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: 15/7/26

Name of the Patient: GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

UHID No: .....

Ward: .....

Gender: .....

Room No: 705

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: 15/7/26
Time: 9am

Pharmacy Sign
Date: 15/7/26
Time: .....

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

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GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

GE TRACKING SHEET

UHID-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	13/7/26 @ 2am		dry				
Activity Sheet update by Pharmacy							

GUC-93828

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

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ACTIVITY RECORD FOR BILLING

Name: B/o Sangeetha .

UHID No: 93822 IP No: 36457 Consultant: DR. PADMAPRIYA Dept: LDR

Date of Admission: 13/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	6.10 pm	LDR	THFloor	

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
13/7/26	Blood grouping	26022526	
13/7/26	RBS	260022531	
14/7/26	OAE	1727336	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 15/7/26. Time: 8am Prepared By: Sowjo 01902

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sowjo OU			

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	10.20 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		10.30 AM	P. Bhoir		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

15/7/26.
T.Wt → 2.901 kg
HC → 34 cm
Length - 48 cm

SUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0Y0M0D2H (M)
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BED SIDE CHECK LIST FOR NURSES

Date:	14/7	15/7							
Doctor's Orders	yes	yes							
Carried out or not	yes	yes							
Bed Side									
Structured Handover done	yes	yes							
IV Site	NA	NA							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	yes	yes							
Skin Care	yes	yes							
Eye Care	yes	yes							
Mouth Care	yes	yes							
Sterillum Bottle, Stethoscope	yes	yes							
Suction Bottle (Should be clean & empty)	NA	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	P.Bo	P.Bo							
Signature :	P.Bo	P.Bo							
Date & Time:	14/7/26 8AM	15/7/26 8AM							
Hand Over Taken By Name :	P.Bo								
Signature :	P.Bo								
Date & Time:	15/7/26 8AM								

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036454 **Admit Date** : 13-Jul-2026 **Admit Time** : 03:04 PM **UHID** : GUC-00093828

Patient Details :

Patient Name	: Baby B/O SANGEETHA C	**Age**	: 0 D
Guardian	: Mr VIKRAM VARMAA	**DOB**	: 13-07-2026 01:35 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 64, MARWAH FALTS, BF-1, FIRST FLOOR, BHARATHI NAGAR Tambaram West Kanchipuram Tamil Nadu INDIA 600045	**Phone No**	: 8838429544/ 9087751196
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT705-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT705-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VIKRAM VARMAA **Relationship** : Father

Contact Address : 64, MARWAH FALTS, BF-1, FIRST FLOOR, BHARATHI NAGAR Tambaram West Kanchipuram Tamil Nadu INDIA 600045 **Phone No** : 9087751196

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SANGEETHA C**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036454**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT705-1**

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 of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: Vikram Varmaa

Relationship: Father

Date: 13/07/2026 Time: 3.05 pm.

Witness Name: Pavithra

Witness Signature:

Patient Address:

64, MARWAH FALTS, BF-1, FIRST FLOOR, BHARATHI NAGAR Tambaram West Kanchipuram Tamil Nadu INDIA 600045

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : B/o Sangeetha . C	UHID Number : GUC-000 93828
Self/Attendant Name : Y	Relation : Father
Self/ Attendant Signature : Y Phone Number : 8833429544	Name & Signature of Financial Counselor

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sangeetha Age : 27yrs Father's Name : ..... Age : .....

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

NICU Consultant : D. Padmapriya Referring Consultant : Dr. Mathanga.

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

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

BIRTH INFORMATION

Name : B/o Sangeetha

Gender ☑ M ☐ F Blood Group : .....

Date of Birth : 13/7/2026. Time of Birth : 1:35pm

Place of Birth : RCH, Guindy

Mother's Blood Group : Ote

Birth Weight (gms) : 3.162 Kg. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+6 Weeks

Current Obstetric History : (Booked / Unbooked Case) 14/10/2025 21/7/2026

Maternal Age : 27yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 3yrs LMP : ..... EDD : .....

