GUC-00094543 [P18-0
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D
Dr. GIRIDHAR S

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		11.15am	S/Adv 5/2026				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
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Name: B/O Bargaui

UHID No: 94543 IP No: 36705 Consultant: Dr. Giridhar Dept: NICU

Date of Admission: 31/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/7/26	8pm	RCH OT	NICU	Sandhiya
31/7/26	11pm	NICU	5th m	

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
31/7/26.	CBC, Blood group	24563	
31/7/26	RBS, VBG.	24562	
01/08/26	RBS, VBG	24571	
31/7/26	(OT) Blood grouping	24561	
01/08/26	RBS	24622	
	CRP. Electrolytes		
1/8/26.	creatinine, urea.	24636	
02/08/26	RBS	24685	
2/8/26	RBS	26719	
3/8/26	RBS	24744	
3/8/26	RBS	24745	
3/8/26	S.bilirubin, CRP,		
	NBS, urea, creatinie	260247 51	
3/8/26	CAC	178648 6	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
31/7/26	Infusion pump.	9pm	1/8/26 @8pm	173.5653	Sandhya 015748.
31/7/26	Syringe pump.	9pm	2/8/26 at 10Am		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/7/26	IV placement	1	135857	Sandya
31/7/26	X-ray	1	10336	Sandya

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 31/7/26 Time: 11:15 am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
S'Arun			

Rainbow Children's Hospital | BirthRight

GUC:-00094543 IP18
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 2 -
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

DOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		11.10am	S. Arun 31/07		
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 - 2.859

H - 49

C - 34

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 : IP18-00036705 **Admit Date** : 31-Jul-2026 **Admit Time** : 08:44 PM **UHID** : GUC-00094543

Patient Details :

Patient Name : Baby B/O B.BARGAVI
Guardian : Mr SIVA GANESH
Gender : Male
Occupation :
Address (H) : 1 ST MAIN ROAD, BHEL NAGAR, MEDAVAKKAM Medavakkam Kanchipuram Tamil Nadu INDIA 600100

Age : 0 D
DOB : 31-07-2026 07:17 PM
Religion :
Martial Status :
Phone No : 9561008141/ 9444689707
E-mail : siramailingam@deloitte.com

Admission Details :

Bed Type : NICU
Room No : NICU 308
Bed No : NICU 308
Admission Type : First Visit
Ward Name : 3F-NICU 1

Contact Details :

Name : Mr SIVA GANESH
Contact Address : 1 ST MAIN ROAD, BHEL NAGAR,MEDAVAKKAM Medavakkam Kanchipuram Tamil Nadu INDIA 600100

Relationship : Father
Phone No :

Signature

Doctor Details :

Doctor Name : Dr. GIRIDHAR S
Referral Doctor : Dr.. Aishwarya Parthasarathy
Co-Consultant :

Specialisation : NEONATOLOGY
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : SELFPAY

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 B.BARGAVI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036705**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**3F-NICU 1/NICU 308**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: R.Swa.

Name: R. Swaganath
Relationship: wife
Date: 31/07/2026
Time:

Witness Name:
Witness Signature:

Patient Address:
1 ST MAIN ROAD, BHEL NAGAR,
MEDAVAKKAM Medavakkam
Kanchipuram Tamil Nadu INDIA
600100

Printed Date / Time : 31/07/2026 20:45

Printed By : 015040

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. BARGAVI Age : 26yrs Father's Name : ..... Age : .....
Date of Birth : ..... Date of Admission : 31/7/26 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 BARGAVI
Gender : ☑ M ☐ F Blood Group : O+ve
Date of Birth : 31/7/26 Time of Birth : 7:17 pm
Place of Birth : RCH, Guindy

Mother's Blood Group : 'O' positive
Birth Weight (gms) : 2.991Kgs Length (cms) : .....
OFC (cms) : .....
Estimated Gesth Age : 38w + 4d

Current Obstetric History : (Booked / Unbooked Case)
Maternal Age : 26yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 2yrs LMP : 3/11/25 EDD : 10/8/26
Conception : (Spontaneous) or with Rx. : .....
Booked at what GA. : Booked, AN Steroids Drugs / Doses : Given
Last Scans Details : Anomaly scan - (N) CTG - Category I TT Immunization and Iron / Folic Acid : Taken

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs
Consanguinity : ☐ Yes ☑ No
If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3
H/o PIH (after 20 weeks) / PE —
How many Drugs / Doses / Since how long : .....
—
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....
—
IUGR - when detected : .....
Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....
AFI : —

H/o GDM/ pre GDM/ on diet or insulin
Controlled or not, recent values, HbA1 values : .....
Compliance with Rx : .....
Scans : LGA, TIFFA , Fetal Echo : .....
H/o Hypothyriodism : When diagnosed ? Medication?
x 5yrs T. THYRONORM 75mcg OD
Any other Chronic Medical Problems, when detected drugs ? —
(Anemia, SLE, Jaundice, CHD, Heart Disease)
Infection : H/O, Fever
(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)
UTI : when — Any culture : .....

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

Patient Sticker

PAST OBSTETRIC HISTORY

G : 2 P : ..... A : 1 L : .....

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

A1 - Missed Miscarriage @ 4wks

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : 11w1d thick MSL

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : Category I Thick

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 7/10	8/10	

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
↓
Tachypnea (RR – 64/min)
↓
Shifted to NICU
for observation

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°c HR : 150/min RR : 64/min NIBP : ..... CFT : <3sec

Color of the extremities : pink

Jaundice : ..... Pallor : ..... SpO2 : 95%.

