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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 11/7/20

GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2020 0 Y 0 M 1 D (F)
Dr. GIRIDHAR S

Gender: ....

Room No: 5702

Ward: 7th floor

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign [signature]	Pharmacy Sign [signature]
Date:	Date: 11/7/20.	Date: ....
Time:	Time: 6am	Time: ....

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

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GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0 Y 0 M 1 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

NAME OF CONSULTANT-

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

Pramer. 133011801270.

ACTIVITY RECORD FOR BILLING

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GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S

Name: .....

UHID 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
9/7/26	10:30pm	OT	MICU.	
9/7/26	2.10pm	NICU	4th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/7/26	Blood grouping	26022005	[illegible]
9/7/26	RBS	26022024	[illegible]
9/7/26	RBS	26022063	[illegible]
10/7/26	RBS	26022133	
10/7/26	RBS	26022188	[illegible]
11/7/26	RBS (4)	26022223	[illegible]
11/7/26	Br [illegible] / [illegible]	26022216	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7	OAE	(1)	1725329	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

.....

Date: 11/7/26 Time: 6am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
over			

GUC-00093633 IP18-00036390
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09-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11/7/26 at 11AM				
	INTIME	OUT TIME	by		
Arrangement of File by Nursing		11/7/26 at 11AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Thursday Scan

T.WT 2.854 kg
H - 34
L - 50
Latch Scan: 9

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BED SIDE CHECK LIST FOR NURSES

Date:	9/7	10/7	11/7						
Doctor's Orders	Yes	Yes	Yes						
Carried out or not	Yes	Yes	Yes						
Bed Side									
Structured Handover done	Yes	Yes	Yes						
IV Site	NA	NA	NA						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	Yes	Yes	Yes						
Eye Care	Yes	Yes	Yes						
Mouth Care	Yes	Yes	Yes						
Sterillum Bottle, Stethoscope	Yes	Yes	Yes						
Suction Bottle (Should be clean & empty)	Yes	Yes	Yes						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling, Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	9/7 8pm	10/7 2pm	11/7 2pm						
Hand Over Taken By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	10/7/26 8:00pm	11/7 8AM							

Rainbow Children's Hospital

BirthRight 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 : IP18-00036390 **Admit Date** : 09-Jul-2026 **Admit Time** : 10:16 AM **UHID** : GUC-00093633

Patient Details :

Patient Name	: Baby B/O RAMYA R	**Age**	: 0 D
Guardian	: Mr VIGNESH K	**DOB**	: 09-07-2026 09:31 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: A2, NITRA KHURINJI ZINNIS HOMES, CHURCH ROAD Old Perungalathur Kanchipuram Tamil Nadu INDIA 600063	**Phone No**	: 9715892133/ 9442919089
		E-mail	: vigneshk310@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT702-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT702-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VIGNESH K **Relationship** : Mother

Contact Address : A2, NITRA KHURINJI ZINNIS HOMES, CHURCH ROAD Old Perungalathur Kanchipuram Tamil Nadu INDIA 600063 **Phone No** : 9715892133

Signature

Doctor Details :

Doctor Name : Dr. GIRIDHAR S **Specialisation** : NEONATOLOGY

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby B/O RAMYA R	Age :	0 Y 0 M 0 D 0 H
IP No:	IP18-00036390	Sex:	Female
Consultant:	Dr. GIRIDHAR S	Ward/Bed No:	7F-PVT/SUITE/CRDL-PVT702-1

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: 1

Name: Mr. Vignesh
Relationship: Father
Date: 09/07/2026 Time: 10:16 AM
Witness Name: A. Sivasankari
Witness Signature: A.

Patient Address:
A2, NITRA KHURINJI ZINNIS HOMES,
CHURCH ROAD Old Perungalathur
Kanchipuram Tamil Nadu INDIA
600063

GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M0D0H (F)
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RBS CHART

6th hourly.

Date	Time	RBS (mg/dl)	IVF %	Signature
9/7/26	11AM	67 mg/dl	Dr. Srilakshmi	[illegible]/01176
9/7/26	5pm	66 mg/dl	Feed / Q6H	[illegible]
9/7/26	11 pm	76 mg/dl	Q6H	[illegible]
10/7/26	6 am	74 mg/dl	Q6H [illegible]	[illegible] [illegible]
10/7/26	12pm	69 Mg/dL	Q6th hourly	[illegible] 021875
10/7/26	6pm	76 mg/dl	Q6 hrly	[illegible] 60222
11/7/26	12 Am	68 mg/dl	Q6 hrly	[illegible] 60[illegible]
11/7/26	7 am			

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Ramya. R Age : 35yr Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Giridhar Referring Consultant : Dr. Mathay.

