Baby's Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

UHID- FLOOR- NAME OF CONSULTA

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	14/7/26 2pm		215612				
Activity Sheet update by Pharmacy							

PICME NO : 133011T36234

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ACTIVITY RECORD FOR BILLING

Name: Bly Shaija Balan

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

UHID No: ....

Consultant: Dr. Padmapriya Dept: .....

Date of Adm : Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	4:15pm	OT	NICU	
15/7/26	7.30pm	NICU	6th Floor	SLN Tauqeer

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
15/7/26	cord blood	26022801	
15/7/26	RBS	26022805	
15/7/26	RBS	26022823	
16/7/26	RBC	2847	
16/7/26	RBS	22900	
17/7/26	Bili | NBS	2013	

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:

OAE to do ces op basis

Date: 17/7/26 Time: 2pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shaoba 011652			

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DISCHARGE TRACKING SHEET

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Baby B/O SHAIJA BALAN
15-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	17/7/26 Out 10AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		17/7/26 Out 10AM			
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.W → 2.894 kg
Head → 34 cm
Length → 44 cm

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

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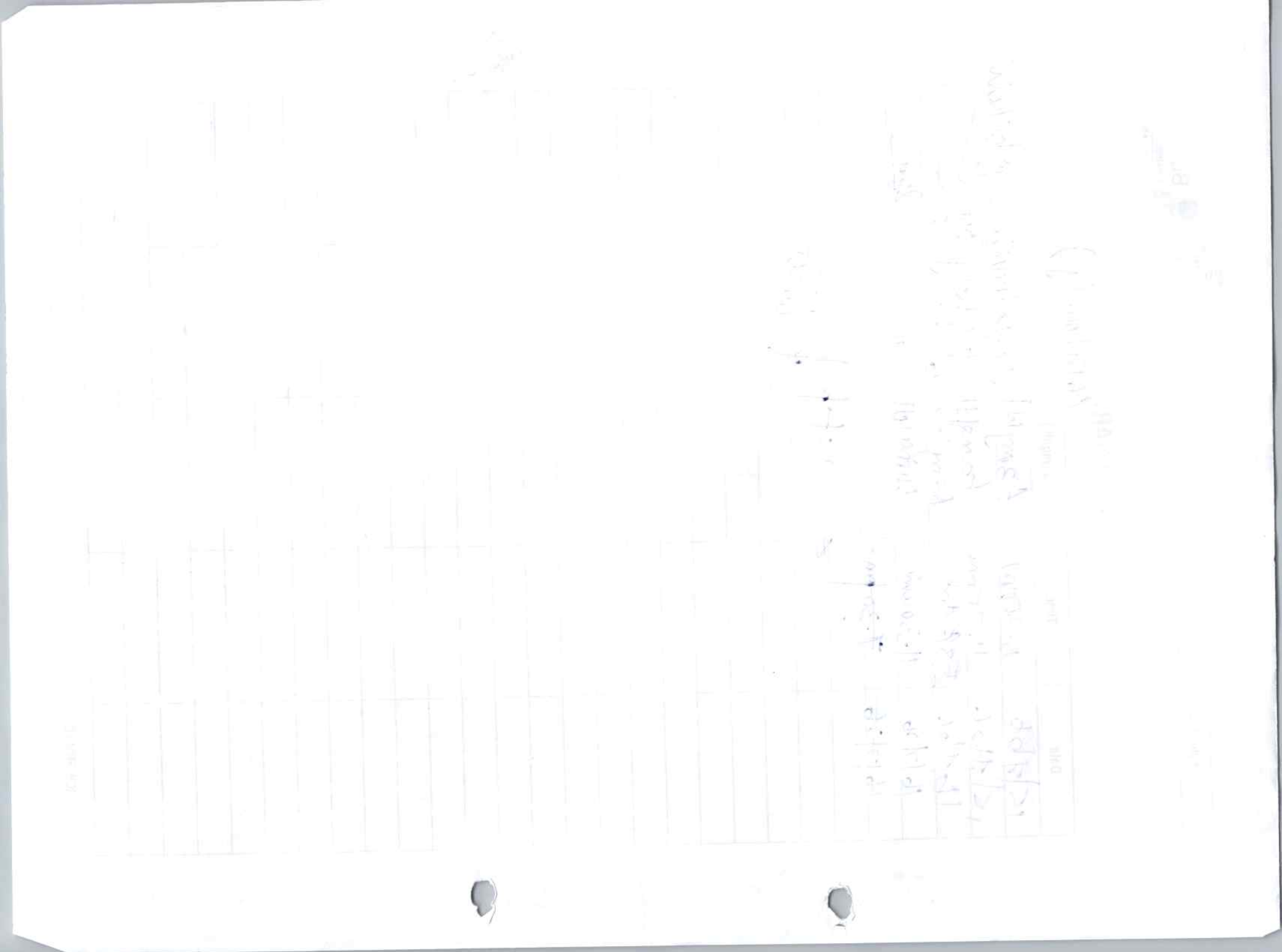
RBS CHART

