GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	16/7/26 @ 6am						
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

Name: .....

UHID N ..... 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
14/7/26	10:45Am	OT	MICU	607721
14/7/26	3:30pm	MICU	7th floor	Devi

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
14/7/26	Blood grouping - Cord blood	26022604	
14/7/26	RBS	26022647	
14/7/26	RBS	26022679	
15/7/26	RBS.	26022731	
15/7/26	RBS	26022732	
15/7/26	SBP ; NBS	26022839	
16/7/26	OAB.	26022839	

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: 16/8/26 Time: 8am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

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BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

T. wt: 3.33kg

HC:

L:

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

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BED SIDE CHECK LIST FOR NURSES

Date:	14/7	15/7	16/7						
Doctor's Orders	Yes	yes							
Carried out or not	Yes	yes							
Bed Side									
Structured Handover done	Yes	yes							
IV Site	NO	NA							
Central Lines	NO	NA							
Arterial Lines	NO	NA							
Feeding Catheter	NO	NA							
Urinary Catheter	NO	NA							
Skin Care	NO	NA							
Eye Care	NO	NA							
Mouth Care	NO	NA							
Sterillum Bottle, Stethoscope	Yes	yes							
Suction Bottle (Should be clean & empty)	NO	NA							
Intubation Tray	NO	NO							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NO	NA							
Ventilator Tubing,(Any Water, Blood)	NO	NA							
Humidification	NO	NA							
Check all Infusion (Labelling,Correct Preparation)	Yes	NA							
Chest Physio & Neb	NO	NA							
Handed Over By Name :									
Signature :									
Date & Time:	14/7	15/7							
Hand Over Taken By Name :									
Signature :									
Date & Time:									

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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 : IP18-00036465 **Admit Date** : 14-Jul-2026 **Admit Time** : 10:13 AM **UHID** : GUC-00093847

Patient Details :

Patient Name	: Baby B/O STEFFINA FERNANDEZ		
Guardian	: Mr MERGO FErNANDO	**Age**	: 0 D
Gender	: Female	**DOB**	: 14-07-2026 09:53 AM
Occupation	:	**Religion**	:
Address (H)	: 5094, T5, PRESTIGE VISTA Iyyappanthangal Kanchipuram Tamil Nadu INDIA 600056	**Martial Status**	:
		Phone No	: 9916477913/ 9940211705
		E-mail	: STEFFINAFERNANDEZ@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT704-2 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT704-2 **Admission Type** : First Visit

Contact Details :

Name : Mr MERGO FErNANDO **Relationship** : Father

Contact Address : 5094, T5, PRESTIGE VISTA Iyyappanthangal Kanchipuram Tamil Nadu INDIA 600056 **Phone No** : 9940211705

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

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O STEFFINA FERNANDEZ**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036465**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT704-2**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name:

Relationship:

Date: 14/7/26 Time: 10:50 AM

Wittness Name: V. Naveen Antony

Wittness Signature:

Patient Address:
5094, T5, PRESTIGE VISTA
Iyyappanthangal Kanchipuram Tamil Nadu INDIA 600056

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 STEFFINA FERNANDEZ	UHID Number : 93847
Self/Attendant Name : [illegible]	Relation : [illegible]
Self/ Attendant Signature : [illegible] Phone Number : [illegible]	Name & Signature of Financial Counselor

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
13/7/26	12.00 Pm	56mg/dl	6th hourly	
14/7/26	6pm	50mg/dl	6th hourly	
15/7/26.	12AM	62mg/dl	6th hourly	
15/7/26	6AM	70mg/dl.	6th hourly	
		⟷ STOP.		

Docu. No. : RCH /FRM / CLINICAL / 185

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Steffina Fernandez. Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Padmapriya Referring Consultant : Dr. Mattangi

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

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

BIRTH INFORMATION

Name : B/O Steffina Fernandez

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 14/7/2026 Time of Birth : 9:53 AM

Place of Birth : RCH OT Cuddy

Mother's Blood Group : O - Positive

Birth Weight (gms) : 3.752 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : ~~38~~ 39

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33 Ht : 162 Wt : 108 BMI : ..... Married Life : ..... LMP : 7/10/25 EDD : 14/7/26.