Anthropometry : Birth Weight : 2.991kg 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 : — N

EARS, NOSE MOUTH and THROAT : Ear set / Shape : / Periauricular Pits / Tags : / Nasal shape / Patency : — patent / Palate : — No cleft lip/palate / Gums : / Lips : / Tongue :

THORAX and BREASTS : Shape of Thorax : / Position of Nipples and Number : — N

ABDOMEN and UMBILICUS : Shape : — N / Organomegaly : / Bowel Sounds : — 2UA, 1UV. / Umbilical Stump : / Discharge :

GENITILIA : Labia / Hymen : — N / Testicles/penis : / Anus : — patent

HERNIAL ORIFICES — N

TRUNK and SPINE : — N

SKIN LESIONS : — N

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 : 64/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 : 95% Auscultation : B/L AE(+) Breath Sounds : NVBS Added Sounds : .....

Cardiovascular System :

HR : 150/min BP : .....

Femoral Pulses : felt

Other Peripheral Pulses : felt

Precordial Activity : No

Murmurs : No

Signs of Cardiac Failure : No

Abdomen :

Shape : N

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : N

Anal Patency : Patent

Umbilical Cord : 2VA, 1UV

First urine passed : Not passed

Meconium passed : Not passed

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

State of wakefulness : N

Prechtle Score : Done

Nerves : N

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

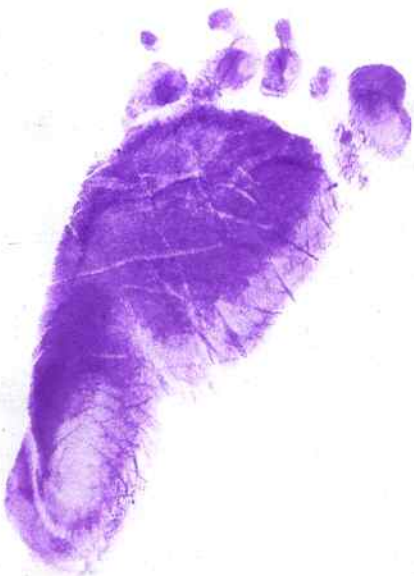
Patient Sticker

Any Congenital Anomalies : No congenital anomalies noted.

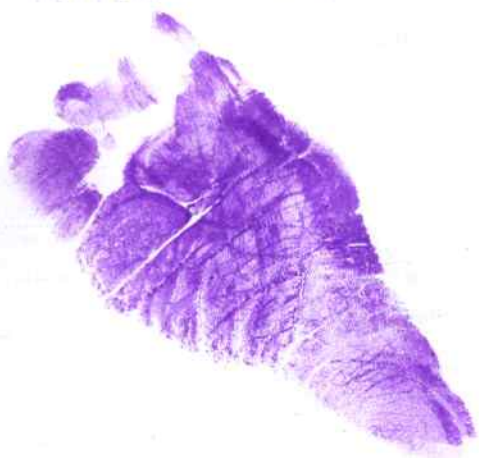
Diagnosis : Term 38 weeks | AGA | Boy | FEM LSLS H/o thick MSL | Bwt 2.991 Kg

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : 19/7/25

Name : Rakshitha

Date & Time : 31/7/25 @ 8:20pm

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+4wk | AGA | Boy | TFM cells 1/v/o thick MSL | BW 2.991kg

Present Issues :

Vital : ☐ HR : 150/min ☐ RR : 64/min ☐ BP : ☐ SPO2 : 95% Weight : 2.991kg

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☑ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- ☑ Respiratory Distress monitoring
- ☐ Congenital Heart Disease
- ☐ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☐ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Ompalecele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydrouretero Nephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☐ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: 31/7/26 @ 10:54pm

Patient Sticker

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DISCHARGE CRITERIA – NICU

Discharge to:

☐ HDU / Step down ICU ☑ Ward ☐ Outside Facility ☐ Others: ....

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- ☑ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- ☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- ☐ Preterm babies maintaining normal temperatures (36.5-37.5°c) in room temperature.
- ☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: V. Anupama [signature] 7.6.7.4?

Name of the Doctor : DR. V. ANUPAMA ?

Date & Time: 2/8/2026, 11 am

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Name: B/o Bargavi Age: NB. Gender: Male ☑ Female ☐

UHID.No : 94534/36700 Date: 31/7/26

I ..... S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

.....

.....

.....

The doctors have clearly explained to me that my patient B/o ..... during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o :..... ..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : R Shr.

Name : R. SIVA BALESH

Relationship with Patient: ~~HUSBA~~ FATHER

Date & Time : 31/7/26 @ 1.0 p.m.

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Rakshitha

Date & Time : 31/7/26 @ 10:30 pm

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COUNSELLING CHART

	DATE						
RESPIRATORY SYSTEM							
HIGH FREQUENCY OSCILLATION							
VENTILATOR							
INHALED NITRIC OXIDE							
NON-INVASIVE VENTILATION							
CPAP							
HFNC							
OXYGEN							
ROOM AIR							
CARDIOVASCULAR SYSTEM							
INOTROPES (Y/N)							
HYPOTENSION (Y/N)							
ABDOMEN:							
FEED INTOLERANCE (Y/N)							
FLUIDS							
TPN							
PPN							
ONLY FLUIDS							
INFECTION (Y/N)							
GENERAL CONDITION							
MORIBUND							
CRITICALLY ILL							
SICK							
IMPROVING							
STABLE							

P.T.O.