(6th hourly)

Date	Time	RBS (mg/dl)	IVF %	Signature
15/7/26	5.30pm	63mg/dl	Dr. Padmapriya	S/N Faiysali
15/7/26	11.30pm	60mg/dl	6th holy (DSP)	Jai SC
16/7/26	5.30 Am	68mg/dl	6th holy	Jeo
16/7/26	11.30am	64mg/dl	"	[illegible]
~~16/7/26~~	~~7.30pm~~			
		⟷ stop	Amirtha 44268	



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 : IP18-00036485 **Admit Date** : 15-Jul-2026 **Admit Time** : 04:11 PM **UHID** : GUC-00093921

Patient Details :

Patient Name	: Baby B/O SHAIJA BALAN	**Age**	: 0 D
Guardian	: Mr S . S SRIRAM	**DOB**	: 15-07-2026 02:57 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H4 d block airview apaetment plots no 86 mg road Mugalivakkam Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125	**Phone No**	: 9176077036/ 9962814243
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE713-2 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE713-2 **Admission Type** : First Visit

Contact Details :

Name : Mr S . S SRIRAM **Relationship** : Father

Contact Address : H4 d block airview apaetment plots no 86 mg road Mugalivakkam Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125 **Phone No** : 9176077036

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SHAIJA BALAN**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036485**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-2**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned [illegible] consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for [illegible]ance 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 c[illegible]nce. 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: Mr. S.S.SRIRAM
Relationship: FATHER
Date: 15/07/26 Time: 01:11PM
Wittness Name: R. thamarai selvan
Wittness Signature:

Patient Address:

H4 d block airview apaetment plots no 86 mg road Mugalivakkam Mugalivakkam Kanchipuram Tamil Nadu INDIA 600125

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Shaija Balan Age : 34yr. Father's Name : ..... Age : .....

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

NICU Consultant : D Padma Priya Referring Consultant : D Mathangi

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

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

BIRTH INFORMATION

Name : B/o Shaija Balan

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 15/7/26 Time of Birth : 2:57 PM

Place of Birth : Rch OT Casualty

Mother's Blood Group : A POSITIVE

Birth Weight (gms) : 3.161 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38 wk + 6 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34yr Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

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

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

Last Scans Details : 4/7/26- SLUG, Cephalic, placenta Anterior, Liquor (N), SDP 3.3, AFI - 10.4. TT Immunization and Iron / Folic Acid : .....

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 : .....

Doppler - (N)

NT - (N)

Anomaly - (N)

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

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

GDM on OHA

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

K/s/o Hypothyroidism

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
(1) 8 years	/ girl					

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 : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2
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

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

History of Present Illness:

Baby cried at birth

At 3 mins

SpO_2 62%.

free flow O_2 was initiated and given for 5 mins (max FiO_2 – 70%)

RR – 58/min.

Inj vitamin K 1mg IM given

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 157/min RR : 58/min NIBP : ..... CFT : .....

Color of the extremities : .....

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

Anthropometry : Birth Weight : 3.161 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 38% ile SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N) Af ←).
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	B/L Choana patent No cleft
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2 A IV (N)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	B/L testis palpable
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N).

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 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 : 93% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 157/min BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : .....

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

Abdomen : soft

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

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

Palpable masses : ..... Umbilical Cord : 2A, IV

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

Meconium passed : X

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

.....

cry, tone (N) activity

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0Y0M0D7H (M)
Dr. PADMAPRIYA EKAMBARAM

Any Congenital Anomalies : —

Diagnosis : TLM / 38+6 / ACA / boy / IDM / 3.1 | 6.1 | 4.1

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Dr. POOJITHA.S Reg No : 155185

Name :

Date & Time :

Consultant : for Dr. Padmapriya

Signature : Dr. POOJITHA.S Reg No : 155185 P.Padmapriya

Name : PADMAPRIYA.E

Date & Time : 15/7/26 @ 4:10pm

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : (1) DBF Q2H, warmth.

(2) TO. Check CBG after 1 hour. Hb prefeed RBS. Q6H

(3) To do pulse ox screen at 24 HOL (Clinical SpO2)

(4) To do NBS, OAE, BBR at 48 HOL

(5) Vaccination tomorrow.

