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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 24/7/26

Name of the Pati: GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

UHID No: .....

Gender: .....

Ward: .....

Room No: 502

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 24/7/26	Date: .....
Time:	Time: 01:51:39	Time: .....

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

Rainbow Children's Hospital

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

DOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing			Reena Oram 23/7/26				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: GUC-00094152 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

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

Date of A... ne: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	11:45 Am	OT	MCU	
22/7/26	4.45 PM	LDR	602	

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
22/7/26	cord blood sample-grouping	26023574	
22/7/26	RBS	26023604	
22/7/26	RBS	23628	
23/7/26	RBS	23673	
23/7/26	RBS	3738	
23/7/26	NBS / SBR.	23717	
24/7/26	ORE	732145	

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: 24/7/26 Time: 7am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Remya 07/26			

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GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th 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					

Twt - 2.580 kg
Hc - 31 cm
L - 46 cm

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
P: 22-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

ocon Strip

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/7/26	12.30pm	62mg/dl.	D10 - prasanna	Pooja
22/7/26	6.30pm	56mg/dl	6th hrly	Preeti (own)
23/7/26	12.30Am	102mg/d	6th hrly	[illegible] (own)
23/7/26	6.30Am	84mg/dl	6th hrly	[illegible]
23/7/26	1 P m.	70mg/dl	6th hrly	Preeti
23/7/26	~~8pm~~ 9pm.	94 mg/dl	6th hrly	Jeej (own)
24/7/26	3 Am	91mg/dl	6th hrly	[illegible]

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

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 : IP18-00036579 **Admit Date** : 22-Jul-2026 **Admit Time** : 10:49 AM **UHID** : GUC-00094162

Patient Details :

Patient Name	: Baby B/O BARNA LATA MOHANTY	**Age**	: 0 D
Guardian	: Mr BIMAL CHANDREA PARIDLA	**DOB**	: 22-07-2026 10:36 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: appaswamy banyan hosuse flats no 2042 black 2 A NO 471 MKN ROAD Alandur Alandur Chennai Tamil Nadu INDIA 600016	**Phone No**	: 9962273533
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT602-1 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT602-1 **Admission Type** : First Visit

Contact Details :

Name : Mr BIMAL CHANDREA PARIDLA **Relationship** : Father

Contact Address : appaswamy banyan hosuse flats no 2042 black 2 A NO 471 MKN ROAD Alandur Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : 9962273533

Signature

Doctor Details :

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

Referral Doctor : Dr. Lucetta Amelia Dias **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O BARNA LATA MOHANTY**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036579**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT602-1**

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 c[illegible] 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: Bimal Chandrea Paridla
Relationship: Father
Date: 22/07/2026 Time: 10:50AM
Wittness Name: Paritha
Wittness Signature:

Patient Address:

appaswamy banyan hosuse flats no 2042 black 2 A NO 471 MKN ROAD Alandur Alandur Chennai Tamil Nadu INDIA 600016

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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 Basna Lata mohanty	UHID Number : GWC000044162
Self/Attendant Name : Y	Relation : father
Self/ Attendant Signature : Phone Number : 9962273533	Name & Signature of Financial Counselor

GUC-00094152 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 0 H (M)
P Dr. GIRIDHAR S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Barna Lata Mohanty. Age : 41 Y. Father's Name : ..... Age : .....

Date of Birth : 22/7/26. Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. GIRIDHAR. Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/o BarnalataMohanty.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 22/7/26. Time of Birth : 10.36am

Place of Birth : RCH OT

Mother's Blood Group : O+ve.

Birth Weight (gms) : 2.8+1kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+2.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 41Y Ht : ..... Wt : ..... BMI : ..... Married Life : 9yrs. LMP : ..... EDD : .....

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

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

Last Scans Details : 11/7/26 – SLUG - 35+6 LO / cephalic, placenta - Anterior. EFW-2.5kg. (31st Centile)

AFI – (N), SDP - 5.2 ..... TT Immunization and Iron / Folic Acid : .....

Doppler (N).

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

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

IUGR - when detected : .....

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

AFI : .....

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

Controlled or not, recent values, HbA1 values : On Insulin 40U + OHA.

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? .....

