Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 23/7/26

Name of the Patient: GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

UHID No: ..... Gender: .....

Ward: ..... Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 23/7/26

Time: 11.30 pm

Pharmacy Sign

Date: .....

Time: .....

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

Birthright Rainbow Children's Hospital

8th floor

DISCHARGE TRACKING SHEET

UHID-　　　FLOOR-　　　NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		1138pm					
Activity Sheet update by Pharmacy							

H0-8804
E0-8114 CM
FOP - 0260

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

ACTIVITY RECORD FOR BILLING

Name: B/O. GAYATHRI. K

UHID No: 94128 IP No: 36556 Consultant: DR. GIRIDHAR Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	2:30 PM	LDR	5th floor	Sister Akanksha

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
21/7/2026	Blood grouping	26023445	
21/7/26	RBS	26023444	
23/7/26	SBR, Neonatal Screening	26023669,	
28/7/26	OAE	173/831	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 23/7/am Time: at 11:30 Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
0220			

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC:-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

5th floor.

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		11.30 am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

HC → 33
length → 44
Standard creatin. C
SBR Reports
T.wt - 2.697 kg

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 : IP18-00036556 **Admit Date** : 21-Jul-2026 **Admit Time** : 11:15 AM **UHID** : GUC-00094128

Patient Details :

Patient Name	: Baby B/O GAYATHRI K	**Age**	: 0 D
Guardian	: Mr RAJIV J	**DOB**	: 21-07-2026 10:36 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.5/2, RBS ILLAM, EZHAIYALWAR KOVIL STREET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9789946586/ 8667574889
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SPVT515-1 **Ward Name** : 5F-SEMI PRIVATE

Room No : CRDL-SPVT515-1 **Admission Type** : First Visit

Contact Details :

Name : Mr RAJIV J **Relationship** : Father

Contact Address : NO.5/2, RBS ILLAM, EZHAIYALWAR KOVIL STREET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015 **Phone No** : / 9789946586

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O GAYATHRI K**	**Age :**	**0 Y 0 M 0 D 7 H**
IP No:	**IP18-00036556**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**5F-SEMI PRIVATE/CRDL-SPVT515-1**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name:

Relationship:

Date: 21/7/26 Time:

Wittness Name: V Naveen Antar

Wittness Signature:

Patient Address:

NO.5/2, RBS ILLAM, EZHAIYALWAR KOVIL STREET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : B/O Gayathri K	UHID Number : 94128
Self/Attendant Name : A	Relation : A
Self/ Attendant Signature : A Phone Number : A	Name & Signature of Financial Counselor

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Patient

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Gayathri. K Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : D. Giridhar 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 Gayathri. K

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 21/7/26 Time of Birth : 10:36 AM

Place of Birth : Rch Guindy

Mother's Blood Group : O +ve

Birth Weight (gms) : 2.916 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38 wk + 4 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : 1½ yr LMP : 23/10/25 EDD : 30/7/26.

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

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

Last Scans Details : 21/7/26 - SLIUA - Cephalic, placenta Anterior, Liquor lower limit of normal, SDP. 2.8 9/7/26 - Liquor (N) TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs Doppler (N)

Consanguinity : ☐ Yes ☑ No NT - (N)

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

H/o PIH (after 20 weeks) / PE FTS - lower limb Anomaly - (N)

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? —

Any other Chronic Medical Problems, when detected drugs ? Anemia Corrected & 4. Fcm. at 31wk.

(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 : ..... P : ..... A : ..... L : .....

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

Primi

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation) Kiwi assisted

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
8	9	9

TOTAL

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:

Single live term GIRL baby delivered via NVD- Kiwi assisted. Baby died immediately after birth.

HR- 177/min
SpO2 - 100%. [at 10 mins

Investigation details in previous Hospital :

-

Feeding History :

-

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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 : 99% RA ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 164/m ..... BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : -

Murmurs : -

Signs of Cardiac Failure : -

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : tip stained

Umbilical Cord : 2A+1V

First urine passed : -

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

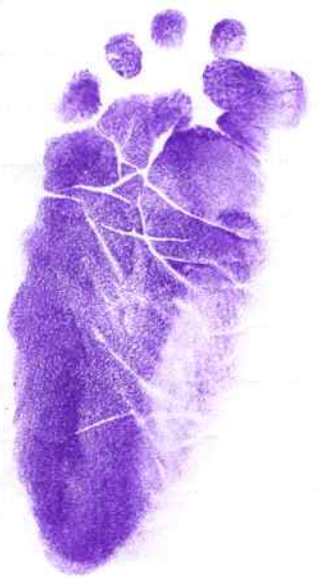
Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Term 38 wk + 4 days | Girl | 2.916 kg | AGA.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Khushi

Date & Time : 21/7/26

Consultant :

Signature : for .....