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

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

BIRTH INFORMATION

Name : B/o Ramya. R.

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 9/7/26 Time of Birth : 9:31AM

Place of Birth : Pch OT

Mother's Blood Group : A +ve.

Birth Weight (gms) : 3.153kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38 wk + 7 days.

Current Obstetric History : (Booked / Unbooked Case) EDD Date - 3/11/25

Maternal Age : 35yr Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : 22/7/26.

Conception : Spontaneous or with Rx. : ICSI Conception

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

Last Scans Details : 3 books, AC 62nd centile, EFW - 2.9kg, Liquor (N), placenta Anterior.

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : —

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

IUGR - when detected : .....

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

AFI : .....

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

Controlled or not, recent values, HbA1 values : GDM on Insulin

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? Hypothyroidism on T. Thyronorm 75mcg.

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 : ..... A : ..... L : 01

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	Ectopic (R) side				ART conception	
			↳ (R)		Salpingectomy	
G2	ICSI	Conception				

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

Gestational Age : ..... Weeks : .....

APGAR SCORE

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

1 Minute	5 Minutes	10 Minutes
8	9	9

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

GUC-00093633 IP18-00036390
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Dr. GIRIDHAR S

A single term live GIRL baby delivd via ELLCCS. Baby cried immediately after birth. Normal neonatal transition

HR - 152/min
SPO2 - 99% RA.

Investigation details in previous Hospital :

—

Feeding History :

—

Patient Sticker

Past History :

–

Family History :

–

Socio Economic History :

–

GENERAL EXAMINATION ON ADMISSION

General Disposition :

–

VITALS : Temperature : 36.5°C HR : 152/m' RR : 54/m' NIBP : ..... CFT : .....

Color of the extremities : (2)

Jaundice : – Pallor : – SpO2 : 98%, RA.

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

Ponderal Index : ..... AGA 60%. SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : Patent
Palate :
Gums :
Lips :
Tongue :

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 2 A + 1 V.
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus : Packed Meconium

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

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

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 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 152/min BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : 2A + 1V

First urine passed : –

Meconium passed : Passed

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Term 38wk+1day / Anil / 3.153kg
AGA / IDM

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Shikha

Date & Time : 9/7/26

Consultant :

Signature : for .....

Name : Dr. Anubha

Date & Time : 9/7/26.

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

. DBF

. Mouth

. CB a at 1 hour of life F/b CBG Q6H. for 48 hour.

. Post ductal SpO2 at 24 HOL

. SBP, DBP, NBS at 48 HOL

Feeding Plan at the time of shifting : . Birth vaccination,

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 10.00am	S/B Dr. DEEPAK	
	TERM / GIRL / 3.15kg / AGA / IDM (38weeks+1day)	
	→ Child reviewed → Child is on DBF	M / A+ve B / A+ve
	O/E: Child is alert, afebrile, pink	
	CVS: S1S2 (+) RS: NVBS (+) P/A: Soft CNS: AFNF	BW - 3.153 TW - 2.976 ↓ 177g WL: 5.6%
		Rx → Continue current plan → To give DBF Q2H → Warmth → S.Bili, OAE, NBS at 11/7/26 → Birth vaccine given
		c2m

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Date & Time	Progress Notes	Doctor's Order

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.153 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
9/7	9:40 AM	INJ. VIT K	1mg	I.M			
10/7	12.30pm	Inj HBIG	0.5ml	IM			
10/7	12.30pm	Inj BCG	0.05ml	ID			
10/7	12.30pm	OPV	2 drops	Oral			

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

GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S

(1)

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: 9/7/26 ... Time:	9:30am	12pm	4pm	8pm	12pm	4pm
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 104–94) 9/7/26	98°F	98.4°F	98.6°F	98°F	98.6°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50) Note: BP does not score in early warning scoring	plotted	144	plotted	plotted	plotted	plotted
Heart Rate (Number)	150bm	144	136bm	140bm	142bm	140bm
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)	plotted	plotted	plotted	plotted	plotted	plotted
Resp Rate (Number)	50bm	48	40mi	40min	40min	40min
Resp Distress Mod/Severe / None/Mild	✓	✓				
Receiving O_2 (l/min) / O_2 Saturations (%)	—	✓	99% RA	99% 15/15	99% 15/15	100% 15/15
Conscious Level Normal / Altered	—					
GCS *	—	15	Abult			0
TOTAL SCORE						
Number of shaded boxes	15	0	0	0	0	0
Pain Score	15	0	0	0	0	8
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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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-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