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

(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: 4 P: 1 A: 2 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	07	37 LSCS, (Loop of cord)	3.25 (A2+)	Term		
II	MTP	Induced Abortion.		Male		
III	MTP					
IV	PD - Spontaneous.					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) Elective

Second stage (> 2 hours after dilation) LSCS

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 : 37 + 2 Weeks :

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

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

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried immediately after birth.

Pink ✓, activity, tone good.

HR : 160 bpm

SpO_2 : 99%

CRT < 3sec

INJ. VITK 0.1ml (1mg) IM Given

APGAR - 8/10 @1min
9/10 @5min.

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 35.5°C HR : 160 bpm RR : ..... NIBP : ..... CFT : <3sec

Color of the extremities : Pink

Jaundice : ..... Pallor : ..... SpO2 : 99 %

Anthropometry : Birth Weight : 2.87kg 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)
Facies : (Any Facial Dysmorphism)		(N)
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)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : -> Bot +ve cis Discharge : NO	(N)
GENITILIA :	~~Labia / Hymen~~ : Testicles/penis : Anus :	(N)
HERNIAL ORIFICES		(N)
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : RA

Spo2 : 99-1. Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 160 bpm BP : ..... Precordial Activity : -

Femoral Pulses : + Murmurs : -

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

Abdomen : (N)

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

Palpation : ..... Anal Patency : .....

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

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

Meconium passed : .....

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

State of wakefulness : (N)

Prechtle Score : .....

Nerves : (N)

.....

.....

.....

Motor System : (N)

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

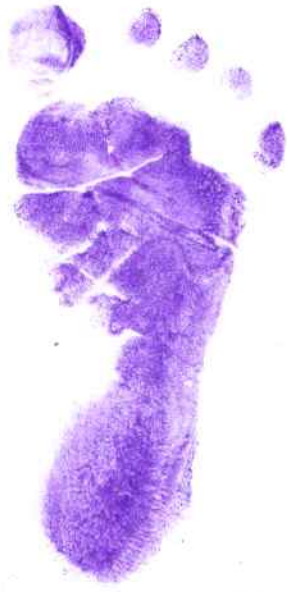
Any Congenital Anomalies : NO

Diagnosis : Term. (37+2) / AGA / Boy / 2.87 kg / Gestn. Diabetic mother. Hypothyroid mother.

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : 137223

Name : Dr Prasanna.

Date & Time :

Consultant : For, Dr Giridhar

Signature :

Name : 137223

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 : .....

Advice:
- Provide warmth call to baby
- check CBC q6H for 72 hours.
- TO initiate Exclusive Direct breastfeeding
- Blood grouping.
- Birth vaccination <24 Hrs.

Plan during ward follow up :

- NBS, OAE @ 48Hrs.
- watch for warning signs.

13923
Dr Prasanna

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. GIRIDHAR S

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26.	S/B Dr. DEEPAK	
10:10 AM		
	Dx: TERM / AGA / BOY / 2.87kg / Gest Diabetic mother	Hypothyroid mother
	baby reviewed	
	baby has no new concerns	
	O/E:	
	baby is active, alert, afebrile	
	M + Otve CVS: S1, S2 ⊕	B.W - 2.87 kg
	B + Otve RS: NVBS ⊕	T.W - 2.691 kg
	P/A: Soft	↓
	CNS: NAD	Wt loss 6.2 %
		179 grams
		Rx
		→ Provide warmth / care
		→ Check CBG & GH for 72hrs
		→ To continue DBF
		→ TO DO NBS, OAE, SDR at 48hrs
		Birth vaccine given
		[signature]

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

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

Rainbow Children's Hospital
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.87 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/7/26	10.40 AM	INJ. VITK	0.1 ml (1mg)	IM	13/7/23	PS	SC
22/7/26	11.14 AM	Inj HEP-B	0.5ml	IM	CM	Priya 12V	
22/7/26	11.15 AM	Inj BCG	0.05ml	ID	CM	Priya	
22/7/26	11.15 AM	OPV Drops	2 drops Oral	Oral	CM	Priya	

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

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

Patient

(1)