Name : Dr. Sunidhi

Date & Time : 21/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

1. DBF / warmth
2. CBH at 1 hour of life
3. Post ductal SpO_2 at 24 HOL
4. NBS, OAE, SB at 48 hour of life
5. Built vaccination

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S
Patie

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 9AM	S/B - Dr Yuvaraj / Dr Giridhar	
	A - Term (38+4) / Gr / 2.916 kg / AGA	
M/ Ot B/ Ot	urine ✓ Meconium ✓	
	Pink, active feeding well Cry / tone / activity - good AF at level.	wt - 2.882 kg Vaccine ✓ OAE NBS } tomorrow SBR
	RS - Clear PA - Soft, no organomegaly, BS ⊕ CVS - S_1S_2 ⊕, No murmur CNS - AF, NFNP, Moro's ⊕	
	Adv: - Continue DBF 92 ml - Monitor vitals - ~~4 hourly evaluation~~ Pre & post ductal saturation @ 24-48 hr of age - Daily weight monitoring - OAE / NBS / SBR tomorrow	TJ

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/1/26 9AM	S/B - Dr Yuvaraj	
	Δ - Term (38+4) / Cx / 2.916 kg / AGA	
M/O+ B/O+	urine ✓ stools - ✓	On EBF
		- Vaccine ✓
	Pink, active weak cry	/ TW - 2.697 kg
TSB - 10.2	C/T/A - good AF @ 0cm	NBS ✓
	S/E - WNL	
	Advice : To do	OAE today
	: plan	discharge after rounds

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

GUC-00094128 IP18-00036556
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Patie 21-07-2026 0 Y 0 M 0 D 1 H (F)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.910 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/7	10:30 AM	INJ. VITAMIN K	1mg	I.M	113334, SP		TP
22/7/26	10AM	Inj BCG	0.1ml	ID	RJ	RST	SA
22/7/26	10AM	Inj Hep B	0.5ml	IM	RJ	RST	SA
22/7/26	10AM	OPV	2 drops	PO	RJ	RST	SA

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

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Patient Sti ./ 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/7/26 Time:	10:45AM	1PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?					

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

98°F | 98.5°F | 98°F | 98°F | 98.3°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	144	148bpm	136bpm	140bpm	130bpm

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

Resp Rate (Number)	44	42bpm	42bpm	40bpm	40bpm
Resp Distress (Mod/ Severe / None / Mild)	99	98%	98%	99%	98%
Receiving O_2 (l/min) O_2 Saturations (%)	RA	RA	RA	RA	RA
Conscious Level (Normal / Altered)	Alert	alert	alert	alert	alert
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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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-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. GIRIDHAR S

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/26 Time: 8am 12pm 4pm 8pm 12pm 4am 8am

Doctor/Nurse/Family Concern?

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

98.1°F 98.5°F 98.2°F 98.2°F 99°F 99°F 100.4°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 140bpm 132bpm 116bpm 116bpm 132bpm 116bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 40bpm 40bpm 40bpm 38bpm 38bpm 38bpm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		98%	98%	98%	98%	99%	98%
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]

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.

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : (2)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

22/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ motion	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am						✓				NO	
	09:00 am	DBF										
	10:00 am										2	
	11:00 am	DBF								✓	like	
	12:00 pm											
	01:00 pm	DBF										
Total Intake :		3 DBF				Total Output :		1 times				
	02:00 pm										NO	
	03:00 pm	DBF						✓		✓	IV	
	04:00 pm										site	
	05:00 pm	DBF										
	06:00 pm							✓				
	07:00 pm	DBF										
Total Intake :		3 DBF				Total Output :		2 times				
	08:00 pm						✓					
	09:00 pm	DBF									NO	
	10:00 pm									✓	IV	
	11:00 pm	DBF					✓				site	
	12:00 am										like	
	01:00 am	DBF										
Total Intake :		3 times DBF				Total Output :		1 times				
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am									✓	IV	
	05:00 am	DBF									site	
	06:00 am										like	
	07:00 am	DBF										
Total Intake :		3 times DBF				Total Output :		1 times				

