ACTIVITY RECORD FOR BILLING

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital — Treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: .....

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

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/26	4pm	LDR	606	
30/7/26	11.45 Am	606	LDR	
30/7/26	4pm	Micu	6th floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/7/26	RBS	24311	Shl
	Blood grouping	242901	Shl 01/07
31/7/26	SBR / NBS	24495	
31/7/26	OAE	1735227	Allcock

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: 31/7/26 Time: 8 PM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight by RAINBOW HOSPITALS

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

DOR-

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	31/7/26 10am				
	INTIME	OUT TIME			
Arrangement of File by Nursing	31/7/26 10.00 am				
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 → 2.895 kg
HC → 34.5 cm
L → 44 cm

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 : IP18-00036670 **Admit Date** : 29-Jul-2026 **Admit Time** : 12:22 PM **UHID** : GUC-00094451

Patient Details :

Patient Name	: Baby B/O RASHMICA RAJENDHRAN	**Age**	: 0 D
Guardian	: Mr HARISH RAJAGOPALAN	**DOB**	: 29-07-2026 11:38 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: BF2, PALLAVA HEIGHTS, 54, 5TH ST, MYLAPORE Mylopore Chennai Tamil Nadu INDIA 600004	**Phone No**	: 9962629068/ 8056171442
		E-mail	: rashmicarajendran@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT606-1 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT606-1 **Admission Type** : First Visit

Contact Details :

Name : Mr HARISH RAJAGOPALAN

Contact Address : BF2, PALLAVA HEIGHTS, 54, 5TH ST, MYLAPORE Mylopore Chennai Tamil Nadu INDIA 600004 **Relationship** : Father **Phone No** : / 9962629068

Signature

Doctor Details :

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

Referral Doctor : Dr Nithya Ramachandran **Phone No** : 8939828540

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O RASHMICA RAJENDHRAN**		
IP No:	**IP18-00036670**	**Age :**	**0 Y 0 M 0 D 0 H**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Sex:**	**Male**
		Ward/Bed No:	**6F-PRIVATE/CRDL-PVT606-1**

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: Harish Rajagopalan

Relationship: Father

Date: 29/07/2026 Time: 12-24 PM

Patient Address:
BF2, PALLAVA HEIGHTS, 54, 5TH ST, MYLAPORE Mylopore Chennai Tamil Nadu INDIA 600004

Witness Name: Prathap

Witness Signature:

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 day occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for a 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 by the 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 should 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 noon. **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 bill with the hospital as per Hospital Cash Tariff.

Patient Name : B/o Rashmica Rajendhran	UHID Number : GUC-0009445/
Self/Attendant Name : P	Relation : Mother
Self/ Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : 9962629068	

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM
Patient

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

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. RASHMICA Age : 34y. Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : 29/7/26 UHID No.: .....

NICU Consultant : Dr. Padmapriya 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 RASHMICA

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 29/7/26 Time of Birth : 11:38AM

Place of Birth : RCH, GUINDY

Mother's Blood Group : 'O' positive

Birth Weight (gms) : 3.034kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+3 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 2/11/25 EDD : 9/8/2026

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

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

Last Scans Details : .....

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 34yrs

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 : .....

Compliance with Rx : .....

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

H/o Hypothyriodism : 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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) VBAC

Second stage (> 2 hours after dilation) KIWI ASSISTED VAGINAL DELIVERY

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

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

APGAR SCORE

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

1 Minute	5 Minutes	10 Minutes
TOTAL 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 @ birth
↓
Inj vit K 1mg IM given
↓
Delayed cord clamping done
↓
No distress
↓
Shifted to mother side for routine care

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 58/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 : 100% Auscultation : B/L AE (+) Breath Sounds : NVBS Added Sounds :

Cardiovascular System :

HR : 150/min BP : Precordial Activity : No

Femoral Pulses : felt Murmurs : No

Other Peripheral Pulses : felt Signs of Cardiac Failure : No

Abdomen :

Shape : (N) Hernia orifice : (N)

Palpation : Anal Patency : Patent

Palpable masses : Umbilical Cord : 2VD, 1UV

Abdominal girth : First urine passed : Not passed

Meconium passed : passed

Nervous System : Higher intellectual functions (Sensorium) : (N) Tone -

State of wakefulness :

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 congenital anomalies noted

Diagnosis : Term 38+3 wks | AGA | Boy | VBAC (KIWI ASSISTED) I/V/O PROM LSCS | 3.034 Kgs

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : Rakshitha. G

Date & Time : 29/7/26 @ 12:10pm

Consultant :

Signature : .....