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

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

Last Scans Details : (4/7/2026) - 37+4 weeks, placenta previa, cephalic, AFI - 9.3 cm

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

(SDP-5) 6mw-

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 2967 g (39th centile)

Consanguinity : ☐ Yes ☐ No Ht | BPD - 5th centile

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

H/o PIH (after 20 weeks) / PE Doppler ✓ study

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

On Thyronorm 37.5 mcg OD

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 : previous previa low lying placenta 2.7cm from OS (28+2 weeks) Duration : .....

Patient Sticker

PAST OBSTETRIC HISTORY

G : primi P : ..... A : ..... L : .....

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : KAVD.

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

Spontaneous rupture of membranes at 9:25am

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

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

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

—

Patient Sticker

History of Present Illness:

Baby cried at birth

↓

Routine care given

Inj. NTK 1mg im stat

PEEP was administered at 5cm H_2O for 3 minutes in view of HR of 196/min

HR improved to 160/min

OG aspirate - blood stained (: Maternal blood)

↓

Predicted + postductal SpO_2 (N)

Baby shifted to mother's side

Investigation details in previous Hospital :

-

Feeding History :

-

Patient Sticker

Past History :

—

Family History :

—

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition :

ay reactivity - good

VITALS : Temperature : 36.5°c HR : 160/min RR : 54/min NIBP : - CFT : < 3sec

Color of the extremities : pink

Jaundice : — Pallor : — SpO2 : 98% on RA

Anthropometry : Birth Weight : 3.162 kg Length : HC : Present Weight :

Ponderal Index : AGA ✓ SGA : LGA :

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N) Caput (+)
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) B/l nostrils patent No cleft palate
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	(N) 2 arteries + 1 vein
GENITILIA :	~~Labia / Hymen :~~ Testicles/penis : Anus :	B/l Testis palpable patent, Tip stained
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 52/min SCR / ICR / See - Saw breating : .....

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

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

Settings : –

Spo2 : 98% RA Auscultation : ..... Breath Sounds : BAE+ Added Sounds : –

Cardiovascular System :

HR : 160/min BP : ..... Precordial Activity : S_1S_2+

Femoral Pulses : B/L femorals ++ Murmurs : –

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen :

Shape : ..... Hernia orifice : .....

Palpation : NAD Anal Patency : ⊕

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : –

Meconium passed : –

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

State of wakefulness : .....

Prechtle Score : Cry + activity - good

Nerves :

.....

.....

.....

Motor System :

Passive Tone : ⊕ all 4 limbs

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

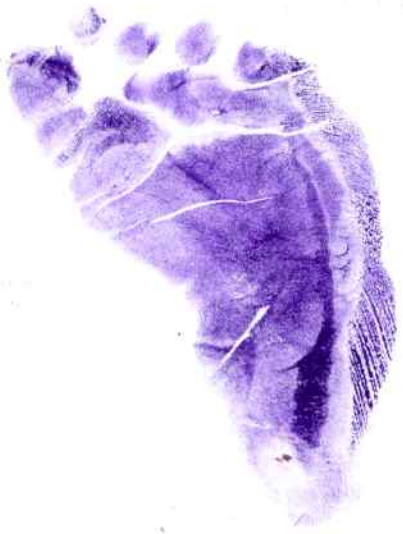
Any Congenital Anomalies : .....

Diagnosis : Term (38+6 weeks) | 3.162 kg | AGA | Boy | KAVD

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : V. Dhanyavani 76744

Name : DR. V. ANNAPOORANI

Date & Time : 13/07/2026, 2pm

Consultant :

Signature : E-Padmapriya

Name : DR. PADMAPRIYA ELAMBARAM.

Date & Time : 13/7/2026 @ 3pm.