VICAL 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: 22/7/26

Time:	11Am	2pm	4pm	8Pm	12Am	4Am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	98.5°F	98.6°F	98°F	98.7°	97.5°	98.2°
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring	140	142				
Heart Rate (Number)	140b/m	141b/m		140b/m	138b/m	140b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	50	51				
Resp Rate (Number)	50b/m	51b/m		42b/m	42b/m	42b/m
Resp Distress: Mod/Severe						
Resp Distress: None / Mild	✓	✓		✓	✓	✓
Receiving O_2 (l/min)						
O_2 Saturations (%)	99	100%		98%	99%	98%
Conscious Level: Normal	✓	✓		✓	✓	✓
Conscious Level: Altered						
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
Observer's Initials	[signature]	[signature]		[signature]	[signature]	[signature]

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. GIRIDHAR S

(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: 23/7/26 Time: 8am 12pm 4pm 8pm 12am 4am

Doctor/Nurse/Family Concern?

Temperature (°F): 96.2K, 96.5F, 97.6F, 97.8°F, 98°F, 97.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number)	132b/m	145b/m	140bm	140b/m	135b/m	140b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	42b/m	40b/m	40b/m	38b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	100%	98%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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:

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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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-00094152 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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
22/7/26												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am									Passed	0	IB
	12:00 pm	DBF									0	
	01:00 pm										0	
Total Intake : 1 time						Total Output : U/m not passed						
22/7	02:00 pm	DBF					✓			✓	No PB	
	03:00 pm											
	04:00 pm	DBF					✓				1 No	
	05:00 pm											
	06:00 pm	DBF									No	
	07:00 pm										If-	
Total Intake : (3) times DBF.						Total Output : 1 time.						
	08:00 pm										No	
	09:00 pm	DBF										
	10:00 pm										No	
	11:00 pm	DBF					✓			✓		
	12:00 am										Line	
	01:00 am											
Total Intake : (2) DBF						Total Output : 1 time						
	02:00 am	DBF									No	
	03:00 am									✓		
	04:00 am										No	
	05:00 am	DBF										
	06:00 am						✓			✓	Line	
	07:00 am											
Total Intake : (2) DBF						Total Output : 2 time						

Total 24 hrs. Intake	9 time DBF	Total 24 hrs. Output	4 time

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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.

23/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: ~~Diarrhoea~~ motion	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	DBF									NO	Purba
	09:00 am									✓		
	10:00 am	DBF									IV	Purba
	11:00 am											
	12:00 pm	DBF					✓			✓	IV	Purba
	01:00 pm											
Total Intake :		(3) times DBF				Total Output :				2 times.		
	02:00 pm											
	03:00 pm	DBF								✓	NO	Asoe13
	04:00 pm						✓				IV	Asoe13
	05:00 pm	DBF								✓		
	06:00 pm										line	Asoe13
	07:00 pm	DBF										
Total Intake :		(3) DBF				Total Output :				2times		
	08:00 pm											
	09:00 pm	DBF									NO	Mythili
	10:00 pm									✓		
	11:00 pm	DBF									IV	Mythili
	12:00 am											
	01:00 am	DBF									line	Mythili
Total Intake :		(3) - DBF				Total Output :						
	02:00 am											
	03:00 am	DBF									NO	Mythili
	04:00 am						✓			✓	IV	
	05:00 am	DBF										Mythili
	06:00 am									✓	line	
	07:00 am	DBF										Mythili
Total Intake :		(3) - DBF				Total Output :				U-2 ; M-1		

Total 24 hrs. Intake	(12) - DBF -	Total 24 hrs. Output	U-7 ; M-3

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NB / Term

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	22/7/26 Morn	22/7/26 AE	23/7 N	23/7 M	23/7 E	23/7 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°F	98°F	98.2	96.1F	97.2°F	97.1°F
Res:	40	38	38b/m	42b/m	40b/m	42b/m
SpO_2:	100	99	99%	99%	100%	100%
Pulse:	140	138	138b/m	140b/m	142b/m	145b/m
BP:	—	—	—	—	—	—
LOC:	Alert	Alert	Alert	Alert	Alert	Alert
Fall Risk Score:	1 4 0	1 4	1 4	1 4	1 4	1 4
Pain Score:	0	0	0	0	0	0
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 :	Preethi	Sandhya	Sneha	Praveena	Sai	Reeny
Signature / ID :	Preethi	Sandhya	Sneha	Praveena	Sai	Reeny
Date:	22/7/26	22/7/26	23/7/26	23/7/26	23/7/26	24/7/26
Time:	1:30pm	@8pm	@8Am	2pm	8pm	8am
Taken Over By Name :	Sandhya	Sneha	Praveena	Sai	Reeny	
Signature / ID :	Sandhya	Sneha	Praveena	Sai	Reeny	
Date:	22/7/26	23/7/26	23/7/26	23/7/26	23/7/26	
Time:	@2pm	@8pm	@8Am	2pm	@8pm	