Conception : Spontaneous or with Rx. : Spontaneous. USG EDD 21/7/2026

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

Last Scans Details : 21/6 - fnN. FSW - 329. doppler Ⓝ cephalic placenta anterior

NT Ⓝ, Ⓝ Ut art doppler TT Immunization and Iron / Folic Acid : .....

FTS - Neg, anomaly - Ⓝ growth - Ⓝ

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

.....

IUGR - when detected : .....

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyroidism ; when diagnosed ? Medication?

.....

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

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

Infection : H/O. Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: L: 1

	Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	1.	6y,	LSCS,	at	Padma clinic,	Kilpauk,	3.6kg
II	pp.						

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 : prev. LSCS.

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink			
HEART RATE	Absent	< 100 Minutes	> Minutes			
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal			
MUSCLE TONE	Limp	Some Flexion	Active Motion			
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying			
			TOTAL	8/10	9/10	

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

Comments :

Old meconium SL
Mec stained cord, ~~caseat~~,
membranes, liquor.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried at birth.

At 3mins,

SpO2 - 54%, cyanosis ⊕

free flow O2 was initiated with FiO2 - 30% max (50%) & was given for 2 mins.

↓

At 5min, RA, reached target SpO2.

SpO2 92%

Inj vit k given IM.

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 147/min RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 93%

Anthropometry : Birth Weight : 3.752kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... (AGA) : 86%ile SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N) b/L choana patent No cleft.
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	—2A, IV.
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : patent	— (N) female genitalia.
HERNIAL ORIFICES		
TRUNK and SPINE :		NO DDH.
SKIN LESIONS :		(N).
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 : 54/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 : 92% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 147/min BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : .....

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

Abdomen : Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : 2A, 1V Mec. staining of cord

Palpable masses : ..... First urine passed : ✓

Abdominal girth : ..... Meconium passed : ✓

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry, tone

.....

..... activity (N)

.....

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/ [redacted] / AGA (appropriate) / girl / 3.75kg / Old NSL 39w vigorous.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Dr. Pavitra 15/7/21

Name :

Date & Time :

Consultant :

Signature : 15/7/21

Name : for Dr. Padmapriya

Date & Time :

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) DBF Q2H, warmth
(2) To check RBS after 1 hour (post feed)
(3) To do SBR, NBS, OAE at 48 HOL
(4) To do pulse ox screen at 24 HOL (4 limb spO2)
(5) Vaccination tomorrow

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
14/7/2026	9:55 AM	Inj VITAMIN K	1 Mg	IM		RS	PG
15/7/26	9:30AM	Inj HEP B	0.5mg	IM		P.V	E.S
15/7/26	9:30AM	Inj BCG	0.05ml	I/D		P.V	E.S
15/7/26	9:30AM	OPV Drops	2 drops	Oral		P.V	E.S

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 11 am	S/B Dr. Padmapriya.	
	A live girl baby delivered by Elec. LSCS to 33yrs old G2 P1 L1 mother by spontaneous conception. 2nd hr- Prev LSCS)	
	HSL-old cord stained but vigorous baby.	
	Free flow O_2 given. , No significant distress	
	No obvious external congenital anomalies noted	
	nine nil yet	
Imp:	Term (39wks) / 3.752kg / AGA / GIRL / HSL - Vigorous	
	nine + pump	1) warmth 2) Early breastfeeding. 3) W/F nine output 4) Vaccination on 24 hrs Dr. Padmapriya. 44268

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9:50am	S/B Dr. Deepam	
	TCEM / 39week / AGA / Girl / 3.752kg	
	Old MSL vigorous	
	Child reviewed	
	Urine / passed meconium / passed	
	B.W - 3.752 kg T.W - 3.544 kg ↓ 208 grams Wt loss - 5.5%	
	Baby Reviewed Baby has no new concerns	
	O/E:- Alert, looking around pink in colour B/L PP(+) well warm peripheries CVS / RS / PA	
		R -> DBF @ 2H -> Four limb saturation -> stable -> Birth Vaccination done -> SBR, NBS, OAE tomorrow @ (16/7/26) 8:30 am.
	K - Radhapriya 44268	

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

GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

/ 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.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/7/26 Time: 11Am 2pm 3pm 12pm 4pm

Doctor/Nurse/Family Concern?