DATE	REMARKS	DOCTOR'S SIGN	PARENT'S SIGN
31/7/26	Baby on room air NPO IVF @60ml/kg/day 10% D	199443	
1/8	Baby in RA- ↑feeds 10→15ml/2hr paladai.	131223	
2/8/26	Baby ↓ RA Feed 15ml / DSF Paladai. Room shift.	115554	

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B.B.G → O Positive
M.B.G - O +ve

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RESULT SHEET

Date	31/7/26	1/8/26				
Time	9.07pm	2.41pm				
Hb	18.7					
PCV	58					
RBC	4.84					
WBC	12.80					
N/L	67/26					
Platelets	232					
CRP		11				
ESR						
PCT						
RBS						
Na		135				
K		4.1				
Cl		104				
Ca/Mg						
Phosphate						
Urea		8				
Creatinine		1.04				
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S

(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 Rakshitha / c/o/w Dr. Sirisha	
31/7/26 8pm	Term 38w+4d / AGA / Boy / Am LSCS / I/V/o thick MSL	Bwt 2.991kg / MSL
MBG - 'O' positive	HOL :- 1 HOL	
BBG - 'O' positive	On room air	
	SpO_2 :- 96%	
	HR :- 120/min	
	BP :- 57/43(49) mmHg	
	P/A soft, BS (+)	
	NPO	
	cry / Tone / Activity - good	
	CBG - 83 mg/dl	Rx
		IVF 60ml/kg/day 10% D
		Inj PIPTAZ IV BD (D1)
		To send CBC, VBG
		chest x-ray, Blood grouping & typing
		Rakshitha
	c/o/w Dr. Sirisha	
31/7/26 10pm	CX-R - (N), VBG - (N)	
	Rpt VBG after 6hrs (2AM)	
	If (N) → start feeds 5ml Q2H	

(P.T.O)

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 @ 2:30 AM	S/B Dr Rakshitha	
	CBC - (N)	
	VBG (N) ⟹	Started 5ml feeds Q2H
	CBG - 156 mg/dl	
1/8/26 8 am	S/B Dr. Rakshitha	
	Term 38w+4d / AGA / Boy / Em LSCS / Bwt 2.991kg / MSL	
	HOL - 13	
	On room air	Twt :- 2.970kg 29g ↓
	SpO_2 :- 98%	U/O 12hrs :- 1ml/kg/hr
	HR :- 106-110/min	6hrs :- 1.1 ml/kg/hr
	BP :- 52/36 (43) mmHg	RBS :- 156mg/dl
	P/A soft, BS (+)	Stools :- Meconium passed 2 times
	On feeds 5ml Q2H thro'out @ 21 ml/kg/day	
	Cry/Tone/Activity - good	
		Rx
		IVF @ 60ml/kg/day co.f.o
		Inj PIPTAZ D1
		plan to ↑ feeds ↓ fluids
		Ram 109443

continues

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S

(3)

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/2026	S/B Dr. Sinche	
9am	Screening echo - contractility good	
	TR+ · PH 25mm Hg.	
	PFO L→R	
	Plan - ↑ feeds 10 → 15 ml/feed (10→15ml/feed).	
	Taper IV fluids & stop.	
	Trial paladai feeds.	
	Sugar blood at 2pm.	
		V. Annapoorani 76744.
2/8/26	S/B Dr. Shikha.	
8pm	Term / Boy / 38wk+4days / 2.991kg / MCL. Vigorous.	
	36 hours of life	PMA - 38+6wks.
	Baby in RA	T wt - 2.900 ↓ 25 grams
	SpO2 - 99%.	U/O 6h - 1.2ml/kg/hrs
		24h - 1.4ml/kg/hrs
	Feed 15ml full	RBS - 116mg/dl
	paladai	Stools - passed (meconium) ①
	P/A - soft, BS(+)	
		Rx
	HR - , BP	D2-3 Inj. Piptaz
	Activity (+)	plan - Room shift today.

Dr. Shikha (113340)

(P.T.O)

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S

(4)

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Sirisha.	
2/8/26		
10AM	Tomorrow CRP, SBr, NBS, Urea, Creatinine.	
	to continue inj Piptaz	
	DBF	
	Room shift today.	
	Dr. Sirisha (113334)	
3/8/26 9:50AM	S/B. Dr. Luckyvignesh	
	Δ: Term (38+4)/AGA Boy/ Em LSCS / 2.991kg / MSL - vigorous	
	Baby sleeping	
	S2HOL	
M / O+	Alert pink / CRT < 3sec	
B / O+	warm peripheries	Bwt 2991g
	on room air	Ywt 2900g
urine ✓	SpO2 - 98% @RA	Twt: 2859g ↓ (19g lost)
meconium ✓	WOB - Ⓝ	
	feeds - DBF + 15ml (formula) Vitals: stable	4.4% (D4 - Night 2)
	RS: clear	CNS: NFND / Ⓝ tone / cry
	PA: soft NT	
		CVS: S1 S2 Ⓝ No murmur

GUC-00094543 IP18-00
Baby B/O B.BARGAVI
31-07-2026 0Y0M3D
Dr. GIRIDHAR S

(4)

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	1)	To trace for CRP/SBr/urea/creatinine
	2)	OAE Today
	3)	DBF + Formula feed (paladai feeds) ↳ Q2H.
	SBr – 10.4 mg/dl	
	Creatinine – 0.90 / urea – 9	4) monitor vitals
	CRP – 9	5) (D4 – Pip taz) ? plan to stop after consultant rounds.
	Not in range for phototherapy (≤ 16.5 mg/dl)	
	[signature] 20/7/26	

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

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Baby B/O B.BARGAVI
31-07-2026 0Y0M0D2H (M)
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DOCTOR'S SHIFT CHANGE HANDOVER FORM

Date: 1/8/26 Department: NICU Shift: Morning

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor
1/8/26	B/o BARGAVI	HOL - 13 PMA 38+6	On room air SpO_2 - 97%	5ml feeds Q2H thro'out	Inj PIPTAZ (D1) IVF 60ml/kg/day 10%D	199443	(113334)
2/8/26	B/o Bargavi	36 HOL PMA 38+6 wk.	In Room air - No distress	feed 15ml full palada	D2-3 Inj. Pip taz	(113341)	

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit. (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: OT Shifted to: NICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. PIPTAZ	300mg	IV	Q12H		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Prasanna 137223

Date & Time : 31/7/26 @9pm

Nurse Name & Signature: [signature] 06083

Date & Time : 31/07/26 @ 9pm

Docu. No. : RCH /FRM / GENERAL / 090

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Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NICU Shifted to: 5th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. PIPTAZ	300mg	IV	Q12H		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : V. Annapurani 76744 DR. V. ANNAPOORANI

Date & Time : 2/8/2026, 11 am

Nurse Name & Signature: Keerthana 020880

Date & Time : 02/08/26 at 11 AM

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DRUG CHART

Date of Admission: 31/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Signature .....

