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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 30/7/26

Name of the Patient: GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

Gender: Male

UHID No: .....

Room No: 102

Ward: .....

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 R/V 600

Date: 30/7/26

Time: 6 AM

Pharmacy Sign

Date: 30/7/26

Time: 8:30 Am

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6 pm					
Activity Sheet update by Pharmacy							

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY RECORD FOR BILLIN

Name: B/o Janani

UHID No: 94382 IP No: ..... Consultant: ..... Dept: .....

Date of Admission: 28/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7/26	11.20AM	LDR	702	

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
28/7/26	Blood grouping	26024/42	
28/7/26	RBS	26024/58	
30/7/26	NBS, SBR	26024350	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/7/26	O.A.E	01	1734576	P-0602

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 30/7/26 Time: 6 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P-0609261			

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DISCHARGE TRACKING SHEET

UNIT- FLOOR- NAME OF CONSULTANT-

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/7/26 at				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/7/26	Sunil Varma		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

T.Wt → 2.438kg
HC → 34cm
Length → 46cm

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

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BED SIDE CHECK LIST FOR NURSES

Date:	29/2	30/7							
Doctor's Orders	yes	yes							
Carried out or not	yes	yes							
Bed Side									
Structured Handover done	yes	yes							
IV Site	NA	NA							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	yes	yes							
Eye Care	yes	yes							
Mouth Care	yes	yes							
Sterillum Bottle, Stethoscope	yes	yes							
Suction Bottle (Should be clean & empty)	Yes	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	29/2 8pm	30/7 8AM							
Hand Over Taken By Name :	[illegible]								
Signature :	[illegible]								
Date & Time:	29/7 8AM								

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 2 H (M)
D:. PADMAPRIYA EKAMBARAM

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/7/26	9.30 AM	60 mg/dl.	Dr. Prasanna	Sirpoja.
		Stop		

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

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 : IP18-00036649 **Admit Date** : 28-Jul-2026 **Admit Time** : 07:34 AM **UHID** : GUC-00094382

Patient Details :

Patient Name	: Baby B/O S JANANI		
Guardian	: Mr VIGNESH	**Age**	: 0 D
Gender	: Male	**DOB**	: 28-07-2026 06:33 AM
Occupation	:	**Religion**	:
Address (H)	: manjunath enclave sathya sai layout Whitefield Bangalore Karnataka INDIA 560066	**Martial Status**	:
		Phone No	: 8939591714/
		E-mail	: vignesh@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE712-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE712-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VIGNESH

Contact Address : manjunath enclave sathya sai layout Whitefield Bangalore Karnataka INDIA 560066 **Relationship** : Father **Phone No** : 8939591714

Doctor Details :

Signature

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Printed Date / Time : 28/07/2026 09:13

Printed By : 607335

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BirthRight by Rainbow

Rainbow Children's Hospital - Guindy
Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O S JANANI**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP18-00036649**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE712-1**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Vignesh
Relationship: Father
Date: 28/07/2026
Time: 9.13 AM
Witness Name: [illegible]
Witness Signature:

Patient Address:
manjunath enclave sathya sai layout
Whitefield Bangalore Karnataka INDIA
560066

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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 S. Janani	UHID Number : GOC-0009 4382
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature : Phone Number : 8939591714	Name & Signature of Financial Counselor

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sticke

RCH ID NO - 13301186 #852

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : JANANI Age : 27Y Father's Name : ..... Age : .....

Date of Birth : 28/7/26 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. ~~GAYATHRI~~ PADMAPRIYA Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/O - JANANI

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 28/7/26 Time of Birth : 6.33AM

Place of Birth : RCH - LDR

Mother's Blood Group : O+ve

Birth Weight (gms) : 2.566kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : spontaneous

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 : —

.....

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

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)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☒ Induced ☑ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : (+)

Resuscitaion : ☑ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
TOTAL 8/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

History

Baby born through Assisted vaginal Delivery.
↓
Cried Immediately after birth
↓
Requiring Routine Initial steps of
of Resuscitation.

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 140 RR : 50 NIBP : CFT :

Color of the extremities : Acrocyanosis ⊕

Jaundice : – Pallor : – SpO2 : 100% on RA

Anthropometry : Birth Weight : 2.566kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	Caput (+).
Facies : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : Discharge :	N
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2A (+) 1V (+)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	N
HERNIAL ORIFICES		N
TRUNK and SPINE :		N
SKIN LESIONS :		N
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	N

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50 SCR / ICR / See - Saw breating : —

Scoring of respiratory distress if present (Silverman or Downe's) : —

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings :

Spo2 : 100% Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 150 bpm BP : Precordial Activity : (+)

Femoral Pulses : (+) Murmurs : (−)

Other Peripheral Pulses : (+) Signs of Cardiac Failure : (−)

Abdomen : (N)

Shape : Hernia orifice : (−)

Palpation : (N) Anal Patency : (+)

Palpable masses : Umbilical Cord : 2A + 1V (+)

Abdominal girth : 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 : Δ- Term | AGA | B.Wt - 2.566 kg | Kiwi assisted delivery. 13 hr. | MSL (Non Vigorous)

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : PERINATOLOGY

Date & Time : 28/7/26 | 7AM.

