Setting <u>BA</u> ABG <u>1 NA</u> CXR <u>1 NA</u>	Rs. <u>52b/m</u> Exam <u>Done</u> Vent. Setting <u>RA</u> ABG <u>1 NA</u> CXR <u>1 NA</u>	Rs. Exam Vent. Setting ABG CXR
CVS <u>pink</u> HR <u>153b/m</u> BP <u>46/31</u> Map <u>(36)</u> Cap Refil <u>L3 sec</u>	CVS <u>pink</u> HR <u>154b/m</u> BP <u>-</u> Map Cap Refil <u>L3 sec</u>	CVS HR BP Map Cap Refil
F/E/N T. Fluids CC/kg/day I/O/RBS: <u>46mg/dL</u> U Output: <u>0.5</u> (CC/kg/hr) <u>0.5</u> <u>ml/kg/hr</u> Exam <u>meconium passed</u> T. Bil/D <u>2 Hme</u> Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids <u>82ml/kg/day</u> CC/kg/day I/O/RBS: <u>105mg/dL</u> U Output: <u>1.7</u> (CC/kg/hr) <u>1.7</u> <u>ml/kg/hr</u> Exam <u>meconium passed</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: <u>NA</u> WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics <u>Inj piptaz</u>	C/s Results CRP Antibiotics <u>si. piptaz</u>	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment <u>done</u>	Assessment <u>done</u>	Assessment
Plan	Plan	Plan



NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:						
Diagnosis:		Post OP Day:						
Surgery / Procedure:								
BACKGROUND	Date	27/7 N	28/7 M	28/7 E	28/7 N	29/7 M		
	Shift							
ASSESSMENT	Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	Noted		
	Diet:	Nanpro	Nanpro	Nanpro	Nanpro	Nanpro		
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Vital Signs:	Temp:	36.5°C	36.6	36.4°C	36.5°C	36.4°C	
		Res:	52b/m	52b/m	50b/m	52b/m	51b/m	
		SpO ₂ :	96%	96%	97%	96%	94%	
		Pulse:	154b/m	152b/m	130b/m	140b/m	138b/m	
		BP:		49/35/74				
		LOC:	Alert	Alert	Alert	conscious	conscious	
		Fall Risk Score:	15	15	15	16	15	
		Pain Score:	0/10	0/10	0/10	0/10	0/10	
		Skin Integrity	pink	pink	pink	pink	pink	
		Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Recommendations		Physiotherapy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
		Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
		Special Diet:	Nanpro	Nanpro	Nanpro	Nanpro	Nanpro	
		Critical Lab Test / Values:						
		Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
		PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
		DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
		ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	
		Post Operative Procedure Special Orders:						
		Handed Over By	Name :	Sujoy	Sujoy	Santhya	Manu	Sumithra
Signature / ID :								
Date:	28/7/26			28/7/26	28/7/26	29/7/26	29/7/26	
Time:	7:30 AM			2 PM	8 PM	8 AM	1:30 PM	
Taken Over By Name :	Sujoy			Santhya	Manu	Sumithra		
Signature / ID :								
Taken Over By	Name :	Sujoy	Santhya	Manu	Sumithra			
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Taken Over By	Name :	Sujoy	Santhya	Manu	Sumithra			
		Signature / ID :						
Taken Over By	Name :	Sujoy	San					

Patient Sticker

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date						
	Shift						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Diet:						
	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:						
	Temp:						
	Res:						
	SpO ₂ :						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
	Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:							
Others Specify:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:							
Critical Lab Test / Values:							
Other Special Orders / Medications:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):							
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							



NURSING CARE RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date: 27/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	→ Assess the baby Condition → provide proper posi Nutrition		→ Assessed the baby Condition → provided proper Nutrition	Improved Nutritional Status	Re assessment was done	<i>[Signature]</i> 07/8/26