Name : .....

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 : Term 38+3wks | AGA | Boy | VBAC [KIWI ASSISTED] I/V/O prev. LSCS Bwt 3.034 Kgs

Present Issues :

Vital : ☐ HR : 150/min ☐ RR : 58/min ☐ BP : ☐ SPO2 : 100% Weight : 3.034 Kgs

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Warmth care
DBF sl/b burping
W/f danger signs
OAE, NBS & vaccination
CBG stat

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM
Patient

(1)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B. Dr. Lucky [illegible] / Dr. PADMAPRIYA	
29/7/26 2:30PM	Δ: Term (38+3) / AGA / Boy / VBAC (Kiwi assisted) / prev LSCS / 3.034 kgs	
	A live baby Boy Born to a 34yr old (other) mother, no comorbidities / CIAB normal transition (via Kiwi assisted delivery)	
	~~No [illegible]~~	
	Retractile testis ⊕ – B/L	
	vitals Stable	
	pink in [illegible] / Active	
	Urine : not passed	
	meconium : passed	
	CBG :: 55 mg/dl (1hr post feed)	
		Adv
	1)	DBF Q2H / warmth
	2)	Monitor vitals
	3)	SBR / OAE / NBS at 48HOL
	4)	4 limb saturation at 24HOL
	[signature] 203377	
		E. Padmapriya. 44268

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Dr. LUCKY VIGNESH	
30/7/26		
9:30 AM	Δ: Term (38+3) / AGA / Boy / VBAC-taini /	
M/ot	prev. LSCS / 3.034 kgs	
D/ot		
	Bwt: 3.034 kgs	Baby remind
	Pwt: 2.906 kgs	CRT <3sec
	Δ: 130g	Normal cry/tone/Activity
	%. 4.2%	pink in air
	wire ✓	
	meconium ✓	vitals: Stable
	vaccination ✓	
	RS: clear	CNS: NAD
	CVS: S1S2 (NO murmur	PA: SOFT/NT
		Adv
	1)	DBF-Q2H/ warmth
	2)	monitor vitals
	3)	vaccination - today 31/7/26 11:00AM
	4)	SBR/OAE/ NBS at 48HOL
	5)	4 limb SpO2 at 24HOL
		↓
	Luckyraj 20557	11:00AM

GUC-00094451 IP18-00036670
Patient Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/7/26	12pm	Inj vit K	1mg	IM		SN	SN
30/7	4pm	Inj BCG	0.05ml	ID			
30/7	4pm	Inj HepB	0.5ml	IM			
30/7	4pm	OPvaduna	2drops	PO			

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sticke

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

(T)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/7/26 Time: 12pm 2pm 4PM 8pm 12am 4am

Doctor/Nurse/Family Concern?

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

29/7/26 — 98wt — 98.8F — 98/P — 97.5F — 97.8°F — 97.9°F — Acceptable

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number) — 144 — WA — 150B/M — 138b/m — 140b/m — 135b/m

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

Resp Rate (Number) — 54/m — 40 — 48B/M — 40b/m — 38b/m — 40b/m

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		RA 94Y.	RA 98Y.	RA 98Y.	RA 96Y.
Conscious Level	Normal / Altered	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE		0	0	0	0
Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		MP.			

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.

LH-100% / RH-98%

LL-98% / RL-99%

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-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 15 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

)c. No. : RCH/ FRM / CLINICAL / 124

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/7/26 Time: 8Am. 12pm 2pm 4pm 8 pm 12Am 4Am

Doctor/Nurse/Family Concern?

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

98°F 98.6°F 98.4°F 97.7°F 98.6°F 98.8°F 98.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number): 134bpm 140 138bpm 134bpm 142bpm 140bpm 136bpm

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

Resp Rate (Number): 42bpm 40 44bpm 46bpm 48bpm 44bpm 40bpm

Resp Distress	Mod/ Severe						
	None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)							
O_2 Saturations (%)	99%	RA	98%	99%	99%	100%	100%
Conscious Level	Normal	✓	✓	✓	✓	✓	✓
	Altered						
GCS *		15/15	15/15	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
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.