Total 24 hrs. Intake	6 DBF	Total 24 hrs. Output	4 times urine 2 times motion

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K (F)
0Y0M0D1H
21-07-2026
Dr. GIRIDHAR S

Patient Sti

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Newborn / Term	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

	Date / Shift	21/7/26 morning	21/7 E	21/7 N	22/7 M,E	22/7 N	23/7 M
BACKGROUND	Medical Condition (Any special condition to be noted):	–	DBF	DBF	DBF	DB	DB fed
	Diet:	DBF		DBF	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98°F	98°F	98°F	98°F	98°F
	Res:	40bpm	42b/m	42	40b/m	40b/m	40b/m
	SpO_2:	99%	98%	98%	97%	99%	99%
	Pulse:	138bpm	140b/m	130b/m	138b/m	138b/m	123b/m
	BP:	–	–	–	–	–	–
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	intact	intact	Intact	Intact	intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
	Critical Lab Test / Values:	–	–	–	–	–	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	Dependent	Dependent	dependent
Post Operative Procedure Special Orders:		–	–	–	–	–	
Handed Over By Name :	S/n paramesh	Vijay	R. Ush	[illegible]	S. Nisha	Jolsey
Signature / ID :		[illegible]	R. Ush	[illegible]	[illegible]	Jolsey
Date:		21/7/26	21/7/26	22/7/26	22/7	22/7/26	23/7
Time:		8am	7:30pm	7:30AM	7:30pm	7:30PM	1:30pm
Taken Over By Name :		Vijay	R. Ush	[illegible]	S. Nisha	Vijay	
Signature / ID :		[illegible]	R. Ush	[illegible]	[illegible]	[illegible]	
Date:		21/7/26	21/7/26	22/7/26	22/7/26	23/7	
Time:		8:30pm	8pm	7:30am	7:30pm	8pm	

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

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NURSING CARE RECORD

Date: 21/7/26

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	11am	Reduce the Risk of hospital acquired Infection	11:30 am	Maentaen. hand hygiene Use aseptic technique any procedure	Maintaen Hand hygiene for family	Reassessment done	01/8
Afternoon	1:30 pm	Maintain good Nutritional Status	2 pm	-) Encouged to take bal Divided DBF Q2h day	Baby tolerated well -) Maintain nutritional Status	Child Stable	21/7/26
Night	8pm	To maintain Personal hygiene	9pm	To maintained Personal hygiene	The Baby was Stable	The baby vital Signs are Stable	02/26

GUC-0000 IP18-00036556
Baby c/o GAYATHRI K
21-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SRIDHAR S

NURSING CARE RECORD

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Date: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	⇒ To Maintain Personal hygiene	8 am	⇒ Assess the condition ⇒ check Vital sign ⇒ monitor I/O ⇒ Administer medn	Child was stable	Child was active	
Afternoon		→		Continue	←		
Night	8pm	Ensure Safety	10 pm	⇒ Assess the condition ⇒ Side rails are put and low lying position	Child was stable	Reassessment done	

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Pa

(1)

NURSES NOTES

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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
21/7/26	10.36 am	ADMISSION NOTES : Baby admission on 21/7/26. Kiwi assisted vaginal Delivery. Baby received Neonatologist Dr. Srilakshmi baby cried Immediately. Immediate cord clamping done. Baby received warmer. Vitals and checked & recorded. Cord blood collected. Baby Urine & motion not passed. B - Alive, Girl A - 8/10 9/10 B - 2.916 kg Y - 21/7/26 @ 10.36am	s/n paramesh 016808
	11 am	Baby mother side. Baby not vaccinated. cord blood sended lab.	s/n paramesh 016808
	11.45am	Direct breast feeding given Baby sucking well. Baby warmth.	s/n paramesh 016808
	12.00pm	RBS checked RBS - 64mg/dl Informed to Dr. Srilakshmi CBG monitoring stop	s/n paramesh 016808
	1.30pm	Baby Details, files handed over given to ~~Evening duty staff~~ 5th floor	s/n paramesh 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7		← Received notes →	
	2.30 pm	→ Child details Received from LDR to 5th floor	Dly 21/7/26
		→ child handing over given taken by LDR SIN to 5th floor SIN.	
		→ Child was Conscious and Oriented Child was Conscious and Oriented	
	8pm	→ DBF as provided 2nd baby tolerated well → motion passed	Dly 21/7/26
	9pm	→ vitals are Checked and Recorded vitals are stable	