Temperature (°F): 98F | 98.9 | 98.6F | 97.8F | 97.6F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 140 | 140 | 152 | 142 | 142

Note: BP does not score in early warning scoring

Heart Rate (Number): 140bpm | 140 | 152 | 142 | 142

Resp. Rate (bpm) (Over 1 Minute) *: 50 | 46 | 48 | 42 | 50

Resp Rate (Number): 50bpm | 46 | 48 | 42 | 50

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		97%	98%	99%	98%	100%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓
GCS *		15/15	15/15	Alert	Alert	Alert
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	
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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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-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2023 0 Y 0 M 0 D 9 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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: 15/7/23 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94

97.2°F 98.2°F 97.6°F 97.6°F 97.2°F 97.8°F

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): 136 b/m 140 b/m 146 b/m 148 b/m 150 b/m 150 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 40 b/m 40 b/m 44 b/m 48 b/m 46 b/m 50

Resp Distress	Mod/ Severe / None / Mild	✓	✓	RA	✓	✓	✓
Receiving O_2 (l/min)		RA	RA	RA	RA	RA	RA
O_2 Saturations (%)		99%	98%	100%	99%	100%	100%
Conscious Level	Normal / Altered					✓	✓
GCS *		Alert	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes		0	0	?	0	0	0
Pain Score		0	0		0	0	0
Observer's Initials		PO	PO		PO	PO	PO

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

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Baby B/O STEFFINA FERNANDEZ
14-07-2026 0Y0M0D0H (F)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : .....

R. wt: 3.646 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.

14/7/26		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											
	09:00 am											
	10:00 am	← Baby delivered →								urine passed		DS
	11:00 am	DBF.					✓			✓	NO	Devi
	12:00 pm										FO	Devi
	01:00 pm	DBF.					✓			✓	Lim.	Devi
Total Intake : 4 time DBF.						Total Output : passed						
	02:00 pm	DBF.									NO	R
	03:00 pm										Fu	
	04:00 pm	DBF									NO	
	05:00 pm										Do	SD
	06:00 pm	DBF								✓	Do	Devi
	07:00 pm										Lim	
Total Intake : 3 Time DBF						Total Output : 1 time Motion N/P						
	08:00 pm	DBF										AA
	09:00 pm									✓	NO	AA
	10:00 pm	DBF									IV	AA
	11:00 pm										line	AA
	12:00 am	DBF								✓	NO	AA
	01:00 am										IV	AA
Total Intake : 3 Time DBF						Total Output :						
	02:00 am	DBF									NO	AA
	03:00 am										IV	AA
	04:00 am	DBF									line	AA
	05:00 am											AA
	06:00 am	DBF					✓			✓	NO	AA
	07:00 am										IV line	AA
Total Intake : 3 Time DBF						Total Output :						

Total 24 hrs. Intake	DBF - 11 Times.	Total 24 hrs. Output	Urine - 6 time Motion - 3 Time

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FLUID CHART

Sheet No. : (2)

T.Wt: 3.544kg

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.