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

(1)

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 22/7/26

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		maintain good nutritional status		- Assess the baby condition. - To give DBF - keep baby warmth	maintained good nutritional status	Reassessment done	
Afternoon	2 pm	* Assess the Baby Condition * To give DBF * Comfort Position	2.30 pm	* Assessed the Baby condition * To gived DBF * comfortable Position	Baby is Comfort	Reassessment done	
Night	8 pm	Promote Cleanliness and Comforts		Asses daily bath. oral care maintain I/O charts	maintain intake output Charts	Reassessment done	

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. GIRIDHAR S

(9)

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 23/7/26

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	8hr	Maintained Nutritional Status.		Assess feeding Position. if needed.	To Encourge. Breast Feeding,	Baby was Clinically Normal	
Afternoon	2pm	Reduce the risk of nospital acquired and wound infection.		Maintain strict hand hygiene. Educate Patient and family regard infation.	Baby Parents. Strict hygein maintain.	Baby clinically was better.	
Night	8pm	⇒ Maintain good nutritional Status.	9pm	⇒ Assess feeding position if needed.	⇒ Baby feeding Sucking was Good.	⇒ Baby clinically Stable	

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D0H (M)
Patien Dr. GIRIDHAR S

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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT shifting note	
22/7/26	10:40 AM	A single Alive baby boy delivered @ 10:36 Am with birth weight of 2.871 kg. Baby cried immediately after delivery. delayed cord clamping done. Baby shifted for routine care.	Gosai
		Routine care provided. vital signs are stable. vitamin K Inj. 1mg given Im.	
	11:05 AM	Baby shifted to micu along with mother.	Gosai
		Baby receiving notes	
	11:45 Am	Baby received from OT to micu. Baby care hand over taken from OT staff. Baby is stable warmth. pinkish colour. DBF given to baby sucking good. placed for baby on mother side. urine, motion not passed. vomiting not done.	Gosai.
	12pm	Baby vital signs checked recorded. Baby is stable warmth.	Gosai

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	12.30pm	CBG checked as per doctor order 63mg/dl. Informed to Dr. Prasanna advice to continue 6th hrly order carried out.	
	1pm	Baby is stable vitals. placed the baby on mother side.	
	1.30pm	Baby care, hand over given to evening duty staff Evening duty	
	2pm	Child details handing over taken from morning duty STAFF child is quiet Baby is room air Baby pink color DBF given N/O vomiting	
	3pm	Baby urine & stool passed DBF given N/O vomiting Baby is stable 6th hr RBS checked N/O other complaint	
	4pm	Baby is sleeping N/O other complaint	
		CBG monitoring 6th hrly. 2nd hrly DBF. Baby mother side.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

B/o Barnalata
GUC-94162.

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(2)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	4.45pm	Baby shifted to ward. Baby details, files handed over given to 6th floor staff Receiving Nurse.	S/N [illegible] 016808
22/7/26	4.45pm	Baby Received from. LDR. to 6th Floor. Baby. details hand over taken from LDR staff. Baby was Active and Alert. →	[illegible] 0201
	5pm.	Baby taking feed. No vomiting. DBF 2nd hrly.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/2 (Need Supervision).	
	6:30pm	Baby RBS is. 6th hly →	[illegible]
		maintained for intake and output chart →	[illegible]
	7:30pm	Hand over given from Night duty Staff →	[illegible]
		Night Duty	
22/7/26	7.30 pm	Baby details handover taken from evening duty staff, Baby active & alerts Baby taken DBF	[illegible] 2122