Time	CRT <3x	CP +ve	PP +ve

		→ DBF as provided 2nd baby tolerated well	
	3pm	→ Maintaining Recds & Reports	
	7.30 pm	→ Child details Handing over given to Night duty S.N	Dly
21/7/26		Night duty on (21/7/26)	
	7.30pm	The baby Handing over taken from evening duty staff the baby was conscious & active the baby breathing pattern was normal and →	
	8pm	vital signs are checked &	Dly 21/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUI:-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SRIDHAR S

(2)

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 ...Nil.....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue Recorded vital Signs are Stable →	sit. 02/11/23
	10PM	The baby taking DBF and/bly the baby was well tolerated →	sit. 02/11/23
	12AM	Vital Signs are checked & Recorded vital signs are Stable. →	sit. 02/11/23
	2AM	The baby taking DBF and/bly the baby was well tolerated →	sit. 02/11/23
	4AM	Vital Signs are checked & Recorded vital signs are Stable →	sit. 02/11/23
	6AM	morning care was given and weight was checked & Recorded →	sit. 02/11/23
	7AM	Maintained I/O chart & Recorded.	sit. 02/11/23
	7-30AM	The child Handing over given to morning duty staff →	sit. 02/11/23

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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Your Right to a Safe Delivery

☑ No Known Drug Allergies
☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7	7:30am	→ Morning duty.	
		→ The Baby is hand over night staff. Baby is conscious & oriented. IV line is present	
	8:00am	→ The patient baby hand over sign duty record	S.staff nurse.
	9:00am	→ Dr. Yuvaraj Sir. Baby is BCG, Inj. Hepatitis B Polio.	
	11:30am	Dr. Giridhar Sir see the child & Advised monitor I/O T/m sample. NBS, OAE, S.Bil.	Dr.
	12pm	Check the vital sign vital are the stable No Dr like with passed.	PP ✓ RT ✓
	1pm	monitor I/O chart No. other complaints	
	1:30pm	child details handover given to the evening duty staff	
		Evening duty	
	1:30 pm	→ Child details handing over taken by Morning duty SN	
		→ Child was conscious and oriented child was conscious and oriented child was active	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC:-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. GIRIDHAR S

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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 ..... NIL .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7		alert	
	2pm	DBF as provided gondhy Baby tolerated well →	Suj 21/7/26
	4pm	→ Vitals are checked and recorded vitals are Stable	
		→ DBF as provided gondhy Baby tolerated well →	Suj 21/7/26
	5pm	C – 2	
		A – 2	
		T – 2	
		C – 2	
		H – 1/9 (Need Supervision)	
	7pm	→ Maintaining records & Spots	
	7.30 pm	→ Child detail handing/ over given & Night duty (h) →	Suj Abs
		Night duty 22/7/26	
22/7			
	8.30pm	→ Baby details handingover from the Evening duty Staff Nurs.	
		→ child was consciously oriented. child was active & alert →	[illegible] (Nurse)
	8.30pm	DBF as provided kindly Baby was tolerated well →	[illegible] Nurse

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7	8:00pm	Vital Signs are checked & recorded. Vital Signs are Stable CP ++ | PP ++ | CRT <2sec	
	10:00pm	DBF as provided Kindly & Baby tolerated well L - 2 A - 2 T - 2 C - 2 H. ½ Creed suspension	
	12:00pm	Vitals Signs are checked and recorded. Vitals Signs are Stable. Baby was DBF	
	2:00pm	Baby was Stable and no other complaints	
		Baby was Sleep and no other fresh complaints -	
		Baby was DBF with 2hour	
	4:00pm	Vital Signs are checked and recorded vitals are Stable -	
	6:00pm	Baby was Breast Breast feeding & hourly observed -	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 2 D (F)
.. SRIDHAR S