GUC-00094374
Baby Of SWATI.M
27-07-2026
Dr. GIRIDHAR S

IP18-00036643

0 Y 0 M 1 D (F)



NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

- ☒ Maintain Good Nutritional Status
- ☒ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Promote adequate nutritional support for healing and Recovery	9am	→ Provided feed → provided IV fluid.	Feed tolerated well → IV fluid stop as full feed reached	Re-Assessment done.	Sulayya 01/28/26
Afternoon	3pm	Promote adequate nutrition for healing & Recovery	3pm	Assess the nutritional status and appetite	Baby well Be Improve	Re-assessment was done.	Santhya 01/28/26
Night	8pm	→ Provide adequate feed → Maintain I/O chart		→ Provided adequate feed → Maintained I/O chart	Baby breathing pattern are good	Baby reassessment done	Phyllis 01/28/26

B/o Swati

Patient Sticker

GUC - 94374 / 36643

NURSING CARE RECORD

Date:

Goals

- ☒ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 am	→ Assess the baby's condition → provide feed		→ Assessed baby's condition → provided feed.	Feed tolerated well.	Re-assessment done.	Swathi 017717
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							



NURSES NOTES

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BirthRight[™]
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☐ No Known Drug Allergies

☐ Drug Allergies

Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>Receiving Note Night Duty 27/7</u>	
27/7	8pm	Baby receiving from Lakshmi hospital Baby Condition is LPT (hypoglycemia) Admitted NICU. Baby Birth weight 2.2kg and Awt - 2.296 Kg HC - 31cm L - 42cm (36+6 weeks) and After Admitted NICU putted IV line ① and started IVF 50% 30ml/kg/day - 2.7ml and checked ① RBS - 47mg/dl →	Syoti 01/8/2026
	9pm	Given medication as per doctor order Inj piptaz and Baby kept in room air with under the warmer →	Syoti 01/8/2026
	10pm	Started Feed 6ml 2nd/1hly Nanpro as per doctor order Palada Feed given and Baby is tolerated Feed no vomiting vitals are checked and recorded SpO2 96% HR - 156b/m RR - 52b/m BP - 49/29/29 (36) →	Syoti 01/8/2026
	11pm	Given Feed 6ml 2nd/1hly Nanpro Baby is tolerated (mild) meconium passed diaper was changed → urine Not passed →	Syoti 01/8/2026

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(Continue)

B/o - Sweaterim

(2)

Patient Sticker

GIVE 294374/86643

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies

Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		— Continue —	
28/7	3Am	Checked PPS - After 6hr PPS — 76mg/dl, vitals are maintained SpO ₂ 95% HR-152b/m RR-55b/m - BP-49/30 (36)	Jyoti 07/8/20
	5Am	Given morning care and checked weight and recorded and provided feed After care 6ml 2nd/3ly and provide comfortable position →	Jyoti 07/8/20
	7Am	• vitals are checked and recorded SpO ₂ 96% HR-152b/m RR-52b/m - U/O- 6hr 0.9ml 24hr U/O- 0.3ml → Baby is ON room air with under the warmer →	Jyoti 07/8/20
	7:30 Am	Baby hand over given to the morning duty staff Nurse →	Jyoti 07/8/20
		<u>Morning duty notes 28/7/20</u>	
28/7	7:30 Am	Baby hand over received from night duty staff Jyoti by using of PPSAR tool, baby on under warmer with RA, vitals are in normal range, abdomen soft on feed 6ml pulsed, on one IV cannula pattern	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

P.T.O.



3

NURSES NOTES

☒ No Known Drug Allergies

☐ Drug Allergies Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		(Continuation Notes of (M) 28/12)	
		on TPR- 30cc / 8 / day, 2 2w / hr	
		IV fluid ongoing for baby,	
		on IV pipetz, plan for 9 am	
		RBS checked, no skin injury →	Sulanya
28/12	9 am	RBS checked - 85 mg/dl, feed given	01/28/23
		10ml AS per Dr. Sneha mom	
		advice, IV fluid 1ml/hr, kept	
		INS pipetz 229mg given	
		to the baby, through IV line	
		IV line pattern good →	Sulanya
	11 am	Feed given 15ml Nanpro	01/28/23
		for baby, well tolerated	
		no complaints. →	Sulanya
	11:30 am	Baby feed tolerated, IV fluid	01/28/23
		Stop for baby, AS per Dr.	
		Annayyammam, Plan after	
		1 hour RBS monitoring →	Sulanya
	12 pm	AS per order, CBC, CRP, urea	01/28/23
		creatinine Electrolyte sample	
		Send for Lab →	Sulanya
	12:30 pm	RBS - 68 mg/dl, no complaints →	01/28/23
	1:30 pm	Baby hand over given to	
		the next duty S/N - kany	
		by using of PSBR tool, baby	
		on under warmer can	Sulanya
		with RA →	01/28/23

