Rainbow Children's Hospital

GUC-00094158 IP18-00036688
Baby B/O R SUMAIYA .R
22-07-2026 0 Y 0 M 8 D (F)
Dr. GIRIDHAR S

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		31/7/26 @ 9am					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
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Name: .....

UHID No: GUC-00094156 IP18-00036688
Baby B/O R SUMAIYA .R
22-07-2026 0 Y 0 M 8 D (F)
Dr. GIRIDHAR S

tant: ..... Dept: .....

Date of Admission: .....

of Discharge: ..... Time: .....

Room / Bed No: ..... Ward: .....

asted Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/7/26	4pm	OPD	411	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
31/7/26	SBP	24491	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/2/26	SSpt	4pm	3/7/26 8AM	1735060	[illegible] 015280

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 31/7/26 Time: 9AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00094158 IP18-00036688
Baby B/O R SUMAIYA .R
22-07-2026 0Y0M8D (F)
Dr. GIRIDHAR S

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DISCHARGE TRACKING SHEET

DATE : 31/7/26

Name of Consultant :

Floor :

UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses		31/7/26 9am	Baluraj orders	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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 : IP18-00036688 **Admit Date** : 30-Jul-2026 **Admit Time** : 02:50 PM **UHID** : GUC-00094156

Patient Details :

Patient Name	: Baby B/O R SUMAIYA .R	**Age**	: 0 Y 0 M 8 D
Guardian	: Mr SABER	**DOB**	: 22-07-2026 09:20 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 129/58 SAJJA MUNU SWAMY ST 3 RD LANE OLD WASHERMANPETA Washermanpeta East Chennai Tamil Nadu INDIA 600021	**Phone No**	: 8220115308/ 6380482317
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 411 **Ward Name** : 4F-FOUR SHARING

Room No : FSW 411 **Admission Type** : First Visit

Contact Details :

Name : Mr SABER **Relationship** : Father

Contact Address : 129/58 SAJJA MUNU SWAMY ST 3 RD LANE OLD WASHERMANPETA Washermanpeta East Chennai Tamil Nadu INDIA 600021 **Phone No** : 8220115308

Signature

Doctor Details :

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

Referral Doctor : Dr GIRIDHAR S **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O R SUMAIYA .R**	**Age :**	**0 Y 0 M 8 D**
IP No:	**IP18-00036688**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**4F-FOUR SHARING/FSW 411**

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: > M.

Name: > MOHAMED SABER

Relationship: > Father

Date: 30-07-2026 Time: 2:50

Witness Name: ASWIN

Witness Signature:

Patient Address:

129/58 SAJJA MUNU SWAMY ST 3 RD LANE OLD WASHERMANPETA Washermanpeta East Chennai Tamil Nadu INDIA 600021

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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 :> Baby Sumaiya	UHID Number : 94156
Self/Attendant Name :> MOHAMED SABER	Relation :> ~~Self~~. Father
Self/ Attendant Signature :> Phone Number :> 8220115308	Name & Signature of Financial Counselor

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22-07-2026 0 Y 0 M 8 D (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sumaiya Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : ..... Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/O Sumaiya

Gender : ☐ M ☑ F Blood Group : O +

Date of Birth : 22/7/26 Time of Birth : 9.20AM

Place of Birth : RCH, Guindy

Mother's Blood Group : B +

Birth Weight (gms) : 2.909 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : (36 + 5 w)

Current Obstetric History : (Booked / Unbooked Case)

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

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

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

Last Scans Details : .....

..... 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 : .....

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

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

On OHA

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O. Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

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

Medication during Pregnancy : ..... Duration : .....

Patient Sticker

PAST OBSTETRIC HISTORY

G : 3 P : 2 A : 1 L : 1

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) LSCS Cpromises

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

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

- Baby had icterus ; over eyes . skin upto thighs

on DBF + EBM

BW - 2.909
DW - 2.523
AW - 2.5 kg.

SBR - 18.2 ↗ ↘ 17.9

M | B+
B | O+

. Admitted for phototherapy .

Page: 6/8

estigation details in previous Hospital :

story :

Page: 3/8 (P.T.O

Page: 5/8 (P.T.O.)

Patient Sticker

Past History :

Family History :

Soci

Gene

VITALS : Temperature : .....

Color of the extremities : .....

Jaundice : .....

Anthropometry : Birth Weight : L

onderal Index : ..... AGA : .....

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 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Spo2 : .....

Cardiovascular System : Precordial Activity : .....

HR : ..... BP : ..... Murmurs : .....

Femoral Pulses : ..... Signs of Cardiac Failure : .....

Other Peripheral Pulses : .....

Abdomen : Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

Abdominal girth : ..... 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 adducto

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

ATNR : ..... Skull and

Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Late PT (36+5w) / G / BW - 2.909 kg / AGA / IDM / NNHB.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : T.Y

Name : T.Yuvan

Date & Time : 28/7/26 @ 4PM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

.....

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 :
- Warmth Care
- Continue DBF + EBM
- SSPT
- To do SBR tomorrow morning.

Plan during ward follow up :

.....

.....

.....

.....

.....

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

.....

.....

s done during NICU Stay :

.....

on : .....

.....

.....

.....