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 4.10 pm	-S/B Dr. Padmapriya.	
	A live boy baby born to G2P1L1 34yrs old Atue mother, GDM on OHA delivered by LSCS (Elec). Baby cried at birth. No obvious external congenital anomalies noted.	
	mine/Mec/N/L	
Imp:	Term (38+6wks) AGA Boy IDM. ~~Overt diabetes~~ GDM on OHA. / Hypothyroidism.	Rx 1) Warmth. 2) Early breastfeeding 3) W/- mined Meconium 4) CBG - 1hr post feed and CBG q 6th hrly (pre feed.) 5) Monitor intake. K. Padmapriya 64268

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9:30AM	S/B. Dr. LUCKY VIGNESH	
	Δ: Term (38+6) / AGA / Boy / ~~[illegible]~~ mother – hypothyroidism	
		GDM – ~~MAT~~ GW OHA
	Elective LSCS	
	Baby received	
	M / Active	
	Warm peripheries	
	B / Active.	
	PP – well felt	Bwt: 3.161 kgs
	CRT < 3sec	TWt: 2.998 kgs
		Δ: 163 gs
	vitals: Stable	%: 5.1%
	RS: clear	PA: soft NT, no mass
	CNS: (N) tone / cry / activity	CVS: S1/S2⊕ / No murmur
Btime: 15/7/26	3:10PM.	
		Advice
		1) DBF on / warmer
		2) 4 hrly saturation – at (16/7/26 : 3:00PM)
		3) SBr/OAE/NBS at 48HOL at 17/7/26 (2:00PM)
	Luckyvignesh 20337	E. Padmapriya 44268

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

GUC-00093921 IP18-00036485
Baby B/O SHAJJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.161 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7/2026	3:10pm	Inj VITAMIN K	1mg	IM		PT	SB
16/7/26	10:45am	Inj HEP B	0.5ml	IM	Cal		
16/7/26	10:45am	Inj BCG	0.05ml	ID	Cal		
16/7/26	10:45am	OPV Drops	2 drops	Oral	Cal		

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

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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①

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/7/26

Time:	2:57PM	4pm	8pm	12AM	4am
Doctor/Nurse/Family Concern?					
Temperature (°F) (scale 94–104)	98.2F	98F	98.1F	97.8F	97.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	140 b/m	150	140	140	140
Heart Rate (Number)	140 b/m	150	140 b/m	140 b/m	142 b/L
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	40 b/m	48	45	42	42
Resp Rate (Number)	40 b/m	48	45 b/m	42 b/m	42 b/m
Resp Distress: Mod/ Severe / None / Mild	–	–	–	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99%	99%	98%	98%	99%
Conscious Level: Normal / Altered	–	Altered	✓	✓	✓
GCS *	[illegible]	15/15	13/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score		0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

RL	RA
99%	98%
LL	LA
97%	99%

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/7/26 Time: 8am | 12pm | 4pm | 8pm | 12am | 4am

Doctor/Nurse/Family Concern?

Temperature (°F): 97.2°F | 97.9°F | 96.6°F | 97.5°F | 97.6°F | 98.8°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140bpm | 138bpm | 143bpm | 138bpm | 146bpm | 146bpm

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

Resp Rate (Number): 32bpm | 40bpm | 36bpm | 38bpm | 40bpm | 42bpm

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 1

B.wt → 3.112 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.

15/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: ~~Diarrhoea~~ Stools	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											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	—				—	Stools	—		✓	—	
	03:00 pm											
	04:00 pm	DBF								✓	NO	Free
	05:00 pm										IV line	Free
	06:00 pm	DBF					✓				NO	Free
	07:00 pm										IV line	Free
Total Intake :		DBF 2 times				**Total Output :**					Urine 1 time / Meconium 1 time passed	
	08:00 pm	DBF					✓			✓	NO	8hr
	09:00 pm						✓					
	10:00 pm						✓			✓	IV	8hr
	11:00 pm	DBF										
	12:00 am									✓	line	8hr
	01:00 am	DBF										
Total Intake :		③ DBF				**Total Output :**				③ Times		
	02:00 am										NO	8hr
	03:00 am	DBF								✓		
	04:00 am										IV	8hr
	05:00 am	DBF					✓			✓		
	06:00 am										line	8hr
	07:00 am	DBF										
Total Intake :		③ DBF				**Total Output :**				2 Time		

Total 24 hrs. Intake	8 Am DBF.	Total 24 hrs. Output	6 time.

GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : (2)

T.W → 2.998kg

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.