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(A)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	1:30 pm	Evening duty notes (28/7/26) Baby condition taken over the from morning duty staff Nurse By using KBPR Method Baby is kept in under vacuum. Baby Active well. Baby is on room air. Baby vitals are checked and Recorder. Baby passed urine and meconium. diaper changed. Baby Paladar feeding 15ml nan pro Baby no vomiting and no abdominal distension Baby continue monitor.	Santhya 28/7/26
	3 pm	Baby Active well. Baby Paladar feeding 15ml nan pro given Baby no vomiting and no abdominal distension. Baby continue monitored	Santhya 28/7/26
	5 pm	Baby Active well. Baby vitals are checked and Recorder. Baby Paladar feeding 15ml Nanpro given no vomiting no abdominal distension	Santhya 28/7/26
	6:30 pm	Baby Active well. Baby RBS checked and Recorder. Baby vitals are checked and Recorder.	Santhya 28/7/26
			Santhya 28/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies **NOT KNOWN**

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Continue Notes (28/7/26)			
28/7/26	7:30 pm	Baby Active well. Baby is kept in Crib. Baby is on room air. Baby Paladest feeding 15ml Nanpro. No vomiting and no abdominal distension. Vitals are checked and recorded. Baby condition Handled over the room next duty staff Nurse with all Reports and Records.	Santhiya 08/09/26
NIGHT DUTY NOTES 28/07/26			
28/7/26	7:30 pm	Baby handover taken from evening duty s/n Santhiya taken by s/n P Manjuladevi. Baby under the warmer with room air. Baby colour is normal. Baby activity is good. Baby sleeping well. Baby feed 15ml Nanpro full paladest, IV fluids stopped. IV line is patent. Baby tomorrow plan for discharge. Baby ~~comes~~ heart rate 152 b/m, SpO2 96%.	
	9 PM	Baby vitals are monitoring. Feed given to the baby 15ml Nanpro full paladest.	P Manjuladevi 08/08/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

B/O Swati
GUC: 94374/36643

Patient Sticker

6

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		~~28/7/26~~ ——— CONTINUE NOTES on 28/07/26	
28/7/26	11PM	Baby measurement done.	
		Baby heart rate 152 b/m, SpO2 96%	
		Baby vitals are monitoring ———	P. Majitha/0606
29/07/26	3AM	Feed given to the baby, baby tolerate feeds well	P. Majitha
	5AM	Morning care given to the baby, baby abdomen soft	P. Majitha/0606
	7:30AM	Baby colour is normal. Baby activity is good. Baby sleeping well. Baby tolerate feed well. Baby today plan for discharge. Baby in line is pattern. Baby heart rate 140 b/m SpO2 96%. Baby vitals are checked and recorded. RBS monitoring, Baby handles given to the morning duty staff	P. Majitha/0606
		<u>Morning duty 29/7/26</u>	
29/7/26	8am	Baby hand care given. ~~From~~ S/L Manipulation taken by S/L Smith. Baby under Radiant warmer. Activity is good. Colour is pink. Baby on Room air.	Smith 017767

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Continue

Patient Sticker

7



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☐ Drug Allergies not known

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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- ☐
- No Known Drug Allergies