Doc. 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: 10-7-26 Time: 8 AM | 1 PM | 6 PM | 8 PM | 12 AM | 4 AM

Doctor/Nurse/Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94
97.8F | 98F | 97.6F | 97.3F | 97.6F | 98.2F

Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number): 164bpm | 158bpm | 136bpm | 140 | 124bpm | 140bpm

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

Resp Rate (Number): 40bpm | 40bpm | 40min | 40min | 40min | 40min

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)		RA	1 l/min	RA	RA	RA	RA
O_2 Saturations (%)		98%	98%	99%	99%	99%	99%
Conscious Level	Normal / Altered						
GCS *		Alt	Alt	Alert	Alert 15/15	Alert 15/15	Alert 15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		PR	✓	✓	SK	SK	SK

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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GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : 1

RWt: 3.084kg

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.

9/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										NO	
9/7/26	09:00 am	←	on admission →								To	
	10:00 am	EBF										
	11:00 am						✓					
	12:00 pm	EBF								✓		
	01:00 pm											
Total Intake : 2 times						Total Output : 1 time						
	02:00 pm											
	03:00 pm	DBF									NOIV	
	04:00 pm									30	line	
	05:00 pm	DBF					✓					
	06:00 pm										NO	
	07:00 pm	DBF									IV	
Total Intake : 3 times DBF						Total Output : 30 ml					line	
	08:00 pm	DBF										
	09:00 pm						✓			diaper change	No	
	10:00 pm	DBF									IV	
	11:00 pm						✓			diaper change		
	12:00 am	DBF					✓			diaper change	line	
	01:00 am											
Total Intake : DBF - 3						Total Output : 3 time diaper change						
	02:00 am	DBF										
	03:00 am						✓			diaper change	No	
	04:00 am	DBF									IV	
	05:00 am						✓			diaper change		
	06:00 am						✓			diaper change	line	
	07:00 am	DBF					✓			diaper change		
Total Intake : 3-DBF						Total Output : 4 time diaper cha						

Total 24 hrs. Intake	DBF - 11	Total 24 hrs. Output	U 11 M - 9

10/7/26 @ 9.30 AM

RH HR - 156 b/m SpO2 - 97 %	LH HR - 158 b/m SpO2 - 98 %
RL HR - 150 b/m SpO2 - 100 %	LL HR - 151 b/m SpO2 - 97 %

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FLUID CHART

Sheet No. : 2

Td wt 2.976 kg

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

10/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										NG	
	09:00 am	DBF								30ml	W	
	10:00 am										W	
	11:00 am	DBF									NOV	
	12:00 pm						↑			30ml	W	
	01:00 pm	DBF										
Total Intake : 2 from DBF						Total Output : 60ml						
	02:00 pm										NO	Sim
	03:00 pm	DBF										Sim
	04:00 pm										IV	Sim
	05:00 pm	DBF								30ml		Sim
	06:00 pm										line	Sim
	07:00 pm	DBF										Sim
Total Intake : 3times DBF						Total Output : 30ml						
	08:00 pm										NO	
	09:00 pm	DBF					↑			diaper change		
	10:00 pm										IV	
	11:00 pm	DBF					↑			diaper change		
	12:00 am										line	
	01:00 am	DBF										
Total Intake : DBF-3						Total Output : U-2 M-2						
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am						↑			diaper change	IV	
	05:00 am	DBF										
	06:00 am						↑			diaper change	line	
	07:00 am	DBF										
Total Intake : PBF-3						Total Output : U-2 M-2						

Total 24 hrs. Intake	DBF- 10

Total 24 hrs. Output	U - 4 M - 5

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09-07-2026 0Y0M0D0H (F)
Dr GIRIDHAR S