VERIFIED BY : Name .....

GUC-00094543 IP18-00036705
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31-07-2026 0 Y 0 M 0 D 2 H (M)
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REGULAR PRESCRIPTIONS

Weight: 2.983 Ward: NICU

DRUG : Inj. PIPTAZ

Dose	Route	Frequency	Start Date
300 mg	IV	Q12H	31/7

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: 100 mg/kg/dose

Date / Time	31/7	01/8	2/8	2/8
9 AM	X	M.K P.B	C.S M.K	CA PM
9 PM	M.S S.N	B.M B.N	AP	
	D1	D2	D3	D4
Daily Doctor's Endorsement by a Sign	[signature]	[signature]		

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY : Name ..... Signature .....

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

I.V. FLUIDS CHART

Weight 2.983 Ward NICU

Date	Time	Composition of fluid (If infusion, mention ml./hr = mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
31/7/26	9pm.	IVF – 60ml/kg/day => 174ml/day 10.1.D Medication = 10ml Net IVF – 164ml @ 6.8ml/hr			Sandya 01548				
1/8/26	10AM	IVF - 60ml/kg/day = 174 ml/day Medicine = 10ml Net IVF = 164 ml 10.1.D							
		feeds @ 10ml/2hr -> @ 1.8 ml/hr. @ 15ml/2hr -> stop IV fluids			13723 Dr Prasanna.				methergin 0.2mg 1/8/26 @ 8PM

Signature .....
VERIFIED BY : Name .....

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
Name: 31-07-2026 0 Y 0 M 1 D (M)
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I.P. No. 36705 | Weight(kg) | Sheet No 1

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
31/7/26	8:30pm	Inj. Vit K	1mg	IM		Sandya
3/8/26	10:00am	Inj Hep B	0.5ml	IM		
3/8/26	10am	Inj BCG	0.05ml	ID	Weight 2.03 kg	SA
3/8/26	10am	Oral drops	2 drops	PO		SA

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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O+Ve Baby's Blood Group: O+Ve Sheet No: 1

Gest Age: 38+4day Birth Weight: 2.99 kg

Date: 01/08/26.	Date: 02/08/26	Date:
DOL D-12hours · 38+5 Weight 2.970↓, 2gram	DOL D-34 hrs [38+6 days] Weight 2.900 ↓, 70 gram	DOL Weight
Problems: Term/MSL	Problems: Term/RDS	Problems:
Rs. 52 b/mts Exam done Vent. Setting Room air ABG } NA CXR }	Rs. 50 b/m Exam Done Vent. Setting Room air ABG } NA CXR }	Rs. Exam Vent. Setting ABG CXR
CVS Pink HR 110 b/mts BP 59 Map 45 (51) Cap Refil < 3 sec	CVS pink HR 130 b/m BP 58/42 Map (48) Cap Refil < 3 sec	CVS HR BP Map Cap Refil
F / E / N T. Fluids - TFR - 60cc/kg/day CC /kg /day I / O / RBS: 159 mg/dl U Output: 1 ml (CC/kg/hr) · 1 ml/kg/hr Exam meconium passed 2 time. T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } NA	F / E / N T. Fluids - 184.6 ml/kg/hrs CC /kg /day 180 I / O / RBS: 116 mg/dl U Output: 1.4 (CC/kg/hr) 1.2 h (6 h) Exam Meconium passed (1) T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } NA	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results - CRP - Antibiotics Inj. Piptaz D1	C/s Results - CRP - 11 o Antibiotics Inj. Piptaz [D2]	C/s Results CRP Antibiotics
Med -	Med -	Med
Neuro: -	Neuro: -	Neuro:
Assessment done	Assessment Done	Assessment
Plan ↑ Feeding	Plan Today discharge	Plan

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NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
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Date: 31/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		—		—		—	—
Afternoon		—		—	—	—	
Night	8pm	→ Ensure the baby adequate oxygen and saturation	10pm	→ Provide to oxygen support → vitals signs monitoring	→ Baby breathing pattern improved	→ Re-assessment done	Sandhya 705448

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Date: 01/08/26

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	Promote adequate Fluid balance.	10 AM	Administration of Iv Fluid monitoring I/o chart	Improved fluid balance	Reassessment was done	Keerthana 020826.
Afternoon	2pm	=> Assess the baby condition => check the vital sign => provide Comfortable position	4pm	=> Assessed baby condition - > checked vital sign - > provided comfortable position	monitor. vital sign	Baby breathing pattern	Shanthi 10 pm
Night	8 PM	=> Assess the baby condition =) Provide adequate feeds	10 PM	=> Assessed the baby condition =) Provided adequate feeds	Baby well tolerating feeds	Re-assessment done No vomiting complents	Muthiya 020826