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

1) warmth
2) cord blood grouping & Rh typing
3) To initiate direct breast feeds within 30 minutes
4) CBG at 1hr of life & inform
5) Bilirubin / OAE / NBS at 48 hours of life

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Padmapriya	
13/7/26 3pm	A live boy baby born by NVD (Kiwi Assisted) to 27yr old O+ve primi mother.	
	Imp (Term 38+6 wks / Boy / 3.162kg / AGA / Kiwi assisted vaginal delivery)	
	Hypothyroidism. on Thyronorm (37.5 mcg)	
	O/E Active, alert, sucking well at breast	
	AF → Tone (N)	
	Cord + Structures (N)	
	No obvious external congenital anomalies.	
	Urine / Mec - NIL	Rx 1) Warmth
		2) Early breastfeeds
		3) N/f Urine/meconium
		Dr. Padmapriya 44268

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	S/B Dr. Lucky Vignesh	
	Δ: Term (38wt 6) / AGA / 3.162kgs / Boy / LSCS/NVD.	
	OA scbmp ⊕	
	Bwt: 3.162kgs	M - O+ve
	Twt: 3.070kgs	B - A+ve
	Δ: 92g	
	2.9%	urine / passing
		meconium
	B. time: (13/7/26, 1:35PM).	
	Baby - pink	
	Pink in air	
	PP well felt	
	warm peripheries	
	No other congenital anomalies noted.	
	vitals: stable	
	RS: clear	CNS: Ⓝ tone / cry / Activity
	PA: soft, no organomegaly /	CVS: S1S2 ⊕ / no murmurs
	Plan: 1) DBF-a2h / warmth	
	2) Vaccination today - done	
	3) SBr / OAE / NBS at review	
	4) 4 limb saturation Today at 1:30PM (14/7/26)	
	5) Monitor vitals	
		R. Padmapriya 44266

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

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	S/B Dr. DEEPAK	
10:00 AM		
	Dx: TERM (38w+6d)	
	AGA / 3.162kg / Boy / KAVD	
	B.W - 3.162kg	M / O+ve
	T.W - 2.901kg	B / A+ve
		Wt - loss 261 grams
	Urine / passed	8.2% weight loss
	meconium /	
	Child reviewed	
	O/E: alert, moving around	
	CVS: S1 S2 (+)	
	RS: NVBS	
	B/L PP well felt	
	warm peripheries	
		Rx
		→ Q2H - DBF
		→ Monitor vitals
		[signature]

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

Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow® Children's Hospital
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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
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						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient : GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
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STAT / ONCE ONLY DRUGS

Name: ....

Weight: 3.162 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
13/7/2026	2pm	Inj. VITAMIN K	1mg	IM	V. [signature] 76744	[signature]	MD
14/7	10.30 AM	Inj BCG	0.05ml	ID		P.V	E.S
14/7	10.30 AM	Inj HepB	0.5ml	IM	[signature]	P.V	E.S
14/7	10.30 AM	OPV drops	2drops	Oral	20337	P.V	E.S

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient ... NICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/7/26 Time:

	On admission	1.40pm	4pm	8 pm	12 am	4 am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)		98F	98F	98.6F	•	•
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190). Note: BP does not score in early warning scoring		150	148	141	•	•
Heart Rate (Number)		150	148	141 bpm	140bpm	138 bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)		48	44	•	•	•
Resp Rate (Number)		48b/m	44b/m	40bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild		–	–	–	–	–
Receiving O_2 (l/min) O_2 Saturations (%)		–	–	–	–	–
Conscious Level: Normal / Altered		Alert	Alert	Alert	Alert	Alert
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS	
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: Scores 3 should be recorded overleaf

* 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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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-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/7/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.2°F | 98.6°F | 99.6°F | 97.6°F | 98.2°F | 97.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring

Heart Rate (Number): 134b/m | 138b/m | 132 | 118b/m | 150b/m | 148b/m

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number): 40b/m | 40b/m | 44 | 42b/m | 48b/m | 42b/m

Resp Distress	Mod/ Severe / None / Mild	✓	✓	RA	RA	RA	RA
Receiving O_2 (l/min)		RA	RA	RA	RA	RA	RA
O_2 Saturations (%)		99%	98%	100	100%	99%	100%
Conscious Level	Normal / Altered						
GCS *		Alt	Alt	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		PB	PB	[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.
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* 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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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-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 1