NURSING CARE RECORD

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

Date: 9/7/26

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	9AM	Promote adequate Nutrition DBF	9AM	→ Asses the Baby conditim → Asses the Nutritional Status → Provide DBF Q2H → Monitor weight Daily	Maintain good Nutritim	Reassessment was done	Shalini 010772
Afternoon	1.30 pm	Promote adequate nutrition	2pm	* Assessed Baby condition * Asses nutritional Status * Monitor weight	Maintained Good nutritional Status	Reassessment Done	01/07/26
Night	8pm	promote the nutrition Status.		Improve the baby nutrition level.	Evaluate the baby weight	Reassessment is done.	01/07/26

GUC-00093833 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M1D (F)
Dr. GIRIDHAR S

NURSING CARE RECORD

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

Date: 10/7/26

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	7.30AM	- Assess the baby General condition - provide warmth Care to baby	1.30pm	- Assessed the baby general condition - Provided warmth Care to baby	provided warmth Care to baby	Baby temperature maintain	
Afternoon	2pm	- Assessed the baby Genral condition - Provide warmth Care to baby	3pm	Assessed the baby. Genral condition provided warmth Care	provided warmth to baby	baby temperature measured	
Night	8pm	* Assess the baby position in holding method. * Advice the baby mother feeding position		Improve the baby positioning. Improving the feeding status.	Evaluate the baby condition Evaluate the baby weight	Re assessment is done	

GUC-00093633 IP18-00036390
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(1)

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
9/7/26	9:31Am	OT Notes.
		Baby Gender: Female. Time: 9:31Am
		weight: 3.153kg. Baby conscious &
		oriented. Vitals on monitoring, pulse: 150b/m
		R = 50 b/m, Temp: (N), SPO2: 100%. Baby
		Skin tone good. Baby pinkish in color.
		Baby taken normal breath. Cord
	10:00Am	blood sent to lab. (Blood grouping)
		Baby assessment done by DR. Srilakshmi
		Suctioning done. Inj: vit K given.
		Identification tag applied. Baby
		Shifted to NICU. Baby documents &
	10:30	details hand over given to NICU.
		Staff.
		=> Receiving Note <=
9/7/26	10:30AM	Receiving the baby from OT
		with ...
		... the baby ... cry ...
		colour breathing ... normal.
	11AM	=> Baby passed urine ...
		motion. No other complaints
	12PM	=> Baby ...
		... well.
		=> ...
		Dr. Sri lakshmi ... Advice to 6th ...

Signatures in margin: ... 020301; ... 020330; ... 02033; ... 01/7/26; ... 01/7/26; ... 01/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
9/7/26	1pm	⇒ Baby slept well during times. baby vital stay stable. general condition fair ⇒ [signature] 011776
	1:30pm	⇒ Baby report hand over to Evening duty staff ⇒ [signature] 011776
		Evening Duty (9/7/26)
	1:30pm	Baby Care Handing over taken from Morning duty staff. Monitored vitals and Recorded, Maintained I/O. DBF given. Baby urine/meconium passed. Vaccination Not Done. RBS 6th hourly → [signature] 0/5172
	2:10pm	Baby shifted from LDR to 4th Floor. Baby care Handing over given to 4th Floor staff → [signature] 0/5172
		Receiving Notes
	2:10pm	Baby details Hand over taken from LDR staff. Baby active and alert. Baby vital are stable. U/M passed, Baby RBS Q6Hrly, Baby DBF only, Baby SBR/NBS/OAE after 48Hrs, Baby 4 limbs saturation 24Hrs. → [signature] 60737
	2:30pm	Baby vital signs checked and recorded. Vitals are stable. maintained I/O chart. Baby DBF Q2Hrly. → [signature] 60737

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

GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M0D0H (F)
Dr. GIRIDHAR S

(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
09/7/26	4pm	Baby vitals are stable. Baby DBF Q2Hrly, maintained I/O chart. No other complaints →	[signature] 607373
	5pm	Baby RBS i checked and recorded. →	[signature] 607373
	6pm	Baby had mother feed. L - 2, A - 2, T - 2, C - 1, H : 1/8 need supervision →	[signature] 607373.
	7:30pm	Baby details Hand over given to Night Duty staff →	[signature] 607373
		Night Duty	
9/7	8pm	Baby detail care file handover taken from the evening duty staff. baby general condition is assessed and baby is well conscious and activity good. →	[signature]
	9pm	Baby vitals are monitoring and recorded. Baby vitals are stable. →	[signature] 60745
	11pm	Baby side c/o of poor sleeping and frequent crying. →	[signature]