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(1)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ...... not known.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving notes	
31/7/26.	8pm	Baby Received on RCH OT	
		Wo Term / AGA Boy baby	
		Pm LSCS 38+4 wks B. wt:	
		2.9 kg / MSL baby. 1/v b/i	
		thick msl baby. Baby	
		admission wt: 2.982 kg	
		recorded on Room air SpO2-	
		96%. HR - 120/min. BP:	
		57.143 (49). P/A soft, BS (+)	
		Baby was NPO. cry tone	
		activity is good. RBS - 82	
		mg/dl. X-ray was done	
		the baby sample send.	
		CBC, Blood grouping, VBG	
		send lab. and IV cannula	
		inserted left meta carpal.	
		Present Baby look is	
		Pink. OGT F8/20	
		18 cm fixed. Pattern.	Sandhya 01548
31/7/26	9pm	IVF started 10ml/kg/day 10%D	
		and Inj. P/Ntaz (Gil) BD. 01	
		started Inj. vitamin-K.	
		given. the baby Inj. P/Ntaz	
		290mg as per doctor given	
		the baby. IV cannula	
		Patency only.	Sandhya 01548

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10pm	. X-ray was Normal, VBG was Normal. Repeate VBG after 6hrs (2am) adviced to Dr. Srisha mam. →	Sandhya 01948
	11Pm	Baby HR-106 b/mts SpO2-98% maintained. Baby was NPO. IVF- 6.8ml/hr on flow. IV cannula patten. →	Sandhya 01948
1/8/26 2am		CBG- 156mg/dl recorded. VBG- Report Normal. Dr. Rashitha mam. Started feed. 5ml -Q2 hrly adviced Dr. Rashitha mam. CBC Report collected Rest in the grp group informed Dr. Rashitha mam. Baby Blood group- O+ve- MBG- O+ve- informed Dr. Rashitha mam. IVF- 6.8ml/hr on flow IV cannula patten →	Sandhya 01948
1/8/26	3am	feeding- 5ml given as per order through OGT tolerated well baby no vomiting in baby abdomen was soft →	Sandhya
1/8/26	5Am	Baby was morning care given weight checked recorded RBS - 152mg/dl recorded	

(continue)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D 13 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 .... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continues Notes (1/8/26)	
		Meconium passed 2times and	
		Feeding 5ml EBM through OG	
		tube tolerate well baby No	Sandya
		vomiting	015248
1/8/26	7AM	IVF rate reduced 4.8ml/hr.	
		on flow - 7x canula patten	
		proceed to feeding 5ml given	
		the baby No vomiting u/o 12ml/	
		1ml/kg/hr u/o 6hrs u/o 1.1ml/kg/hr	Sandya
1/8/26	7.30PM	Baby under in warmer care	015448
		Tem 36.5°C Baby was RA	
		Support vital sign checked	
		Recorded T-36.5°C. HR-108b/m	
		SpO2-95%. Maintained baby	
		colour pink activity is	
		activity good feed 5ml 2h	
		EBM OG 7size 18cm Fixed.	
		Baby IVF -60/cc kg/h @ 4.8	
		ml/hr ongoing Baby IV	
		cannula pattern Baby details	
		handling over given morning	Sandya
		duty staff	015448
		space	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(PTO)

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D 13 H (M)
Dr. GIRIDHAR S

(4)

NURSES NOTES

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies : Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
01/08/26		Morning duty Notes	
	7.30Am	Baby details taking over	
		From Night duty staff S/N	
		Sandhiya to Keerthana. ISBAR	
		Method followed. baby under	
		radiant warmer. baby alert	
		conscious and pink in colour	
		baby vital signs checked and	
		recorded. Tem 36.5°c pulse	
		140bmt RR 48bmt BP 47/39(44)	
		spo2 100%. IV line present and	
		patteen. TFR 60 cc/kg/day	
		4.5ml/hr ongoing. Medication	
		inj piptaz ongoingoing. OG tube	
		7 size 17cm fixation. feed	
		5ml EBM or batchmilk.	
		baby abdomen soft. baby meconium	
		and urine passed. →	Keerthana 020880
	9Am	inj piptaz 300mg	
		given as per physician	
		order. feed is given 5ml	
		batchmilk well tolerating.	Keerthana 020880
	10Am	Dr Sreesha mam seen	
		by baby condition doctor	
		advised by Trial paladai	
		feed 10 → 15 increase.	
		Today stop IV fluid.	Keerthana 020880

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D 2 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 ..... ~~Not known~~

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue Notes	
1/8/26		24hrs sample at 2pm plan. →	Keerthana 020880
	11Am	Dr. Giridhar Sir Seen by baby condition doctor advised by one day observation tommorrow noon shift plan.	Keerthana 020880
	12pm	IV line was patleen. IFR 60 cc/kg/day 1.8ml/hr RBS Checked and recorded.	Keerthana 020880
	1pm	paladai feed is given 10ml is given well tolerating No vomiting abdomen was soft. vital signs checked.	Keerthana 020880.
	1.30pm	Baby ordes radiant warmer. baby alert, conscious and pink in colour. vital signs recorded. IV line was patleen. Fluid 1.8ml/hr ongoing. inj piptaz ongoing. feed 10ml batchmilk 2hrs paladai given well tolerating No vomiting abdomen was soft. 24hrs 2pm Sample plan. baby meconium Not passed. urine passed. baby details handling over from evening duty STAFF. IBOX METHOD Followed.	Keerthana 020880

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D 13 H (M)
Dr. GIRIDHAR S

(b)