15/7/26		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	P.V
	09:00 am	DBF								30ml		P.V
	10:00 am										IV	P.V
	11:00 am	DBF										P.V
	12:00 pm										IV	P.V
	01:00 pm	DBF								30ml		P.V
Total Intake : DBF 3 Time.						Total Output : 60ml.						
	02:00 pm										NO	
	03:00 pm	DBF							diaper change	diaper change		SV
	04:00 pm										do	
	05:00 pm	DBF					✓			diaper change		
	06:00 pm										line	SV
	07:00 pm	DBF										
Total Intake : 1 time						Total Output : U-2 M-1						
	08:00 pm											AA
	09:00 pm	DBF									NO	AA
	10:00 pm						✓			✓	IV	AA
	11:00 pm	DBF										AA
	12:00 am										line	AA
	01:00 am	DBF								✓		AA.
Total Intake : 3 Time DBF						Total Output : 2 time- Urine 1 time - Motion.						
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am											
	05:00 am	DBF								✓	IV	
	06:00 am										line	
	07:00 am	DBF										
Total Intake : 3 time DBF						Total Output : 1 time Urine.						

Total 24 hrs. Intake	12 Time-DBF	Total 24 hrs. Output	Urine - 7 time, Motion - 2 time.

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: MB/ Term.

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	15/7/26 M	15/7/26 E	15/7/26 N.	15/7/26 M	15/7/26 E	15/7/26 N.
Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
Diet:	DBF	DBF	DBF	DBF	DBF	DBF

ASSESSMENT

Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
Vital Signs: Temp:	98.2	98.2	97.6°C	97.2°F	97.1°F	97.8°C
Res:	40	40bpm	42bpm	40bpm	40	48
SpO_2:	100	99%	100%	99%	99	100%
Pulse:	140	146	148bpm	136bpm	140	148bpm
BP:	-	-	-	-	-	-
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

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:	DBF	DBF	DBF	DBF	/	DBF
Critical Lab Test / Values:	-	-	-	-	-	-
Other Special Orders / Medications:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
PU Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
DVT Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent

Post Operative Procedure Special Orders:	-	-	-	-	-	-
Handed Over By Name :	Deni	Deni				
Signature / ID :						
Date:	15/7/26	15/7/26	15/7/26	15/7/26	15/7/26	16/7/26
Time:	10.00pm	2pm	7.30pm	1.30pm		7.30am
Taken Over By Name :	Deni					
Signature / ID :						
Date:	15/7/26	15/7/26	15/7/26	15/7/26	15/7/26	
Time:	2pm	1.30pm	8am		8pm.	

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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	10 am.	Maintain Good Nutritional Status	1pm. 1:30 am.	Assess Nutritional Status and appetite. Assist with feeding needed.	Baby activity is good.	Reassessment done	Dsw 01/07/26
Afternoon	3pm	maintain good Nutritional Status	2:30 pm	Assess Nutritional Status and appetite. Assist with feeding needed.	Baby activity is good	Reassessment done	Dsw 14/7/26
Night	8pm.	Maintain Good Nutritional Status Provide DBF & warmth.	12AM.	Assess the Nutritional Status and appetite. Assist with feeding needed. Provided DBF & warmth.	Baby activity is good.	Reassessment done.	

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NURSING CARE RECORD

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Date: 15/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
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- ☐ Prevent Infection
- ☐ 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
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess the baby condition monitor vitals maintain I/O	1pm	Assessed the baby condition. Monitored vitals maintained I/O	Baby vitals stable	Baby is warmth	
Afternoon	4pm	Assess the general condition Vitals sign to be Checked & Record	4pm	Baby look pink & active maintained I/O Charting	Monitored Vitals are Checked & Record	Reassessment done	Shift over
Night	8pm	Assess the general Baby Condition. Monitor vitals Maintain I/O	8pm	Assessed the Baby condition. Monitored vitals Maintained I/O.	Baby vitals Stable	Baby is warmth	

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(1)