- ☐
- Drug Allergies

[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

B/o-Swati . m
Give - 94374 / 36643

**NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM**

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

Baby's Name: B/o-Swati Mother's Name: Mrs. Swati . m
Date of Birth: 27/7/26 Time of Birth: 05.49 pm Gender: ☐ Male ☒ Female
Birth Weight: 2.2 Kg Kgs HC: 31 cm Length: 42 cm
Meconium in Liquor: ☐ Yes ☐ No Cried at Birth: ☒ Yes ☐ No
Term / Pre-term / Post-term: Late pre-term
Resuscitated: ☒ Yes ☐ No Blood Group: Mother: O+ve Baby: _____
Feeding: ☐ Breast Feeding ☒ Formula ☐ Both First Feed Time: 6

AFFIX MOTHER'S
IDENTIFICATION LABEL

Mrs. Swati

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

Indication: _____

Physical Assessment of New Born:

Temp: 36.5 °C HR: 152 b /Min RR: 52 b /Min BP: 46/30(30) SpO₂: 96%

Pain Score: 0/10 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture: ☒ Well-Flexed ☐ Asymmetry

Skin: ☒ Pink ☐ Meconium Stain ☐ Others, Specify: _____

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

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

Routine Care Provided: Yes / ~~No~~

Capillary Blood Glucose Monitoring Done: Yes / ~~No~~

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / ~~No~~

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~

3. Socio History: Siblings Yes / ~~No~~

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

Newborn Screening Discussed: Yes / ~~No~~

Nurse Name: Jyoti

Signature: [Signature]

Date & Time: 27/7/26 @ 8 pm



NEWBORN - NURSING ASSESSMENT FORM

NURSING DEPARTMENT

(To be completed by the nurse in charge)

1. Patient Name: 6/0-2021-11
 2. Date of Birth: 6/12/2021
 3. Time of Birth: 12:00 PM
 4. Sex: Male
 5. Weight: 3.2 kg
 6. Length: 50 cm
 7. Head Circumference: 34 cm
 8. Chest Circumference: 30 cm
 9. Arm Span: 28 cm
 10. Mid-Upper Arm Circumference: 10 cm
 11. Mid-Lower Arm Circumference: 8 cm
 12. Mid-Thigh Circumference: 12 cm
 13. Mid-Calf Circumference: 10 cm
 14. Ankle Circumference: 8 cm
 15. Foot Length: 10 cm
 16. Hand Length: 5 cm
 17. Hand Width: 4 cm
 18. Finger Length: 3 cm
 19. Finger Width: 2 cm
 20. Ear Length: 3 cm
 21. Ear Width: 2 cm
 22. Ear Height: 2 cm
 23. Ear Depth: 2 cm
 24. Ear Area: 2 cm
 25. Ear Volume: 2 cm
 26. Ear Weight: 2 cm
 27. Ear Color: 2 cm
 28. Ear Shape: 2 cm
 29. Ear Texture: 2 cm
 30. Ear Sound: 2 cm

25. 2021-11-12
 26. 12:00 PM
 27. 12:00 PM
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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a score of 1 if 'YES' in parameter 1 to 9 and Assign a score of -2 if 'YES' in parameter No 10

S.No	Assessment Criteria	Score	Date: 27/7	Date: 28/7	Date: 29/7	Date:	Date:	Date:
			Time: 10pm	Time: 10am	Time: 8am	Time:	Time:	Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
Total Score			0	0	0			
Signature of the Nurse			Sulam 012843					

Intervention:

positioning

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			27/7	28/7	28/7	28/7	29/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3			
	Psych / Behavioral Disorders	2					1
	Other Diagnosis	1		1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	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	2	2	2	2	
	Outpatient Area	1					2
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			15	13	15	15	17

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:		Dr. H. Subin	Dr. H. Subin	Dr. H. Subin	Dr. H. Subin	Dr. H. Subin
Signature:		Dr. H. Subin	Dr. H. Subin	Dr. H. Subin	Dr. H. Subin	Dr. H. Subin
Date:		27/7	28/7	28/7	28/7	29/7
Time:		8pm	8pm	8pm	8pm	8pm

W. F. Smith

PARAMETER	
Age	
Gender	
Diagnosis	
Cognitive	
Current Status	
Prognosis	
Recommendations	
Medication	
Intervention	