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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
10/7/21	10 Am	Baby assess the feeding position and Burping methods. Baby is intake of formula feeding is 30ml. Baby U/m N is voided continuesly.	Hi
	2 Pm	Baby vitals are monitoring and recorded. Baby vitals are stable. Assess the baby feeding and advise to the mother. DBF is initiated to the baby growth. Baby CBG checked for the 1 am 63mg/dl	Hi
	4 Pm	Baby continues intake of formula feed and baby holding and hygenic maintain advice to the baby parents.	Hi 6pm/15
	6 am	Baby vitals are checked and recorded. Baby vitals are stable.	Hi
10/7/21	7 30am	Baby details case file handover given to the morning duty staff.	Hi 6am/15
		Morning duty 10/7/21	
	7 30a.	Baby details handing over taken from Night duty staff. Baby active and good. Baby urine and suction passed. today vaccine	

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GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M1D (F)
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(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/2026		plan - Sr.Bili, NBS, OAE after	
		48 hours. Baby in On O2H	
		DBF. feed taking well. →	[signature]
	8Am	Vital sign checked and	
		Recorded →	[signature]
	10 Am.	Baby sleeping well. provided	
		warmth care to baby. Baby	
		taking feeds well. No vomiting →	[signature]
	12.30 pm.	BCG 0.1ml given Intradermal.	
		Oral polio 2 drops given Oral route	
		Hep B 0.5ml given intramuscular	
		route given by Dr. Deepak Sir →	[signature]
		Maintain Intake and output	
		Chart. Vital sign checked & Recorded →	[signature]
	1.30pm	Baby details handing over	
		On Evening duty staff →	[signature]
		EVENING DUTY	
	1:30pm	Baby details handing over	
		taken from morning duty	
		Staff. Active and alert. Vitals	
		are stable. RBS @6Hrly, SBR/NBS/OAE	
		after 48Hrs. U/M passed, DBF only →	[signature] 6073
	2pm	Baby vitals are stable.	
		maintained I/O chart - vaccine	
		Done. →	[signature] 60736
	4Pm	Baby NO c/o vomiting, Baby	
		maintained I/O chart. →	[signature] 607

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

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26	4:10pm	Dr. Giridhar sir come and soon assessed the Baby condition A/B RBS Q6HRS continue, SBR/ NBS/OAE at 6AM, D/S plan tomorrow. →	Sof 6073
	6pm	Baby vitals are stable. maintained t/o chart, RBS checked and recorded →	Sof 6073
	7:30pm	Baby details Hand over given to Night Duty staff →	Sof 6073
		Night Duty	
10/7/26	8pm	Baby details casefile handing over taken from the evening duty staff. Baby vital are stable	→ Ha 6049
	10pm	Baby is conscious and baby feeding is good. baby activity is well, Baby warmth maintaining.	→ Ha
11/7/26	12 am	Baby sleeping well and baby activity is good Baby is continues maintain the I/O chart. Baby vitals are stable.	→ Ha
	2am	Baby latching is good and position maintaining. L – 2 C – 2 A – 1 H – 2 T – 1 (total 8)	→ Ha

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09-07-2026 0 Y 0 M 0 D 1 H (F)
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(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/7/26 E	DATE 9/7/26 N	DATE 9/7 M	DATE 10/7 M	DATE 10/7 E
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					
Diagnosis	Neurological Diagnosis	4	1	1	1	1	1
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	3	3	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	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1	1	1	1	1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

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

Bed in low position		—	✓	✓	—	✓
Call device within reach		—	✓	✓	—	✓
Wheels Locked		—	✓	✓	—	✓
Room free of clutter		—	✓	✓	—	✓
Adequate lighting		—	✓	✓	—	✓
Wheel chair support		×	—	—	—	✓
Other Intervention(s) Specify		×	—	—	—	×
Nurse's Name:						
Signature:						
Date:		9/7/26	9/7/26	9/7	10/7	10/7
Time:		9:30 pm	2pm	8pm	8am	2pm

GUC-00093633
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IP18-00036390

(2)

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THE HUMPTY DUMPTY SCALE

N M

PARAMETER	CRITERIA	SCORE	DATE 10/7	DATE 11/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3		4			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	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	3	3			
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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			
	Total		15	18			

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		—	x			
Other Intervention(s) Specify		—	✓			
Nurse's Name:		Heera	Sd			
Signature:						
Date:		10/7	11/7			
Time:		8 pm	8AM			