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NURSES NOTES

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7	6:30am	Baby was stable and Baby was wiped and dress and check the weight TW: 2.697kg and collect the Sample	603941
	7:00am	Baby sample collect The NBS and SB to the send to the Lab	603941
	7:30am	child details handing given to the morning duty staff	603941

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ 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-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Patient S

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE	F DATE	M DATE	M DATE	F DATE
			21/7	21/7	21/7	22/7	22/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	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		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		NA	–	–	✗	–
	Other Intervention(s) Specify		NA		–	✗	
	Nurse's Name:						
	Signature:						
	Date:		21/7	21/7	21/7	22/7	22/7
	Time:		7am	2PM	8PM	2PM	2PM

GUC-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

(2)

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

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PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			22/7	23/7			
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
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			
Cognitive Impairments	Not aware of Limitations	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	3	3			
	Patient Placed in Bed	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			
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			
	Total		14	14			

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

	Bed in low position		✓	✓			
	Call device within reach		✓	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		✓	✓			
	Wheel chair support		–	–			
	Other Intervention(s) Specify		–	–			
	Nurse's Name:						
	Signature:						
	Date:		22/7	23/7			
	Time:		8pm	8am			

GUC-00094128
Baby B/O GAYATHRI K
21-07-2026
Dr. GIRIDHAR S
IP18-00036556
0 Y 0 M 0 D 1 H (F)

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

	Date :	21/7	21/7	21/7	22/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name				

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

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Baby B/O GAYATHRI K
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Dr. GIRIDHAR S

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BRADEN 'Q' SCALE

				Date : 22/2	22/2	23/2	
				Time : E	N	4	
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	
"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.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	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	
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	
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	
				TOTAL SCORE	24	20	20	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓫ Enable as much activity as possible ⓫ Protect the heels ⓫ Use pressure redistribution surfaces ⓫ Manage moisture, friction and shear ⓫ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓫ Use the Same Protocol as for **"At Risk"** Patients ⓫ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓫ Follow the same protocol as for **"Moderate Risk"** Patients ⓫ In addition to regular turning schedule ⓫ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	⓫ Use same protocol as for **"High Risk"** Patients ⓫ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Baby B/O GAYATHRI K
21-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	11am	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	
21/7	2pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
21/7	8M	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
21/7	10pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7	8pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
22/7	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
23/7	2am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
23/7	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

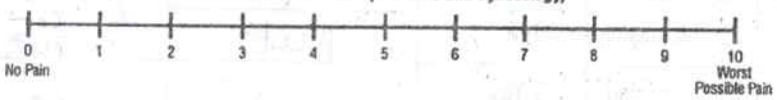
Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

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

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Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Patient

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 21/7/26 Time of Birth: 10:36 am Gender: ☐ Male ☑ Female

Birth Weight: 2.916 Kgs HC: 32 cm Lenght: 44 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: ..... Baby: awaited

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 11:45 am

GUC-00090033 IP18-00036543
Mrs GAYATHRI K
18-03-1997 29 Y 4 M 2 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Lod: poor maternal effort

Physical Assessment of New Born:

Temp: 36 °C HR: 158 /Min RR: 40 /Min BP: — SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ Yes ☐ No **Score:** 14 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: S. Parameshwari Signature: 016808 Date &Time: 21/7/26 @ 11am

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Baby B/O GAYATHRI K
21-07-2026 0Y0M0D1H (F)
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis Newborn Plan
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		
21/7/26	11am	yes	Educate & Inform about breast feeding positio	mother	None	oral	None	yes	good	
22/7	7	yes	Explai about the Control measure Defect	mother	None	oral	None	Yes	good	
23/7	8am	9	Health Education about nutrition (diet	Mother	None	Oral	None	Yes	good	

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-00094128 IP18-00036556
Baby B/O GAYATHRI K
21-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
21/7/26 @ 7pm	21/7/26 at 2:30pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr Giridhar	Dr. Prasanna	Observation

From Unit	To Unit	Information to Attendant
LDR	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
Whole IP files	-	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Baby shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
0780	Dr. Prasanna

Patient & Clinical Records Received by : S/N. Anitha

Date & Time of Patient Received : 21/7/26 @ 2:30 PM

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

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
21/7/26	12:00 pm	64mg/dl	Dr. Sowjanya ↓ stop	

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