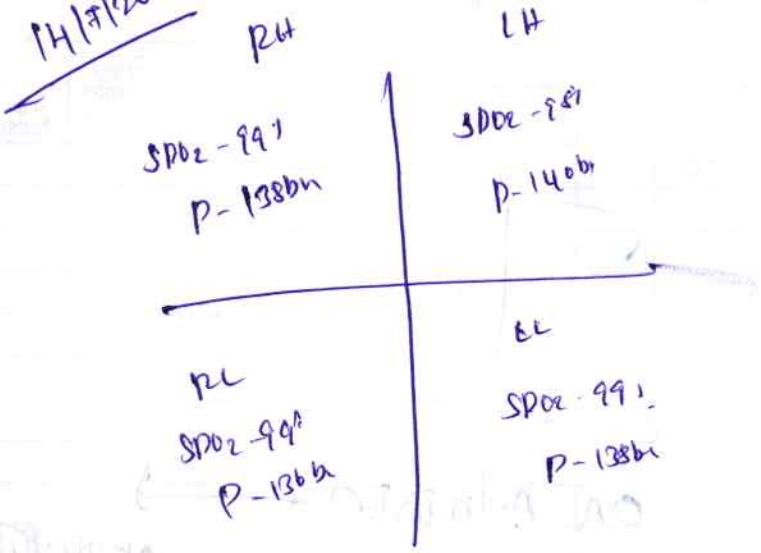
Rt wt : 3.114 kg

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
13/7/26												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	←				On Admission →						
	03:00 pm	DBF									No IV line	
	04:00 pm											
	05:00 pm	DBF								✓	No IV line	
	06:00 pm									✓		
	07:00 pm											
Total Intake :		DBF 2 times				Total Output :				1 time		
	08:00 pm											
	09:00 pm	DBF					✓			Diaper soiled	No IV line	
	10:00 pm											
	11:00 pm	DBF								Diaper soiled		
	12:00 am						✓					
	01:00 am	DBF								Diaper soiled		
Total Intake :		3 time DBF				Total Output :						
	02:00 am											
	03:00 am	DBF					✓			Diaper soiled	No IV	
	04:00 am											
	05:00 am	DBF								Diaper soiled	6 hr	
	06:00 am											
	07:00 am	DBF					✓			Diaper soiled		
Total Intake :		DBF - 3 time				Total Output :						

Total 24 hrs. Intake	DBF - 9 time	Total 24 hrs. Output	V - 6 M - 4

14/7/26


RH
SPO2 - 99%
P - 138bpm
LH
SPO2 - 98%
P - 140bpm
RL
SPO2 - 99%
P - 136bpm
LL
SPO2 - 99%
P - 138bpm

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0Y0M0D2H (M)
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Your Right to a Safe Delivery

(2)

FLUID CHART

Sheet No. : 4 to 26

PWt - 3.070 kg.

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	DBF						~~✓~~	✓	30ml	NO	P.L
	09:00 am							~~✓~~				P.L
	10:00 am	DBF									IV	P.L
	11:00 am										line	P.L
	12:00 pm	DBF						~~✓~~	✓	30ml		P.L
	01:00 pm											P.L
Total Intake :		DBF 3 times				Total Output :				60ml.		
	02:00 pm										NO	SN
	03:00 pm	DBF								30		
	04:00 pm										DW	SN
	05:00 pm	DBF										
	06:00 pm										line	SN
	07:00 pm	DBF								30		
Total Intake :		3 time				Total Output :				60ml		
	08:00 pm										NO	AA
	09:00 pm	DBF									IV	AA
	10:00 pm						✓				line	AA
	11:00 pm	DBF									NO	AA
	12:00 am										IV	AA
	01:00 am	DBF								✓	line	AA
Total Intake :		3 Times				Total Output :						
	02:00 am										NO	AA
	03:00 am	DBF					✓				IV	AA
	04:00 am										line	AA
	05:00 am	DBF								✓	NO	AA
	06:00 am										IV	AA
	07:00 am	DBF									line	AA
Total Intake :		3 Times				Total Output :						

Total 24 hrs. Intake	DBF - 12 Time	Total 24 hrs. Output	Motion - 4 times Urine - 6 time

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:						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):							
	Diet:							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):							
	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	☐ 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:								

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0Y0M0D2H (M)
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NURSING CARE RECORD