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Baby shifting Note
14/7/26	10:00 AM	~~Baby~~ A single alive baby girl delivered @ 9:53 AM with birth weight of 3.752 kg. Baby cried immediately after delivery. Immediate cord clamping done. Meconium stained and Baby passed urine. Baby shifted for routine care. care provided. vital signs are stable. — Dr 607721
	10:45 AM	Baby shifted to NICU for further care and observation — Dr 607721
		Received Notes on 14/7/26
	10:45 AM	Baby received at NICU Baby activity is good crying is well. Baby general condition is good. RR & HR crying is good NO vomiting Baby general condition is good Dr 9860
	12.00 PM	Baby vital sound & recorded Baby after feeding CBG crying. sugar 56 mg/dl Informed Dr padmapriya mam. Order with crying. post feeding CBG to be followed. Dr 9860
	2:00 PM	Baby vital sound & recorded Baby passed urine motion Baby activity is good. Baby. General condition is good. Dr 9860

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

(USE BALL POINT PEN ONLY)

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
18/7/26	5.30pm	Baby shifted to mother side along
		by on Receiving mom. Baby handing
		om to 7th floor staff. — [signature]
		RECEIVING NOTES
	8:30pm	Baby received from 4th floor to
		7th floor. Baby was active and
		alert. Baby passed urine and
		motion. Baby on mother side
		RBS Q6hrly was checked. — [signature] 6072
	6:00pm	Allow for feeding baby fed
		well. Mother secretion was
		good — [signature] 6072
	6:00pm	RBS was checked and
		recorded maintain I/O
		chart — [signature] 6072
	7:00pm	Vitals was checked and
		recorded maintain I/O
		chart — [signature] 6072
	7:30pm	Baby details handing over
		given by night duty staff — [signature] 6072

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NURSES NOTES

(2)

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/2/26	7.30pm.	Night duty Notes.	
		Baby details handing over taken from Evening duty staff. Baby Bed side Assessment done.	
		Baby Conscious & Oriented. Active & Crying well. No IV line. ⟶	
	8PM.	Vitals sig checked & Recorded. vitals are stable. No chart monitored. DBF Q2 hourly Continue. Breast feeding Sucking good. provided warmth. ⟶	
	9PM	Tomorrow vaccination todo, Continue the cbgs monitored. w/f the Urine Output, TODO SBR, NBS, OAE @ 48hrs, TOMORROW @ 24 Hrs 4 limb SpO_2 todo. ⟶	
	10PM.	vitals sig checked & Recorded. Vitals are stable. No chart monitored. Baby DBF Q2 hourly Continue. No any other complaints.	
15/2/26	12AM.	Baby sleeping pattern is Normal. vitals are Stable. Baby warmth. colour is pink. ⟶	
	4AM.	Baby voice & Motion passed. No chart monitored, vitals sign Checked & Recorded. No any other complents. ⟶	

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies N.A.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26.	6AM.	Baby Morning Care given. vitals Sign checked & Recorded. vitals are Stable. I&O Chart monitored. Baby DBF @2 hourly Continue., Breast feeding Sucking good. No any other Complaints →	
	7.30AM	Baby details handing over to Morning duty Staff. →	
		Morning duty	
15/7/26	7.30AM	Baby details received taken over from night to morning. Baby today vaccine NBS, SBR, O.A.E 48hrs →	
	8.00AM	Baby vitals checked and Recorded. →	
	10.00AM	Baby taking DBF, sucking is good. →	
	11.00AM	Dr. padmapriya Ram come and see advised vaccine today done by Dr. Deepak Sir, NBS, SBR O.A.E @ Tim 8.30 AM →	
	12.00AM	Baby vitals checked and Recorded. Intake output Chart Maintained →	

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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

THE HUMPTY DUMPTY SCALE

M F M M B

PARAMETER	CRITERIA	SCORE	DATE 14/7/26	DATE 14/7/26	DATE 14/7/26	DATE 15/7	DATE 15/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3	3	3	3
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14/7	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		✓	x	x	✓	✓
	Adequate lighting		✓	x	x	✓	✓
	Wheel chair support		✓	x	x	x	x
	Other Intervention(s) Specify		✓	x	x	x	✓
	Nurse's Name:		Risor			P.Go	Ko
	Signature:					P.G	
	Date:		14/7/26	14/7/26	14/7/26	15/7/26	15/7/26
	Time:		10'00 Am	2pm	2pm	8 Am	2

GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 15/7	DATE 16/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1				
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	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					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3				
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2	2				
	Other Medications / None	1	1				
	Total		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	X					
Other Intervention(s) Specify	X					
Nurse's Name:	[signature]					
Signature:	[signature]					
Date:	15/7					
Time:	8PM					

GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

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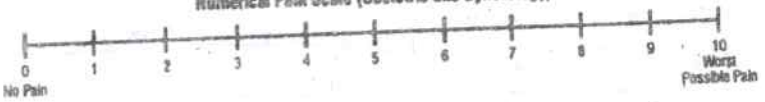
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/7/26	10:00 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
14/7/26	1 PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	
14/7/26	8 PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	
14/7/26	10 PM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	4 AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	10 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	2 PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	8 PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
16/7/26	2 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

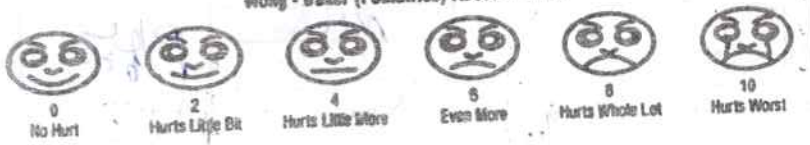
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 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 painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

BRADEN 'Q' SCALE

(for Paediatric use)

Gender : ☐ M ☐ F IP No. : .....

	1.	2.	3.	4.	Date :	M 14/7/26	E 14/9/24	N 14/7/26	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	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life 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	4	4	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	4	4	4
					TOTAL SCORE	25	25	25	25
					Evaluator's Name		Dr.		

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

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00085325 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

/HW/BRD-Q/NSG/04

Patient Name : .....

Age..... Gende

Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	Date :	4	15/2		
"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 tho 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		
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.		3	3		
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		
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		
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	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	4		
					TOTAL SCORE	27	27		
					Evaluator's Name				

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

GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0Y0M0D9H (F)
Dr. PADMAPRIYA EKAMBARAM

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Part - I.

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes☐ No☐

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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		
15/7/26	10am	yes	Explain about a breast feeding	mother	No	Oral	None	yes	good	P.Jo

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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Your Right to a Safe Delivery

GUC-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
14/7/26 @	14/7/26 @ 10:45 Am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Padmapriya Ekambaram	Dr. Poojitha	For further Observation

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

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

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
607721	Dr. Poojitha

Patient & Clinical Records Received by : M. Dm 01810 14/7/26 10:45 am

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-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo. Steffina Fernandez Mother's Name: Mrs. Steffina Fernandez

Date of Birth: 14/7/26 Time of Birth: 9:53 Am Gender: ☐ Male ☐ Female

Birth Weight: 3.752 Kgs HC: 34 cm Lenght: 48 cm

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

Term / Pre-term / Post-term: term

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

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

GUC-00085326 IP18-00036459
Mrs STEFFINA FERNANDEZ
02-03-1993 33 Y 4 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Previous LSCS

Physical Assessment of New Born:

Temp: 98°F °C HR: 150 b /Min RR: 50 br /Min BP: — SpO_2: 97

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 14 (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: Rena Signature: ..... Date &Time: 14/7/26 @ 11:00 Am

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

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-00093847 IP18-00036465
Baby B/O STEFFINA FERNANDEZ
14-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
Dr. padmapriya	15/7/26 at	15/7/26 at 3:30pm
	Transfer Ordered by	Reason for Transfer
	for Srilakshmi	Baby Shifted to mother side.
From Unit	To Unit	Information to Attendant
NICU	7th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
File 0	-	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 ☐

Baby Shifted to Mother Side order by for Srilakshmi

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis M. Devi	for Srilakshmi

Patient & Clinical Records Received by : C Abirami 607778

Date & Time of Patient Received : 15/7/26 at 3:30pm 607778

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