Docu. No. : RCH /FRM / CLINICAL / 005

GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

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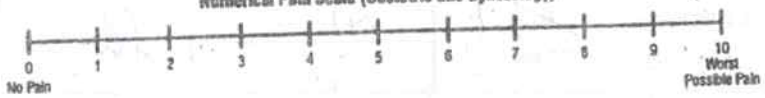
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7/26	9:30am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	–	[signature]
9/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	[signature]
10/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
10/7	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
10/7	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
11/7	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
11/7	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with paintul 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-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0 Y 0 M 1 D (F)
Dr. GIRIDHAR S

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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		
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				☐ 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.
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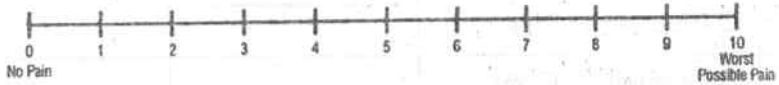
PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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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	
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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
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GUC-00093633 IP18-00036398
Baby B/O RAMYA R
09-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S

Rainbow Children's Hospital

BY RAINBOW HOSPITALS

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

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

					Date :	9/7/26	9/7/26	9/7	9/7
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	2	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	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	25	26	26	26
					Evaluator's Name				

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

GUC-00093633
Baby B/O RAMYA R IP18-00036390
09-07-2026 0 Y 0 M 1 D
Dr. GIRIDHAR S (F)

(2)

BRADEN 'Q' SCALE

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					Date : 10/7	10/7	11/7	
					Time : E	N	M	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	27	27	27	
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0Y0M0D0H (F)
Dr. GIRIDHAR S

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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 Term NB Plan
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	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
9/7/26	2PM	Nutrition Diet	Explain about Breast feeding techniques	Mother	No learning barrier	Oral.	None	verbalizes understanding	good	[signature] 9140??
10/7/26	8 AM	Prevention Infection	Handwash technique	M.M	No learning barrier	Oral	None	Verbalize Understanding	good	[signature]
10/7/26	8 pm	Nutrition feeding	Explain about the breast feeding techniques.	Mother	No learning barrier	oral	None	verbalize understanding	good	[signature]
11/7/26	8AM	YES	Health education about DBF	Mother	NO	oral	None	verbal	good	[signature]

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

PATIENT TRANSFER FORM

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GUC-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

	Date & Time of Admission	Date & Time of Transfer Order
	9/7/26 at 9:31Am	9/7/26 at 10:30Am
Transfer Ordered by	Transfer Ordered by	Reason for Transfer
DR Giridhar.S.	DR. Srilakshmi	Further management
From Unit	To Unit	Information to Attendant
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
① Clinical file	—	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN. Sangeetha Nurse	DR. Srilakshmi

Patient & Clinical Records Received by : Ajay 1011726

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-00093633 IP18-00036390
Baby B/O RAMYA R
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Ramya. R. Mother's Name: mrs. Ramya. R

Date of Birth: 9/7/26 Time of Birth: 9:31Am Gender: ☐ Male ☑ Female

Birth Weight: 3.153 Kgs HC: 32 cm Lenght: 42 cm

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

Term / Pre-term / Post-term: Term.

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 10:40AM

GUC-00089408 IP18-00036385
Mrs RAMYA R
26-06-1991 35 Y 0 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: MSL - I

Physical Assessment of New Born:

Temp: 36 °C HR: 150 b/Min RR: 52 b/Min BP: — SpO_2: 100%

Pain Score: N (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: S/N Sangeetha Signature: Date &Time: 9/7/26 at 9:31A.

PATIENT TRANSFER FORM

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IP18-000[illegible]
Baby S/O RAMYA R
0Y0M0D0H (F)
Dr. GIRIDHAR S

	Date & Time of Admission: 9/7/26 at 10:16 AM	Date & Time of Transfer Order: 9/7/26 at 2:10pm
Treating Consultant Name: Dr. Giridhar	Transfer Ordered by: Dr Giridhar	Reason for Transfer: Shifted to ward for further care
From Unit: LDR	To Unit: 1st Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 2pp A'10s	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	01
2.	Baby pampers	01
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shr. Jayalakshmi 9/7/26	Dr. Giridhar

Patient & Clinical Records Received by : P. Kanimozhi 609726

Date & Time of Patient Received : 09/7/26 @ 2.30pm

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