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

Date: 13/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Promote adequate Nutrition	2.30 pm	* Assess nutritional status * Assist DBF * Monitor weight	Maintained Good nutritional status to some extend	Reassessment done	0/6/26
Night	8pm	Baby feeding is status improved.		Assess the feeding position and is improved.	Evaluate the feeding times & position	Re-assessment is done.	8/7/26

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NURSING CARE RECORD

Date: 14/7/26

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	Assess the baby condition Monitor vitals Maintain I/O Encourage DBF	12pm	Assessed the baby condition monitored vitals Maintained I/O Encourage DBF	Baby is warmth.	Baby is vital stable	
Afternoon	2pm	Asses the general condition Maintained I/O Chart	4pm	Assessed the general condition Maintained I/O Chart	Baby look active	Vital Sign are Stable	
Night	8pm	Asses the baby Condition Monitor vitals Maintain I/O Encourage DBF	6AM	Assessed the Baby Condition Monitored Vitas Maintaind I/o chart Encourage DBF.	Baby is warmth.	Baby is Vital stable Reassessment done	

Patient

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
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(1)

RSES NOTES

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	8pm	Admission Notes (13/7/26) Blo. Sangeetha / Newborn / Boy Baby Delivered By mode of Kiwi assisted vaginal Delivery. Baby Care Handover taken By Dr. Annapoorani. Monitored Vitals and Recorded. Maintained Blo. Baby cool and active. Baby Mothers side. Urine/meconium Not passed. Examination Not Done. Inj-vit-k 0.1ml Im given Cord clamped Baby Details:- B - Alive Boy Baby A - 13/7/26 at 1.16Kg 1.35pm B - 3.162kg y - 2/10, 9/10	
	3pm	DBF given. Baby cool and active. Urine/meconium Not passed. Examination Not Done	
	3.30pm	RBS Monitored 53mg/dl Informed to Dr. Padmapriya advised to continue DBF. RBS Stop. Urine/meconium Not passed. Examination Not Done	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	5pm	Baby shifted from LDR to 7th floor. Baby care Handling over given to 7th floor staff	[illegible]
		Receiving notes:	
	8pm	Baby Received from LDR to 7th floor. Baby look pale & active. all vital signs are stable. Baby placed with mother for warmth	[illegible]
	7pm	Baby Received from [illegible] handing over to (KE) duty staff	[illegible]
		Night Duty	
13/7/26	8 pm	Baby feeding care file handing over taken from the morning evening duty staff. Baby general condition is assessed to bedside and baby vitals are monitoring.	[illegible]
	10pm	Baby feeding position assessed and feeding duration is explain the baby parents.	[illegible]
14/7/26	10am	Baby passed urine motion baby feeding improved and continues intake of RBF.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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BirthRight BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies
☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	4am	Baby vitals are monitoring and baby 2 hr chart is maintain.	→ Hari 607918
	6am	Baby continues intake of DBF and U/M is passed.	→ Hari 607918
	~~7.30am~~	Baby latching is good. L = 2 A = 1 T = 2 C = 1 H = 2 / 8	→ Hari
	7.30am	Baby details carefile handing over given to the morning duty staff.	→ Hari 607918
		Morning duty	
14/7/26	7.30Am	Baby details handover taken over from Night to Morning. Baby is DBF, vacune, NBS, SBR, O.A.E, 48hrs urine & motion passed.	→ P. Kanmoze 607261
	8.00Am	Baby vitals checked and Recorded.	→ P. Kanmoze 607261
	10.30Am	Baby seen by Dr. padmapriya Mom contine the same. today vaccine done by	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ......NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	10.30Am	Contine Notes	
		Inj. BCG, Inj. Hep-B, Opv-	
		2drops given and recorded	P.Kanz 607261
	12.00PM	Baby vitals checked and	
		recorded. Intake/output	
		Maintained	P.Kanz 607261
	1.30pm	Baby details handover	
		given to Evening duty	
		staff	P.Kanz 607261
		Evening duty on 14/7/26	
	1:30pm	Baby report taking over from	
		(M) duty staff	[illegible]
	2pm	Baby was on Q3H BF	
		Sucking well & Breathing well	
		vital signs are checked &	
		record maintained & charted	
		General condition is fair	[illegible]
	4pm	attender want discharge per	
		to Dr. padmapriya. Pt attender	
		asking Discharge to can discharge	
		tee [illegible]	[illegible]
	4:30pm	Doctor Side counselling given as	
		per orders after to stay	
		one more day	[illegible]
	6pm	Baby look pink & active well	
		vital signs are stable	[illegible]
	7pm	Baby report handing over to (N) duty staff	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sti