Patient Sticker



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					
	Within 48 hours	2					
	More than 48 hours / None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
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:							

BRADEN 'Q' SCALE

(for Paediatric use)

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

Patient Name : S/o Suniti

Age: Gender : ☐ M ☐ F IP No. :

				Date :	<u>14/7</u>			
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.	<u>3</u>			
'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.	<u>1</u>			
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.	<u>3</u>			
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.	<u>3</u>			
FRICITION-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.	<u>3</u>			
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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	<u>3</u>			
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.	<u>3</u>			
TOTAL SCORE					<u>19</u>			
Evaluator's Name					<u>2</u>			

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

1000-1000-1000

1000-1000-1000

Blo-Sueating

Patient Sticker

Glue - 94374/36642

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time
						27/7	28/7	28/7	29/7	29/7			
						8pm	8pm	9pm	8pm	8am			
						Procedure	0	-	-	-			
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	0	0	0	0	0			
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)	0	0	0	0	0			
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0			
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	0	0	0	0	0			
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	0	0	0	0	0			
 Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age Intervention - Deep Sedation: Score = -10 to -5 - Light Sedation: Score = -5 to -2 - Pain Score less than or equal to 3 - No Intervention - Pain Score greater than 3 - Intervention						Gestational Age / Corrected Age	36wks	36wks	36wks	36wks	36wks		
						Total Pain / Agitation Score	0/10	1/10	0/10	0/10	0/10		
						Intervention	Feed	Feed	Feed	Feed	Feed		
						Effectiveness	good	good	good	good	good		
						Signature	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	- Observe the infant for a minute before selecting a score for each behavior. - Stimulate the infant and observe and select a score for each behavior. - Select only one numeric value (Highest) per behavior.	- Observe the infant for a minute before selecting a score for each behavior. - Select only one numeric value per behavior.
Scoring/ Documentation	- Sedation scores are negative scores only - Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) - NPASS Sedation total score has a range from 0 to -10 possible. - Document total NPASS Sedation score in the medical record.	- Pain/Agitation scores are positive scores only - Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. - Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. - NPASS Pain/Agitation total score has a range from 0 to 13 possible. - Document the total NPASS Pain/Agitation score in the medical record
Interpretation	- Desired levels of sedation vary according to the situation. - Discuss and determine sedation goal with provider. "Deep sedation": goal score of -10 to -5 - Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea "Light sedation": goal score of -5 to -2 - Reassess patient per frequency in local sedation policy - A negative score without the administration of opioids/ sedatives may indicate: - The premature infant's response to prolonged or persistent pain/stress - Neurologic depression, sepsis, or other pathology	- Does not provide pain intensity rating. - Any score greater than 3 indicates the possibility of the presence of pain in the infant - Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). - Reassess patient per frequency of local pain policy. - If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

Patient Sticker

B/o Seema H. m
GOC-94374/36643

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BED SIDE CHECK LIST FOR NURSES

Date:	27/7	28/7	28/7	28/7					
Doctor's Orders	✓	✓	✓	followed					
Carried out or not	✓	✓	✓	carried					
Bed Side									
Structured Handover done	✓	✓	✓	✓					
IV Site	✓	✓	✓	✓					
Central Lines	✓	✓	✓	✓					
Arterial Lines	X	X	X	X					
Feeding Catheter	X	X	X	✓					
Urinary Catheter	✓	X	✓	X					
Skin Care	✓	✓	✓	✓					
Eye Care	✓	✓	✓	✓					
Mouth Care	✓	✓	✓	✓					
Sterillum Bottle, Stethoscope	✓	✓	✓	✓					
Suction Bottle (Should be clean & empty)	✓	✓	✓	✓					
Intubation Tray	X	X	X	X					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X	X	X	✓					
Ventilator Tubing, (Any Water, Blood)	X	X	X	X					
Humidification	X	X	X	X					
Check all Infusion (Labelling, Correct Preparation)	✓	✓	✓	✓					
Chest Physio & Neb	X	X	X	X					
Handed Over By Name :	Sybil	Sybil	Sybil	Major					
Signature :	[Signature]	[Signature]	[Signature]	[Signature]					
Date & Time:	28/7	28/7	28/7	28/7 8 AM					
Hand Over Taken By Name :	Sybil	Sybil	Sybil	Major					
Signature :	[Signature]	[Signature]	[Signature]	[Signature]					
Date & Time:	28/7	28/7	28/7	28/7 8 PM					