29/7/26 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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	→	on	Admission	←						No IV line	NH
	01:00 pm	DBF					✓		✓	✓		NH
Total Intake : (1)						Total Output : 1 time.						
	02:00 pm	DBF									No IV line	POV for
	03:00 pm											
	04:00 pm	DBF										
	05:00 pm						✓			✓	NOIV FLUID	Adl
	06:00 pm	DBF										
	07:00 pm											
Total Intake : 3 times DBF						Total Output : 1 time						
	08:00 pm											
	09:00 pm	DBF									NO	NH
	10:00 pm						✓					
	11:00 pm	DBF								✓	IV	NH
	12:00 am											
	01:00 am	DBF									line	NH
Total Intake : (3) - DBF						Total Output : U-1, M-1						
	02:00 am											
	03:00 am	DBF									NO	NH
	04:00 am											
	05:00 am	DBF									IV	NH
	06:00 am									✓	line	
	07:00 am	DBF										NH
Total Intake : (3) - DBF						Total Output : U-1						

Total 24 hrs. Intake	10 - DBF	Total 24 hrs. Output	U-4, M-3

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 15 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

FLUID CHART

Sheet No. : (2)

T.wt – 2.906 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.

30/7/26

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										
	09:00 am										NO	Rel a
	10:00 am	DBF					✓					
	11:00 am										Sf	
	12:00 pm	DBF								✓	Tine	Rel u
	01:00 pm											Rel u
Total Intake : (3) + ML.						**Total Output :** (1) + ML.						
	02:00 pm	DBF										
	03:00 pm									✓	No	SF
	04:00 pm	DBF								✓	IV	SF
	05:00 pm										clino	SF
	06:00 pm	DBF										
	07:00 pm										NO	
Total Intake : (3) DBF.						**Total Output :** 2 times					IV Sylorting line	
	08:00 pm	DBF										
	09:00 pm										NO	Dry
	10:00 pm	DBF										
	11:00 pm										SV	Dry Soon
	12:00 am	DBF										
	01:00 am										wre	Dry Soon
Total Intake : (3) DBF						**Total Output :** NPL						
	02:00 am											
	03:00 am	DBF									NO	Dry Soon
	04:00 am									✓	SV	
	05:00 am											Dry Soon
	06:00 am	DBF								✓	wre	
	07:00 am											Dry Soon
Total Intake : (2) DBF						**Total Output :** 2 time						

Total 24 hrs. Intake	11 time DBF.	Total 24 hrs. Output	5 time

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sti

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: 29/7/26

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	12pm	Promote adequate Nutritional for feeding and recovery.	30 12pm	-> Assess Nutritional status and appetite -> Provide day 2 breast feed DBF	Baby vital signs stable.	Reassessment done	
Afternoon		Promote good nutritional status		- Assess the baby condition - To give DBF - maintain Proper	Baby is warm maintained good nutritional status	Reassess ment is done	
Night	8 pm	Prevents falls and injury.	10 pm	- Keep the bed in low lying position.	Baby was kept in cradle with wheels locked.	Prevented falls.	

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 15 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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: 30/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain good nutritional status.		To Assess feeding Position.	To Enlarge. Breast feeding.	Baby was Clinically Normal	
Afternoon	2pm	Promote good Nutrition status	2:30 pm	→ Assess the Baby Condition → Maintain I/O Chart → Provide feeds 02H → Daily weight Monitoring	Maintain good Nutrition	Reinforcement was done	1 of 2
Night	8pm	prevent fall risk and safe	9pm	keep maintained the bed side rails.	keep maintained the bed side rails.	Babys was stable	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0Y0M0D1H (M)
Patient Sticke Dr. PADMAPRIYA EKAMBARAM

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
29/7/26	11.38AM	⇒ BABY NOTES ⇐ A single alive Normal Vaginal Delivery delivered boy baby. baby Immediately cried. baby Suction done, baby fit Vitamin K 0.1ml IM given. baby Vital Signs Stable. baby Passed urine & motion No Others Complints B: 29/7/26 at 11:38AM A: Boy. B: B.O3+ve J: 810 910	→ Nurse/011746
12PM		⇒ Baby Vital Signs Stable. General condition Fair	
1PM		⇒ Baby. Taking OBF & Sucking well. No others Complints. baby passed urine & motion Passed No Others Complints.	→ Nurse/011746
1.30 PM		⇒ Baby report Passed Over to Evening duty Staff	→ Nurse/011746