16/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	~~motion~~ Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										NO	
	09:00 am	DBF								✓	IV	
	10:00 am											
	11:00 am	DBF					✓				Line	
	12:00 pm									✓		
	01:00 pm	DBF										
Total Intake :		3-DBF				Total Output :		U-2 ; M-1				
	02:00 pm											
	03:00 pm	DBF					✓			✓	NO	
	04:00 pm										IV	
	05:00 pm	DBF										
	06:00 pm									✓	Line	
	07:00 pm	DBF										
Total Intake :		(3) Hrs DBF				Total Output :		2 Hrs				
	08:00 pm										NO	
	09:00 pm	DBF								✓		
	10:00 pm										IV	
	11:00 pm	DBF										
	12:00 am										Line	
	01:00 am	DBF								✓		
Total Intake :		(3) DBF				Total Output :		2 Hr				
	02:00 am										NO	
	03:00 am	DBF										
	04:00 am										IV	
	05:00 am	DBF										
	06:00 am									✓	Line	
	07:00 am	DBF										
Total Intake :		(3) DBF				Total Output :		1 Hrs				

Total 24 hrs. Intake	12 Hrs DBF	Total 24 hrs. Output	7 Hrs

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0Y0M0D5H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 15/7/26

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	4.15 pm	Promote adequate Nutrition	5pm	* Assess nutritional status * Provide DBF * Assist DBF	Maintained Good nutritional status to some extend	Reassessment Done	
Night	8 pm	Promote Cleanliness and Comforts.		Assess daily bath oral care maintain hygiene.	Assessed daily bath oral care maintained hand hygie	Reassessment done.	2m

GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0Y0M0D7H (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 CARE RECORD

Date: 16/7/26

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	8 AM	Promote adequate Nutrition	10 AM	Assess Baby. condition. Baby techniques feeding monitored.	The Baby need mother feed forecations.	The Baby urine out is good	
Afternoon	2pm	Prevent infection	4 PM	Asses the Baby condition Strictly hand hygiene practies	⇒ prevented infection	⇒ Reassessment done	
Night	8 pm	Promote Cleanliness and Comforts		Assess the Cleanliness & oral Care maintain hand hygiene	maintain intake & output Chart	Reassessment done	

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

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

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Baby shifting Notes
15/7/26	2:57 pm	=> Alive single baby boy delivered @ 2:57pm with Birth weight 3.16 kg. Baby cried immediately. Baby passed urine.
		=> Inj vitaK 1mg Im given. Routine care given.
		=> Baby vital signs recorded. Temp: 98.2°F HR: 140 b/m SpO2: 99% RR: 40 b/m.
15/7/26	4:15 pm	=> Baby shifted to MIW.
		Evening duty on 15/7/26 CC 1891
	4.15PM	Baby Received from LDR OT to LDR. at 4.15PM. Patient Details handover taken by OT staff, Baby is Room air oxygen CNS:- baby is Conscious Oriented to EA V5 M6 at the Age. CVS:- S1 and S2 heart sounds are hearing good. Res:- Bilateral breathing pattern (+) GIT:- Abdomen was soft Bowel sound (+) GU:- Self voiding Protocal:- Low Risk
	5PM	Baby vital signs are Monitored & Recorded done. H.D stable
		CP / PP / CFT (30m): H / ++ / +++
	6PM	CBG will be checked 63 Mg/dL Monitors Recorded done

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
14/7/26	4PM	DBF will be Given Baby latch on
		L - 2
		A - 2
		T - 2
		C - 1
		H - 1 Total Score 8 Maintains
	7.30pm	Baby care Handing over given to 6th floor
		Night duty staff ——) Night Duty
	7.30	Received from LDR to 6th
15/7/26	pm	Floor Baby active &
		alerts look pink in colour
		Baby Urine & motion
		passed
		Baby weight - 3.112kg cheend
	8pm	Baby vital Signs cheened
		& Recorded.
		Baby RBS 6th hourly need
		to cheened
		Baby taken DBF 2nd hourly
		L - 2
		A - 2
		T - 2
		C - 2
		H - 1q (need to supervision)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0Y0M0D7H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	10.30pm	Baby passed Urine and Motion Diaper changed Baby taken DBF latching well for feeds	Jey Dhanu
16/7	12am	Baby vitals checked and recorded Baby warmth sleeping comfortable Baby DBF taken sucking well. Baby I/O chart maintained and recorded today to do vaccine for baby and 4 limb saturation	Jey Dhanu
	2am		Jey Dhanu
16/7/26	4am	Baby vitals checked and recorded DBF 6th Monitoring for baby	
	6am	Baby Morning care given weight checked and recorded	Jey Dhanu
	7am	I/O chart maintained & recorded	
	7.30am	Hand over given to Morning duty staff.	
16/7/26		Morning duty period,	
	7.30am	Baby details Handing over taken from night duty SIN. No IV line, DBR 3rd hourly, RBS - 6th hourly, Vaccination due.	Jey
	8am	vitals checked and recorded. Baby had normal food L-2 H-1/4 D-8 T-2 C-2 need supervision	Jey