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 ......Not Known......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evenning duty	
1/8/26	1.30pm	Baby taken over from Morning duty staff S/N Keerthana to S/N Gayathri	
		Baby hand over ISBAR method	
		Baby tone & activity good	
		Baby was pink colour	
		IV line Pattern Inflused 1.8ml/hr	
		Feed 10ml 2nd hly (EBm)	
		Palalai. No vomiting	
		No Abdomen distension.	
		monitey output chart	S/N Gayathri 01/21/26
	2pm	Feed 10ml 2nd hly (EBm)	
		palali No vomiting. No Abdomen distension.	S/N Gayathri 01/21/26
	3.30pm	Sample Urea, cretaine CRP, Electrolys. Send to Lab	
		monitey vital sign & 30 mts	
	5pm	Feed 10ml 2nd hly (EBm)	
		No Vomiting. No Abdomen.	
		monitey vital sign	
		Baby was Room air SpO2	
		HR: 98-110 inform Dr. Sri lakshmi	
	7.30pm	Baby was Room air SpO2 99%.	
		Baby tone & activity good.	
		Baby feed 15ml 2nd hly	
		Palai ~~Feed~~ Baby hand over Night duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00091543 IP18-0003 6705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D 13 H (M)
Dr. GIRIDHAR S

(7)

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 .... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
1/8/26	7.30 pm	Night duty notes Baby details handling over taken from the evening duty staff S/N Gayathri to Meenakshi using ISBAR method, baby kept in under warmer room air, baby vitals checked and recorded Temp- 36.5, Pulse- 130b/m, BP- SpO2, baby activity is good, abdomen was soft, stool passed (meconium), Feed 15ml and 2hly EBM feed paladai. IVF- Stop (8pm), OD RBS check, tommorrow discharge, today 2ums investigation done CRP - 11 Continue Inj. piptaz 3ml →	Meenakshi 010883
	9pm	Abdomen was soft, Feed 15ml EBM given, well tolerating, no vomiting. Inj. piptaz 3ml given, IV line patten ①, →	Meenakshi 010883
	11 pm	Baby well sleeped, mother seen in baby. baby urine passed →	Meenakshi 010883

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

[Continue]

B/O Baxgaui

Patient Sticker

CUC-92543/36705

(8)

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 ..... Not known .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
02/8/26	2 AM	Continue notes	
		Baby activity is good, urine passed, diaper changed, color is good. →	Nurse
	4 AM	Morning care was given, weight checking done, clean the warmer. arrange the bedside things →	Nurse
	6 AM	Monitor the intake Output chart, IV closed, maintained IO chart, RBS checked →	Nurse
	7.30 AM	Baby kept in under warmer c room air, baby activity is good, FOOD IS ml and hly EBM Full paladai, yesterday IV stop (5pm), OD RBS check, today discharge plan, POCT clear, Inj. pipta2 300mg going, yesterday subhs investigation done CRP- 11, baby details handing over given to morning duty staff →	Nurse

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

(9)

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 ..... Not know .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/8/26		Morning duty	
	7.30AM	Baby details taking over from Night duty STAFF SN Nurthamizh to Keerthana. TIBAR Method followed. baby under radiant warmer. baby on room air. baby vital signs checked and recorded. Tem 36.5°c pulse 108bpm Spo2 97%. RR 48bpm. Iv line was patent. Inj piptaz Ongoing. Feed 15ml batchmilk Or EBM full paladai feed well tolerating No vomiting abdomen was soft. baby meconium and urine was passed.	Keerthana 020880
	9AM	Inj piptaz 300mg is given as per physician Order. feed 15ml is given Paladai feed well tolerating No vomiting.	Keerthana 020880
	10.15AM	Dr. Sreesha Nam Seen by baby condition doctor advised by Today baby Room Shift. Direct feeding trial today. Inj piptaz continue. To do send CBP, CRP, NBS, urea, creatinine. TOMORROW Morning Send.	Keerthana 020880

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PTO

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 1 D (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
2/8/26		Continue Notes	
	10.45Am	Direct feed Trial was	
		done. baby well tolerating	
		No vomiting abdomen soft.	Keerthana 020880
	11.30pm	Baby room shift:	
		Xray ① given parents	
		baby file ① given 5th	
		Floor baby shifted. baby	
		details handling over from	
		Morning duty staff. ISBAR	
		method followed. →	Keerthana 020880
2/8/26	11.30am	Receiving Notes:	
		The Baby is receiving from	
		NICU. Baby is consciously oriented	
		IV line is patton	
		⇒ The child is T/M vaccination	S. Amr 01885
		⇒ The child is DBP + MMS [illegible]	
		to done and [illegible] [illegible]	
		of document.	
		⇒ The child is CRP, S. bilirubin,	
		NBS, urea, creatinine Morning	
		T/M.	
		⇒ The child vital sign	Sdam
		checked Record	
		The child [illegible] Chart	
		[illegible] [illegible]	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's N GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
MRD NO:. 31-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S
Age :....... :: ☐ M ☐ F
Consultant :...

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 3/7/26 Time:
Location : Left hand meta carpel.
Size : 26g.
Cannula inserted by : S/N Manjuladevi.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
3/7	9pm	☐Yes ☐No	☐Yes ☐No	patten	Sandy
	11pm	☐Yes ☐No	☐Yes ☐No	patten	Sandy
1/8	1AM	☐Yes ☐No	☐Yes ☐No	patten	Sandy
	3AM	☐Yes ☐No	☐Yes ☐No	patten	Sandy
	5AM	☐Yes ☐No	☐Yes ☐No	patten	Sandy
	7AM	☐Yes ☐No	☐Yes ☐No	patten	Sandy
	9AM	☐Yes ☐No	☐Yes ☐No	patten	Keerthi
	11AM	☐Yes ☐No	☐Yes ☐No	patten	Keerthi
	1pm	☐Yes ☐No	☐Yes ☐No	Observed	Keerthi
	3pm	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	5pm	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	7pm	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	9pm	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	11pm	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
2/8	1AM	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	3AM	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	5AM	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	7AM	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	9Am	☐Yes ☐No	☐Yes ☐No	patten	Keerthi
	11Am	☐Yes ☐No	☐Yes ☐No	patten	Keerthi
	12pm	☐Yes ☐No	☐Yes ☐No	patten	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4PM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
3/8	12AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4AM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, If yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