6 Type ISO 11140 | STEAM | Green = Sterilized | Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176 | SV: 121°C - 15 min. 134°C - 3,5 min. | Sterintech

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty	
29/7/26	1.30pm	Baby care hand over taken from morning duty staff. Baby is stable warmth, pinkish colour. placed the baby on mother side. DBF given to baby sucking good.	Priya
	2pm	Baby vital signs checked and recorded. maintain the head. Hemply dumpty, Braden & pain assessment done. vaccination not done. placed the baby on mother side	Priya
	2.30pm	Dr. padmapriya seen the baby CBC checked as per doctor order. 55 mg/dl. informed to Dr. padmapriya, advice to stop. order carried out	Priya
	4pm	vaccination not done. Baby shifted to ward as per doctor order. Baby care hand over given to 6th floor staff	Priya

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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
29/7/26		Receiving notes	
	4PM	Patient received from LDR to bed. Handing over taken from LDR SIN. Baby pink, warm, RBS - stop. Urine, motion passed.	Stay
	4.30PM	Vitals checked and recorded.	Stay
	6PM	Baby had mother food.	
		L - 0	
		A - 0	
		T - 0	
		C - 0	
		H - 1/9 need supervision	Stay
	7PM	maintained I/O chart recorded.	
	7.30PM	Handing over given to night duty SIN.	
		Night Duty Notes.	Stay
	7:30 pm	Baby details are handing over taken from Evening duty Staff. Tommorow - vaccine plan After 48 hrs SBR / NBS / and ABF plan →	Haritha 607784
	8 pm	Baby vitals are checked & recorded. Vitals are stabled.	
		CP ++ | PP ++ | CRT <2sec →	Haritha 607...
	10 pm	Baby takes EBF for every 2 hourly → RBS - stop.	Haritha 607784

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
30/7/25	12 am	Baby Vitals are checked & recorded. Vitals are stabled	
		CP: ++ / PR: ++ / CRT: <3sec →	Mythili 607764
	2 am	Baby takes DBF for 2 Hours	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H 1 needs supervision → 9	Mythili 607764
	4 am	Baby vitals are checked & recorded. vitals are stabled	
		CP: ++ / PR: ++ / CRT: <3sec →	Mythili 607764
	6 am	Baby weight checked and Morning care was given to the Baby →	Mythili 607764
	7 am	Maintained I/O chart	
	7:30 am	Baby details are handing over given to Morning duty staff → Morning duty Nurse.	Mythili 607764
30/7/25	7:30 am	Baby details hand over taken from Night duty staff. Baby was active and alert →	Reej Jose

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 15 H (M)
Dr. PADMAPRIYA EKAMBARAM

(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
30/7/26	8Am	Baby vitals checked & card. Recorded, vitals Normal →	Praveena 5208
	10Am.	Baby taking feed n/o vomiting. DBF 2nd hrly. L-2 A-2 T-2 C-2 H<1/4 (Need supervision) →	Praveena 8078
	11.45A	Baby shift to LDR. baby details hand over given from LDR staff →	Priya
	12pm	Baby receiving notes Baby received from 6th floor to LDR. Baby care hand over taken from 6th floor staff. Baby is stable warmth pinkish colour. Vital signs checked & recorded. vitals are stable. DBF given to baby sucking good.	S/N Roopa
	1PM	⇒ Baby Passed urine & motion No other complints	Abhilasha
		⇒ Baby taking DBF & sucking well. No other complints	Abhilasha
	3PM	⇒ Baby experi found alert & Evening Duty Staff	Abhilasha

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
		Evening duty on 30/7/26	
30/7/26	1:30pm	Report received from Morning Duty staff to Evening duty staff. Baby Activity are good. No IV line. Baby DBF taking well. No vomiting	
	2pm	Baby were paned To chart Maintain Baby Activity are good vaccination Not done.	Shalini 34072
	5pm	vital sign checked & recorded vital sign are stable Baby shifted to 6th floor ward	Shalini 34072
30/7/26	5pm	Received notes 30/7/26 => patient received from LDR to 6th floor => Patient clinically Stable => Vaccination done as per doctor chart. advice	Lincy 01179
	6pm	=> Monitored V/S Chart.	
	7pm	=> Maintain records & reports => provide health education => Baby clinically Stable.	
	7.30 pm	=> patient handover given to night duty S/N	Lincy 01179