BED SIDE CHECK LIST FOR NURSES

Date:		Time:		Nurse:	
Doctor's Orders					
Carried out or not					
Bed Side					
Structured Handover notes					
IV Site					
Central Lines					
Arterial Lines					
Feeding Catheter					
Urinary Catheter					
Skin Care					
Eye Care					
Mouth Care					
Sterilem Bottle, Stethoscope					
Suction Bottle (empty & clean)					
Infusion Tray					
Emergency Tray (loaded Syringes with Midazolam & Vecuronium and Flum)					
Antidotes of Adrenaline					
Ventilator Tubing (Any Water Blood)					
Humidification					
Check all Infusion (Labelling Correct Prescription)					
Chest Physio & Neb					
Washed Over By time:					
Signature:					
Job & Time:					
and Over Taken By Name:					
Signature:					
Job & Time:					

Patient Sticker

①



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RBS CHART

[illegible]



Patient's Name: B/o - Suleti, m

MRD NO:.....Room No:.....

Age : 36 + 6 wks Weight : 2.2 Kg Sex: ☐ M ☒ F

Consultant : Dr. Giridhar

PHLEBITIS ASSESSMENT

CANNULA 1

Date: 27/7/26

Time: 8 pm

Location : left hand

Size : 2667

Cannula inserted by: S/A Nivedha

[illegible]

Cannula removed : ☐ Yes ☐ No, if yes date and time :
 RX any initiated : ☐ Yes ☐ No ☐ NA If Yes specify-
 Phlebitis score:

CANNULA 2

Date :

Time:

Location :

Size :

Cannula inserted by :

[illegible]

Cannula removed : ☐ Yes ☐ No, if yes date and time :
 RX any initiated : ☐ Yes ☐ No ☐ NA If Yes specify-
 Phlebitis score:

NOTE : * To be assessed within 30 minutes of insertion.
* Every 2 hours if on fluid infusion.
* Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)..... Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :

Location :

Size :

Cannula inserted by :

Time:

CANNULA 4

Date :

Location :

Size :

Cannula inserted by :

Time:

[illegible]

Cannula removed: ☐ Yes ☐ No, if yes date and time: _____
 RX any initiated: ☐ Yes ☐ No ☐ N/A If Yes specify: _____
 Phlebitis score: _____

Phlebitis score:

[illegible]

Cannula removed : ☐ Yes ☐ No, if yes-date and time :
RX any initiated : ☐ Yes ☐ No ☐ NA If Yes specify-
Phlebitis score:

Phlebitis score:

NOTE: * To be assessed within 30 minutes of insertion.
* Every 2 hours if on fluid infusion.

- * Every 2 hours if on fluid infusion.
- * Every 4 hours if not on fluid infusion.

* Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)		
1	2	3

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)					
0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: * Slight pain near I.V. site or slight redness near I.V. site	TWO of the following is evident: * Pain near I.V. Site * Erythema * Induration	ALL of the following is evident: * Pain along path of cannula * Erythema * Induration	ALL of the following is evident and extensive: * Pain along path of cannula * Erythema * Induration * Palpable venous cord	ALL of the following is evident and extensive: * Pain along path of cannula * Erythema * Induration * Palpable venous cord * Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

GUC-00094374

IP18-00036643

Baby Of SWATI.M

27-07-2026

0 Y 0 M 0 D 19 H (F)

Dr. GIRIDHAR S



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COUNSELLING CHART

	DATE						
RESPIRATORY SYSTEM							
HIGH FREQUENCY OSCILLATION							
VENTILATOR							
INHALED NITRIC OXIDE							
NON-INVASIVE VENTILATION							
CPAP							
HFNC							
OXYGEN							
ROOM AIR							
CARDIOVASCULAR SYSTEM							
INOTROPES (Y/N)							
HYPOTENSION (Y/N)							
ABDOMEN:							
FEED INTOLERANCE (Y/N)							
FLUIDS							
TPN							
PPN							
ONLY FLUIDS							
INFECTION (Y/N)							
GENERAL CONDITION							
MORIBUND							
CRITICALLY ILL							
SICK							
IMPROVING							
STABLE							

RCH / GDY / FRM / CLINICAL / 289

P.T.O.