CANNULA 2

Date : Time:
Location :
Size :
Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, If yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE :
- To be assessed within 30 minutes of insertion.
- Every 2 hours if on fluid infusion.
- Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)........ Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE :
- ✱ To be assessed within 30 minutes of insertion.
- ✱ Every 2 hours if on fluid infusion.
- ✱ Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)

0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: ✱ Slight pain near I.V. site or slight redness near I.V site	TWO of the following is evident: ✱ Pain near I.V. Site ✱ Erythema ✱ Induration	ALL of the following is evident: ✱ Pain along path of cannula ✱ Erythema ✱ Induration	ALL of the following is evident and extensive: ✱ Pain along path of cannula ✱ Erythema ✱ Induration ✱ Palpable venous cord	ALL of the following is evident and extensive: ✱ Pain along path of cannula ✱ Erythema ✱ Induration ✱ Palpable venous cord ✱ Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI 0Y0M0D2H (M)
31-07-2026
Dr. GIRIDHAR S

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE (N) 31/7	DATE (M) 1/8/26	DATE (E) 1/8/26	DATE (N) 1/8	DATE (M) 2/8
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					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	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		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		X	X	X	X	X
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	X	X
Other Intervention(s) Specify		X	X	✓	X	X
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible] 020883	[illegible]	[illegible]	[illegible] 020883	[illegible] 020880
Date:		31/7/26	1/8/26	1/8/26	1/8/26	2/8/26
Time:		@8pm	8am	2pm	@8pm	8am

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

GUC-00094543 IP18-00036705
Baby B/O B.BARGAVI
31-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

Rainbow Children's Hospital
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Bargavi Mother's Name: M/S. Bargavi

Date of Birth: 31/7/26 Time of Birth: 7:17 pm Gender: ☐ Male ☐ Female

Birth Weight: 2.99 kg Kgs HC: 34.5 cm Lenght: 48 cm

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

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

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

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

M/S. Bargavi
AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.5 °C HR: 110 bpm /Min RR: 52 /Min BP: 58/47 mmHg SpO_2: 96%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☐ No **Score:** 16 (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: Sandhya Signature: Sandhya 10/5948 Date &Time: 31/7/26 @ 8pm.

GUC-00094543 IP18-00036705
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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 31/7 Time: 8pm	Date: 01/8/26 Time: 8am	Date: 02/8/26 Time: 8pm	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
	Total Score		0/10	0/10	0/10			
	Signature of the Nurse							

Intervention: Position Change

High Risk = >2 Score
Moderate Risk = 1-2 Score
Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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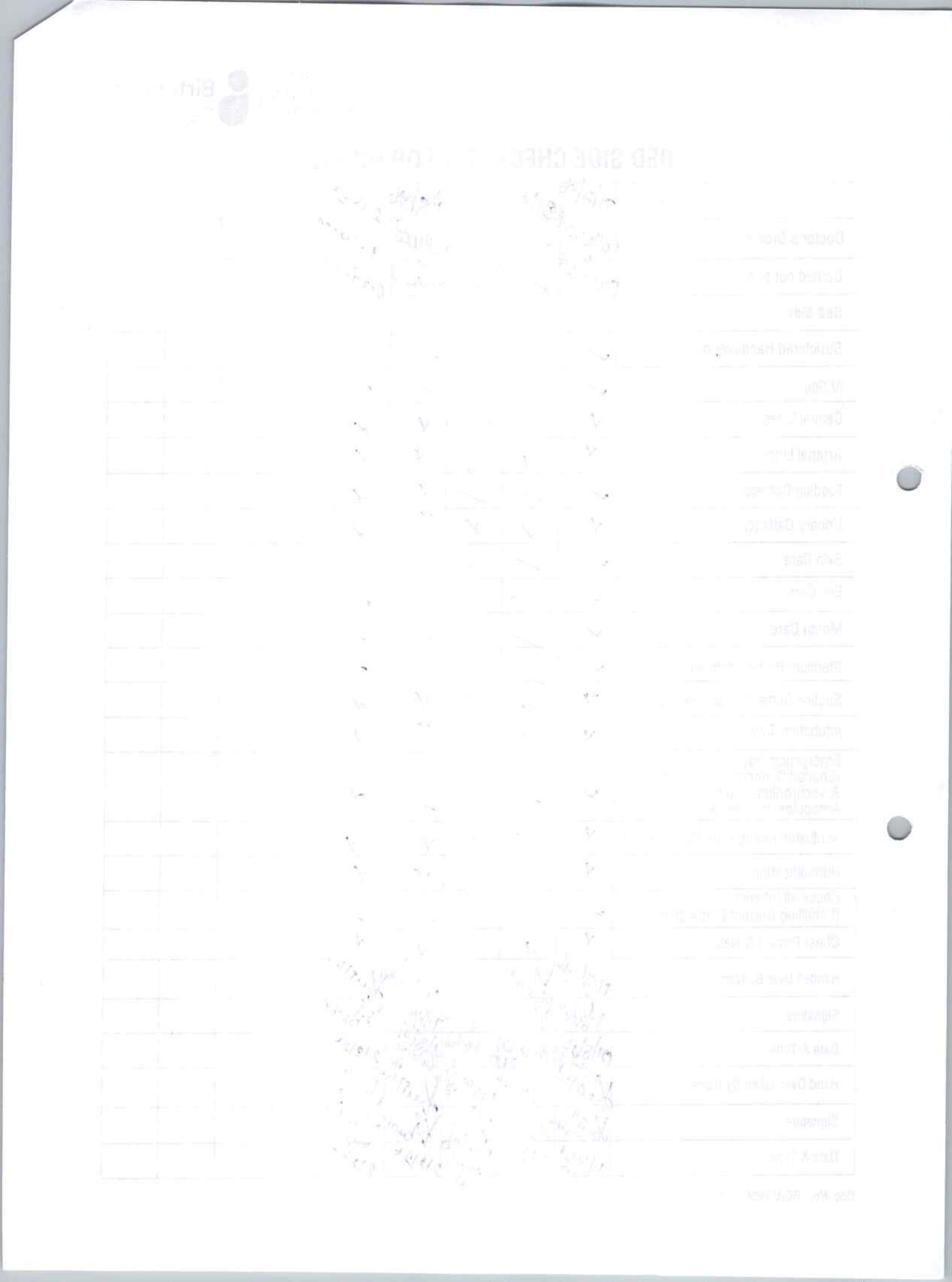
BED SIDE CHECK LIST FOR NURSES