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. PADMAPRIYA EKAMBARAM

(4)

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
		Night Duty Notes	
30/7/26	7.30 pm	→ Baby detail hand over taken from evening duty SN Baby warmth and active Baby on pink, TO morrow SBR NBS, OAE at 11 AM	Duty nurse
	8 pm	→ Baby vital signs checked and record. Vitals are stable	Duty nurse
	10 pm	→ Baby take feed. tolerated NO vomitting sensation L – 2/ A – 2/ T – 2/ C – 2/ H – 1/ 9 (need supervision)	Duty nurse
31/7	12 am	→ Baby sucking & swallowing reflex is good. vital signs checked and record. vitals are stable	Duty nurse
	2 am	→ Baby sleeping well. R/O urine maintained & record.	Duty nurse
	4 am	→ Baby vital signs monitored and record. urine passed	Duty nurse
	6 am	→ Baby morning care given Weight checked and record. R/O Chart maintained	Duty nurse

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
31/7/26	7.30AM	→ Baby detail hand over given to morning duty SIN	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sticker

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

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
				29/7	29/7	30/7	30/7
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					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	14	14	14	15

Intervention:

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

	Bed in low position	✓	✓	✓	✓	✓
	Call device within reach	✓	✓	✓	✓	✓
	Wheels Locked	✓	✓	✓	✓	✓
	Room free of clutter	✓	✓	✓	✓	✓
	Adequate lighting	✓	✓	✓	✓	✓
	Wheel chair support	X	X	X	X	—
	Other Intervention(s) Specify	X	X	X	X	—
	Nurse's Name:					
	Signature:					
	Date:	29/7	29/7	29/7	30/7	30/7
	Time:	12pm	2pm	8pm	8pm	8pm

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

GUC-00094451 [illegible]-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BRADEN 'Q' SCALE

(for Paediatric use)

☐M ☐F IP No. : .....

				Date :	29/7	29/7	29/7 N	30/7 M
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	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 lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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	28	25	25	25
				Evaluator's Name	[illegible]	[illegible]	[illegible] Beena	[illegible] Jeeja

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

Patient Sticker

GUC-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/7/26	8^{30}pm	55mg/dl.	Wu/Padmapriya	[illegible]/0117[illegible]
			.,	
			Stope.	

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-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
29/7/26 @ 12.22pm	30/7/26 @ 11.45Am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Padmapriya.	Dr. Sreedevi	Further manage.

From Unit	To Unit	Information to Attendant
bo6	MICU	Yes ☐ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Case sheet	—	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
Received	Dr. Sreedevi

Patient & Clinical Records Received by : S. Poojan

Date & Time of Patient Received : 30/7/26 at 12pm

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

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-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission: 29/7/26 at 12.22pm	Date & Time of Transfer Order: 29/7/26 at 4pm
Treating Consultant Name: Dr. padmapriya	Transfer Ordered by: Dr. Lakshitha	Reason for Transfer: Baby Care
From Unit: CPR	To Unit: 606	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: Baby's Dr file	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Lakshitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Poorna Priyan	Dr. Lakshitha

Patient & Clinical Records Received by : Praveena 02 07 AM

Date & Time of Patient Received : 29/7/26 @ 4pm.

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-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o RASHMICA Mother's Name: Mrs. RASHMICA

Date of Birth: 29/7/26 Time of Birth: 11:33AM Gender: ☑ Male ☐ Female

Birth Weight: 3.032 Kgs HC: 36 cm Lenght: 42 cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: 'O' Positive Baby: Awaited.

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 1:30 PM

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 1 D (F)
Dr. Nithya Ramachandran

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.4 °C HR: 124 /Min RR: 48 /Min BP: - SpO_2: 100%

Pain Score: ..... (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: B. Kavitha. Signature: Kavitha Date &Time: 29/7/26

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-00094451 IP18-00036670
Baby B/O RASHMICA RAJENDHRAN
29-07-2026 0Y0M0D5H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	29/7/26 at 12.22 pm	30/7/26 at 4 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Padmapriya	Dr. Padmapriya	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	6th floor	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
of File (1)	-	Yes ☐ No ☒
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: Hep. B	(1)
2.	Inj: BCG	(1)
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shalini 0140fr	Dr. Padmapriya

Patient & Clinical Records Received by : S. Suryathri 217179

Date & Time of Patient Received : 30/7/26 5pm

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 ☐