DATE	REMARKS	DOCTOR'S SIGN	PARENT'S SIGN
27/7	Baby on RA feeds 5ml / hr. on IV fluids ~~10~~ 10-12	f 13723	R.G. [Signature]
28/7	feeds 5 → 10 → 15ml. off IV fluids at 15ml. Maintaining Sufan	f 13723	R.G. [Signature]

TRANSPORT SHEET

☐ PICU KIT☐ NICU KIT☐ ER KIT

Patient Name : Age :

Gender : ☐ M ☐ F - Weight : Date : Time :

Diagnosis :

Referring Hospital :

Place : Kilometers of Transport :

Call received by : Time of Call : Timeleft:.....

Time of Confirmation Call :

Patient condition discussed with referring Doctor : ☐ Yes ☐ No

Name of the consultant with whom patient's condition was discussed:

Special Instructions to initiate during Transit / Transport :

EQUIPMENT CHECKING

☐ Transport Ventilator☐ Transport Incubator☐ Syringe Pumps☐ Transport Monitor☐ Oxygen☐ Emergency Kit☐ Suction Machine☐ Glucometer☐ Stethoscope☐ Ventilator☐ Chest Drain (for Long Transport)☐ Ambu Bag, Mask☐ Antibiotics Vial☐ Surfactant Vial (NICU)☐ Venesection Tray☐ Defibrillator
(for PICU & Long Transport)☐ Cardiac Monitor with Arterial

Pressure Module (PICU & Long Transport)

☐ iSTAT : ☐ Yes ☐ No

DOCTOR

Name : *Dr. P. S. Srinivas*Signature : *137223*

Time :

Time the referring hospital was reached :

Time the referring hospital was left :

NURSE : (Sister / Brother)

Name :

Signature :

Time :

CLINICAL STATUS AT ARRIVAL TO RAINBOW CHILDREN'S HOSPITAL

Time of reaching RCH (Rainbow Children's Hospital) :

RCH I.P. No. :

Examination

Temperature :

Heart Rate :

NIBP :

Respiratory Rate :

SpO2 :

CVS :

RS :

RBS :

NS (Responsiveness) :

☐ None

☐ Lethargic

☐ Vigorous Cry

SNAPPE - II SCORE

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0.1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

Final diagnosis :

Duration of ventilation :

Morbidity :

☐ Discharge ☐ Death :

PROBLEMS DURING TRANSPORT

ent :

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of SWATI.M

Age : 0 Y 0 M 0 D 19 H

IP No: IP18-00036643

Sex: Female

Consultant: Dr. GIRIDHAR S

Ward/Bed No: 3F-NICU 1/NICU 309

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: *P. G. [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: *< P. G. [Signature]*

Name: *SABARI . R . M.*

Relationship: *RELATIVE*

Date: *27/07/2026*

Time: *08:22 PM*

Witness Name: *P. Thangaraj Selvan*

Witness Signature: *[Signature]*

Patient Address:

NO:12A,4TH STREET,SAMIYAR
THOTTAM,Vyasarpadi Vyasarpady
Chennai Tamil Nadu INDIA 600039

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 be applicable.
- ▶ 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 be 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 and 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 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 : <u>Baby of SWATI M</u>	UHID Number : <u>94374</u>
Self/Attendant Name : <u>SABARI . R . G</u>	Relation : <u>FATHER</u>
Self/ Attendant Signature : <u>[Signature]</u> Phone Number : <u>2 R.G. [Signature]</u>	Name & Signature of Financial Counselor : <u>[Signature]</u>