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 13/7/26 E	DATE 14/7 M	DATE 14/7 B	DATE 14/7 N	DATE 15/7 M
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	2	2	2	2	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	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	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					
	Total		15	15	15	15	15

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	✓	X	X
Other Intervention(s) Specify		—	X	✓	X	X
Nurse's Name:			PV			PV
Signature:			PV			PV
Date:		13/7/26	14/7	14/7	14/7/26	15/7
Time:		2pm	8AM	2PM	8PM	8AM

Patient Sticker

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
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Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total						

Intervention:

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

Bed in low position							
Call device within reach							
Wheels Locked							
Room free of clutter							
Adequate lighting							
Wheel chair support							
Other Intervention(s) Specify							
Nurse's Name:							
Signature:							
Date:							
Time:							

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Gender : ☐ M ☐ F IP No. : .....

					E	N	E	N
				Date :	13/7/26	14/7/26	15/7/26	16/7/26
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 waking hours.	1	3	3	3
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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	26	27	26
				Evaluator's Name				

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. PADMAPRIYA EKAMBARAM

M ☐F IP No.: M

					15/7			
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			
"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			
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			
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.	Bf			
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			
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			
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			
				TOTAL SCORE	27			
				Evaluator's Name	Plea			

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

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

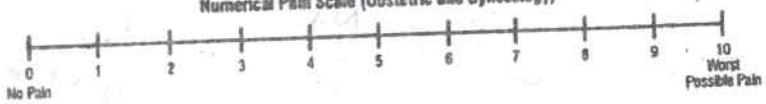
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7/26	2pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	016PD
14/7/26	8AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P. Kanmoz 607261
14/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[illegible]
14/7/26	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	021295
15/7/26	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	021295
15/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	P. 607261
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

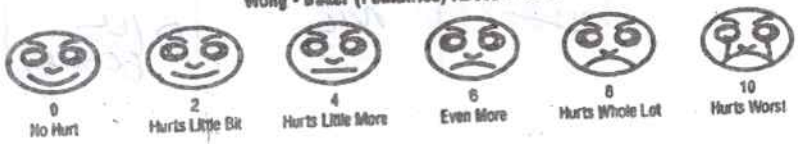
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
13/7/26	2pm	Nutrition Diet	Educated to mother about need of DBF	Mother/ Patient	NO	oral	none	verbal	Good	Staff Nurse
14/7/26	10 AM	yes	Explain about Vaccine	Mother	NO	oral	None	Verbal	good	Staff Nurse
15/7/26	10 AM	yes	Explain about investigation	Family	NO	oral	None	Verbal	good	Staff Nurse

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

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sticke

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. Sangeetha Mother's Name: Mrs. Sangeetha

Date of Birth: 13/7/26 Time of Birth: 1.35pm Gender: ☑ Male ☐ Female

Birth Weight: 3.162kg Kgs HC: 34 cm Lenght: 44 cm

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

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

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 2.30PM

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: poor maternal efforts

Physical Assessment of New Born:

Temp: 98F °C HR: 150bt /Min RR: 42brr /Min BP: — SpO_2: 99%

Pain Score: ..... (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: Sr. Tamilselvi Signature: Date &Time: 13/7/26 at 2pm

Patient Stic

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
13/7/26	330pm	58mg/dl → Stop	Dr padmapriya	[signature] 016120

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093828 IP18-00036454
Baby B/O SANGEETHA C
13-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
13/7/26 at 3.04pm	13/7/26 at 6.10pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. padmapriya	Dr. Padmapriya	Shifted to ward for further care

From Unit	To Unit	Information to Attendant
JDR	4th Floor	Yes ☑ No ☐

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Jawahar 13/7/26	Dr. padmapriya

Patient & Clinical Records Received by : S. Nawaz

Date & Time of Patient Received : 13/7/26 at 6.10pm

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