.....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 5PM	S/B - Dr Yuvaraj	
	A - Late PT (36+5) / AWB / BW 2.909 kg / AGA / IDM / NNHB	
	Day (8)	M B+ / B O+ TW - 2.5 kg
	On DBF	
	active	SBR - 18.2 / 17.9
	vitals stable	
	Hydration - good	On SSPT
	Cry/tone/activity - good	
	AF @ level	urine ↑
		Mec ↑
		NBS - (N)
	Plan	
	- Continue SSPT / DBF	
	- To do SBR tomorrow morning	
		(signature)

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/26 9.20 AM	S/B - Dr Yuvaraj	
	A - late PT (36+5w) / BW - 2.909 kg / GDM / IDM / NNHB.	
	(Day - 9 of life)	
	Icterus ↓	urine ✓ adequate
	skin bleached	stools ✓
	cry / tone / activity - good	T. wt - 2.550 kg
	AF at level	(↑50 gms)
	feeding well	today
	System - WNL	SRR 13.7 < 0.1 / 13.3
	Adv:	
	• S/PT	
	· D/ischarge today	
		[signature]

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

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RESULT SHEET

Date	30/7	31/7				
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	18.2 / 0.3 (17.9)	13.7 / 0.1 (13.3)				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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22-07-2026 0 Y 0 M 8 D (F)
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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: 30/1/26 Time: 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 97°F, 98°F, 97.8°F, 98°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

ON ADMISSION

Heart Rate (Number): 138/m, 136/m, 138/m, 140/m

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

Resp Rate (Number): 40/m, 42/m, 40/m, 42/m

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

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-00094156 IP18-00036688
Baby B/O R SUMAIYA .R
22-07-2026 0 Y 0 M 8 D (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (1)

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	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											
	03:00 pm			On Admission from OP to 4H								
	04:00 pm	DBF								✓	NO	[signature]
	05:00 pm	DBF									IV	[signature]
	06:00 pm	DBF									line	[signature]
	07:00 pm						motion passed					[signature]
Total Intake : 3 time DBF						Total Output : 1 time Urine Passed						
	08:00 pm	DBF									NO	[signature]
	09:00 pm	feed	30ml							✓		[signature]
	10:00 pm	EBM									IV	[signature]
	11:00 pm											[signature]
	12:00 am	DBF+					motion passed ✓				line	[signature]
	01:00 am	EBM	20ml							✓		[signature]
Total Intake : 2DBF + 50ml						Total Output : 2 times urine passed						
	02:00 am										NO	[signature]
	03:00 am	DBF+										[signature]
	04:00 am	EBM	25ml								IV	[signature]
	05:00 am									✓	line	[signature]
	06:00 am	DBF										[signature]
	07:00 am											[signature]
Total Intake : 2DBF + 25ml						Total Output : 1 times urine passed						

Total 24 hrs. Intake	7 times DBF + 85ml	Total 24 hrs. Output	4 times urine passed

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

Baby B/O R SUMAIYA .R
12-07-2026 0Y0M8D (F)
Dr. GIRIDHAR S

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26		Recieving Notes	
	3.30pm	The Baby recieved from op to AU. The Baby is conscious and alert. Baby is on room air. NO IV line Present. Baby looks Pink and active	Basi 021893
	4Pm	vital signs are checked and recorded. vital signs are stable.	Basi 021893

CP	PP	CRT
++	++	<3sec

Baby is on SSPT.

	6Pm	Baby taking DBF Q2H No complaints of vomitting Baby is stable. No chart maintained
	7.30pm	The baby details handover taken from the night duty staffs
	7PM	Night Duty notes on 30/7/2026 Baby details taken over from evening duty staff nurse using ISBAR method. On Assessment, Baby is conscious oriented and afebrile, CRT-<3s. Skin Assessment done. Looks pink, and actively crying. On DBF + EBM 2nd baby

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☑ No Known Drug Allergies
☐ Drug Allergies .... NOT known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26		← continue notes →	
	8PM	vitals checked and recorded all are hemodynamically stable.	R [signature] 020749
		RR 48 / PR 144 / CRT <3 sec	
	8:30 PM	Regarding formula feed checked with Dr nithin, he advised to give Nan pro formula feed, the order followed.	R [signature] 020749
	9:30 PM	Formula feed - 30ml given to the baby	R [signature] 020749
		Baby taken DBF & GBM every 2nd hourly, formula feed - 30ml tolerating and sucking well.	
31/7/26	12AM	vitals checked and recorded, all are hemodynamically stable	R [signature] 020749
		RR 48 / PR 144 / CRT <3 sec	
	2AM	Baby slept well, no specific complaints	
	4AM	vitals checked and recorded, all are hemodynamically stable	R [signature] 020741
		RR 44 / PR 144 / CRT <3 sec	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

UC-00094156 IP16-00036666
Baby B/O R SUMAIYA .R (F)
22-07-2026 0 Y 0 M 8 D
Dr. GIRIDHAR S

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care ✓
   Plan
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: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
30/7/26	4pm	Treatment & care	Explained about treatment and care	mother	No	Oral	none	verbalized understand	Good	[signature] 02/387

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

Doc No. : RCH / FRM / CLINICAL / 187