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby active and alerts	
22/7/26	8pm	Baby vital Signs checked & Recorded CP: Refer | PP: Refer | CGT: L3	
		RBS 6th hourly need to checked	
	10pm	Baby taken DBF 2nd hourly	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H 1/9 (need Supervision)	
	12AM	Child vital Signs checked & Recorded CP: Refer | PP: Refer | CGT: L3	
		maintain I/O charts	
		urine and motion passed	
23/7/26		*Child CBG 6th hourly	
		Patient having own CBG Strip no need to raise RBS.	
	4AM	Baby vital Signs checked & Recorded. CP: Refer | PP: Refer | CGT: L3	
		maintain I/O charts.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. GIRIDHAR S

(3)

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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6 AM	morning Care given Baby weight checked maintain Do charts.	
23/7/26		RBS 6th hourly needto checked. RBS 84 mg/dl.	
	7.30 AM	Baby details handover Given to morning duty Staff	21/M
		Morning duty Nurses.	
23/7/26	7:30	Baby details hand over taken From. Night duty Staff. Baby was Active and Alert	Balveer
	8 Am	Baby vitals checked and Recorded. vitals Normal	Pearl
		Baby taking feed No vomiting. DBP 29 hrly.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/4 (Need Supervision)	Pearl
	11 Am	Dr. giridhar Sir Seen The Baby Advice From To continue ~~Feed~~. TO Continue RBS.	Pearl

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	12pm	Baby vitals checked and Recorded. vitals Normal. maintained Entalco and output Chart	Praveen
	1:30pm	Hand over given from evening duty staff.	Praveen
		Evening duty NOTES.	
23/7/26	1:30pm	Baby details hand over taken from morning duty staff. Baby consious & active.	Sen
	2pm.	Baby taking fed DBF only. no vomiting no outher compicaits.	
	4pm.	Baby vitals checked & recon. temp is normal.	Jeya
	6pm	Baby totally well for DBF to Monitor RBS 6th hrly SBP/NBS/DAF tomorrow	Jeya
	7pm	IVfluid maintained & recorded	
	1:30pm	Hand over given to night duty staff	Jeya

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 22/7	DATE 22/7	DATE 23/7	DATE 23/7	DATE 23/7
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	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	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					
	Within 48 hours	2	2	2	2	2	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	14	14	14	14

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		✓	✓	X	X	X
	Other Intervention(s) Specify		✓	✓	X	X	X
	Nurse's Name:		Risna	Rani	Sunil	Praveena	Sunil
	Signature:						
	Date:		22/7/24	22/7/24	22/7	23/7	23/7
	Time:		11 AM	2 pm	8 pm	8 AM	2 pm

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : ....

Age.....

				Date :	22/7 M	22/7 E	23/7 N	23/7 N
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.	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	DS	[illegible]	[illegible]	[illegible]

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

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PATIENT TRANSFER FORM

GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
22/7/26 @	22/7/26 @

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Giridhar	Dr. Prasanna	For further observation

From Unit	To Unit	Information to Attendant
OT	MIW	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
S60772	Dr. Prasanna

Patient & Clinical Records Received by : S. Pooja

Date & Time of Patient Received : 22/7/26 at 11.45 am.

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-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Barna Lata Mother's Name: Mrs: Barna lata

Date of Birth: 22/7/26 Time of Birth: 10:36 Am Gender: ☒ Male ☐ Female

Birth Weight: 2.871 Kgs HC: — cm Lenght: — cm

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

Term / Pre-term / Post-term: term Blood Group: Mother: O+ve Baby: Awaiting

Resuscitated: ☐ Yes ☒ No

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

GUC-00092489 IP18-00036571
Mrs BARNA LATA MOHANTY
05-10-1984 41 Y 9 M 17 D (F)
Dr. LUCETTA AMELIA DIAS

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

Indication:

Physical Assessment of New Born:

Temp: 98.5F °C HR: 140 b. /Min RR: 50 br. /Min BP: — SpO_2: 99

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: Risna Signature: Date &Time: 22/7/26 01:14 Am

PATIENT TRANSFER FORM

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GUC-00094162 IP18-00036579
Baby B/O BARNA LATA MOHANTY
22-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Giridhar	22/7/26 @ 10.49pm	22/7/26 @ 4:49pm
	Transfer Ordered by	Reason for Transfer
	Dr. prasanna	further mgt
From Unit	To Unit	Information to Attendant
LDR	G02	Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant.
Casesheet	CTG	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Pramodini 22/7/26

Date & Time of Patient Received : 22/7/26 @ 4.49pm

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