Date:	31/7/26	31/8/26		1/8/26	2/8/26				
Doctor's Orders	followed	followed	✓	followed	followed				
Carried out or not	carried	carried	✓	carried	carried				
Bed Side									
Structured Handover done	✓	✓	✓	✓	✓				
IV Site	✓	✓	✓	✓	✓				
Central Lines	X	X	X	X	X				
Arterial Lines	X	X	X	X	X				
Feeding Catheter	✓	✓	✓	X	X				
Urinary Catheter	X	X	X	X	X				
Skin Care	✓	✓	✓	✓	✓				
Eye Care	✓	✓	✓	✓	✓				
Mouth Care	✓	✓	✓	✓	✓				
Sterillum Bottle, Stethoscope	✓	✓	✓	✓	✓				
Suction Bottle (Should be clean & empty)	X	X	X	X	X				
Intubation Tray	X	X	X	X	X				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✓	✓	✓	✓	X				
Ventilator Tubing, (Any Water, Blood)	X	X	X	X	X				
Humidification	X	X	X	X	X				
Check all Infusion (Labelling, Correct Preparation)	✓	✓	✓	✓	✓				
Chest Physio & Neb	X	X	X	X	X				
Handed Over By Name :	Muthuja	Keerthi	Bijayath	Muthuja	Keerthi				
Signature :	[illegible] 01083	[illegible] 02085	[illegible] 01273	[illegible] 01083	[illegible] 02084				
Date & Time:	01/8/26 @7:30 am	01/8/26 2pm	1/8/26 8pm	2/8/26 @7:30 am	2/8/26				
Hand Over Taken By Name :	Keerthi	Bijayath	Muthuja	Keerthi	[illegible]				
Signature :	[illegible] 02085	[illegible] 01273	[illegible] 01083	[illegible] 02085	[illegible] 10103				
Date & Time:	1/8/26 8am	1/8/26 2pm	1/8/26 @7:30 pm	2/8/26	2/8/26				

Doc. No. : RCH/ FRM / GENERAL / 088



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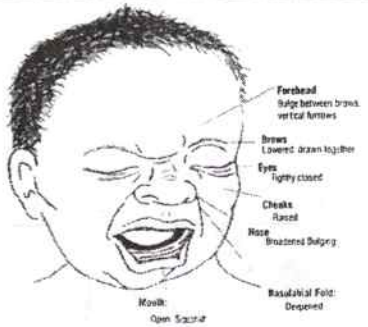
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						8pm	8am	8pm	8pm	8am				
					Procedure ➡	–			–					
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0				
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0				
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0				
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0				
					Gestational Age / Corrected Age	38+4	38+5	38+5	38+5 38+6	38+6				
					Total Pain / Agitation Score	0/10	0/10	0/10	0/10	0/10				
					Intervention	Food	Food	Food	Food	Food				
					Effectiveness	good	good	good	good	good				
					Signature									



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  ◦ "Deep sedation": goal score of -10 to -5
	  ◦ Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  ◦ "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  ◦ The premature infant's response to prolonged or persistent pain/stress
	  ◦ Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  ◦ Reassess patient per frequency of local pain policy.
		  ◦ If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
B/o Bargavi 4UC 94543	31.07.26 at 8.44pm	02.08.26 at 11.30AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Giridhar	Dr. Sreesha	Observation
From Unit	**To Unit**	**Information to Attendant**
NICU	5th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
File → (1)	X ray → (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	INJ. PIPTAZ 300mg IV Q12H.	
2.		
3.		
4.		
5.		

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

DBF + formula feed thro' paladai (10ml).

To do CRP, S. bilirubin, NBS, VUE, culture tomorrow morning.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Keerthana 020880	V. Shreyasreeni 76744

...nt & Clinical Records Received by : S. Arul 31956 2/8/26 at 1.30am

...e of Patient Received :

...sfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

...le Bed ☐ Nurse not Available ☐ Available Bed not ready

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RBS CHART

8/m/.

Date	Time	RBS (mg/dl)	IVF %	Signature
31/7/26	8pm	83 mg/dl	IVF/10% D	Neethraja [illegible]
01/8/26	2AM	156 mg/dl	IVF 10% D	Sowndarya [illegible]
01/08/26	12pm	60 mg/dl	IVF 10% D	Kavitha
02/08/26	6AM	116 mg/dl	feeding	Neethraja [illegible]
02/08/26	2pm	65mg/dl	feeding	Nisha/[illegible]
2/8/26	10pm	66mg/dl	feeding	[illegible]
3/8/26	6AM	88mg/dl	feeding	[illegible]