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Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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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
15/7/26	10am	Dr. Poornapriya mam seen Baby. Continue DBF, RBS 8 times Check after stop. tomorrow 8pm to do GBR, NBS.	
	12pm	Vitals checked and recorded. PP ↑↑ CP ↑ CPA ↔	
	1pm	maintained & no chart recorded.	
	1.30pm	Handing over given to evening duty SN.	
16/7/26		EOD Evening Duty 16/07/26	
	1.30pm	Baby details handing over taken from the morning duty staff Nurse No Rv Jane DBF 2nd hourly RBS 6th hourly and normal Room air	
	2pm	→ Baby take feed tolerated well. no vomiting sensation	
		L – 2	
		A – 2	
		T – 2	
		C – 2	
		H – 1	
		9 feed suppositions	

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

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

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

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

E N M E N

PARAMETER	CRITERIA	SCORE	DATE 13/1/26	DATE 14/1	DATE 16/1	DATE 16/1	DATE 16/1
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	15	15	15	15

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

Bed in low position		—	✓	✓	✓	✓
Call device within reach		—	✓	✓	✓	✓
Wheels Locked		—	✓	✓	✓	✓
Room free of clutter		—	✓	✓	✓	✓
Adequate lighting		—	✓	✓	✓	✓
Wheel chair support		—	X	X	X	X
Other Intervention(s) Specify		—			X	
Nurse's Name:		Fran	Sneh	Sujitha	S. Nisha	Sneh
Signature:						
Date:		15/1/26	15/1/26	16/1/26	16/1/26	16/1/26
Time:		2:51 pm	8pm	8pm	8pm	8pm

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

(1)

GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Name : .....

Age.....

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

				Date :	15/7/26	15/7 M	16/7 M	16/7 E
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
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4 4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name				ABM

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

GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

PATIENT / FAMILY EDUCATION RECORD

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

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
16/7	8pm	Nutrition	Explained about give feeding 2nd hourly	Mother	Nil	oral	Nil	yes	good	
17/7	8 AM	yes	explained about personal hygiene	Mother	Nil	Oral	Nil	yes	-	

Part - III: CODES

Who was taught: PT: Patient F: Father ~~M: Mother~~ S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video ~~O: Oral~~ P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

PATIENT TRANSFER FORM

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GUC-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
15/7/26	15/7/26 @ 4:15pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr padmapriya Ekambaram.	Dr. poojitha	For Further management.

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

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	1 packet
2.	Baby diaper	1 Packet
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	Dr. poojitha

Patient & Clinical Records Received by : [signature] 15/7/26

Date & Time of Patient Received : 15/7/26 at 4.15pm

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-00093921 IP18-00036485
Baby B/O SHAIJA BALAN
15-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: Mrs. Shaija Balan

Date of Birth: 15/7/26 Time of Birth: 2:57pm Gender: ☑ Male ☐ Female

Birth Weight: 3.161 Kgs HC: – cm Lenght: – cm

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

Term / Pre-term / Post-term: Term

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

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 4:20pm

GUC-00089745 IP18-00036476
Mrs SHAIJA BALAN
13-12-1991 34 Y 7 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Pre LSCS.

Physical Assessment of New Born:

Temp: 98.2 °C HR: 140 b /Min RR: 40 b /Min BP: – SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 15 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☑ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: ~~Yes~~ / No

Neonatal Screening Done: ~~Yes~~ / No

1. Nutritional Screening: Feeding Problem Yes / ~~No~~
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings ~~Yes~~ / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Thanu Signature: Date &Time: 15/7/26 @ 2:57 pm.

PATIENT TRANSFER FORM

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GUC-00093921 IP18-00036485
Baby B/O SHAJA BALAN
15-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	15/7/26 at 4.11pm	15/7/26 at 7.30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmapriya	Dr. padmapriya	Shifted to ward
From Unit	**To Unit**	**Information to Attendant**
NICU	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**
DP Files		Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Fawsiya 01/07/26	Dr. padmapriya

Patient & Clinical Records Received by : Jesintha 01/07/26

Date & Time of Patient Received : 15/7/26 @ 7.30pm

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