Consultant :

Signature : .....

Name : PADMAPRIYA ELAMBARAM.

Date & Time : 28/7/26 @ 3pm.

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 :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

JANANI
28-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient S

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. DEEPAK	
28/7/26 2:20PM	Aw TERM / AGA / B.wt - 2.566 kg / BOY / CIAB	
	Baby reviewed baby on DBF	Urine / meconium / Passed
	Baby Cry / Tone normal	Mother / O+ve
	CVS: S1S2 @ RS: VBS @ CNS: NFNVI)	Baby ~~O+ve~~
	B.wt - 2.566 kg T.wt - 2.521 kg (Receiving wt)	Mother & Baby → O+ve
28/7/26	S/B Dr. Padmapriya	R/
3.10pm	Baby reviewed. vaccination done, feeding advised. E. Padmapriya 44868	→ To give DBF Q2H → To provide warmth → To DO SBR / NBS / OAE in 48hrs C. 16147

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

GUC-00094382
Baby B/O

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26	S/B. Dr LUCKY VIGNESH	
9:30 AM		
	Δ: Term (38+5) / AGA / Boy)	2.566kgs / C/AB / Kaa: NVD
M / O+ve		MSL - Nonyeus
B / O+ve	Baby revived	
	Normal cry / tone / Activity	
		Bwt : 2.566kgs
	urine } ✓	Twt : 2462 kgs
	meconium }	lower
	pink in air	
	warm peripheries	% 4.05%
	CRT < 3sec	
	PP - well felt	
	No External	Congenital anomalies
		CVS : S1/S2 ⊕ / No murmur
	RS: clear	PA: soft / NT
	CNS: NFND	
		Adv
		1) DBF · Oral / warmth
		2) SBr / DAE / NBS / at 30/7/26 - 6:00 AM.
		3) monitor vitals
	Lucky vignesh 203377	Sravya 44268

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

GUC-00094382 IP18-00036649
Baby B/O S JANANI (M)
28-07-2026 0 Y 0 M 2 D
Dr. PADMAPRIYA EKAMBARAM

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2025 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/7/25	6.39PM	Vitamin-K	1mg	IM.		SP	MD
28/7/25	2:10PM	Inj HEP-B	0.5ml	IM		FS	SS
28/7/25	2:10PM	Inj BCG	0.05ml	ID		FS	SS
28/7/25	2:10PM	OPV drops	2 drops	Oral		FS	SS

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

UC-00094382 IP18-00036649
aby B/O S JANANI
8-07-2026 0Y0M0D1H (M)
PADMAPRIYA EKAMBARAM

/ CLINICAL / 124

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

Rainbow® Children's Hospital
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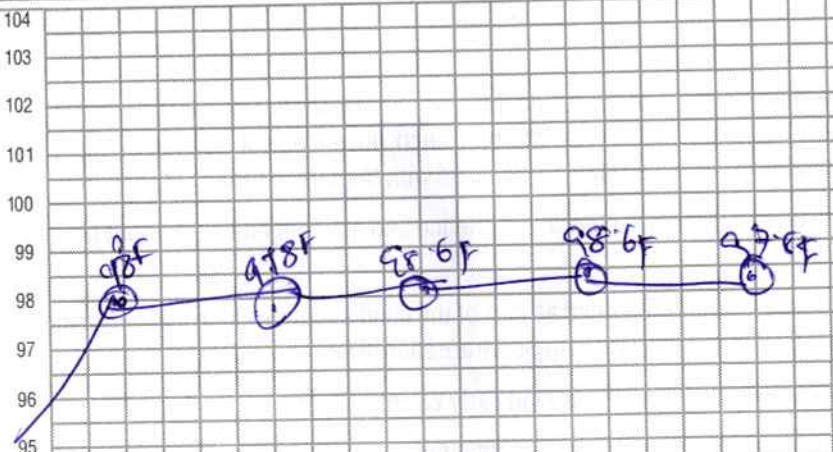
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/4/26 Time: 8AM 4PM 8PM 12M 4AM

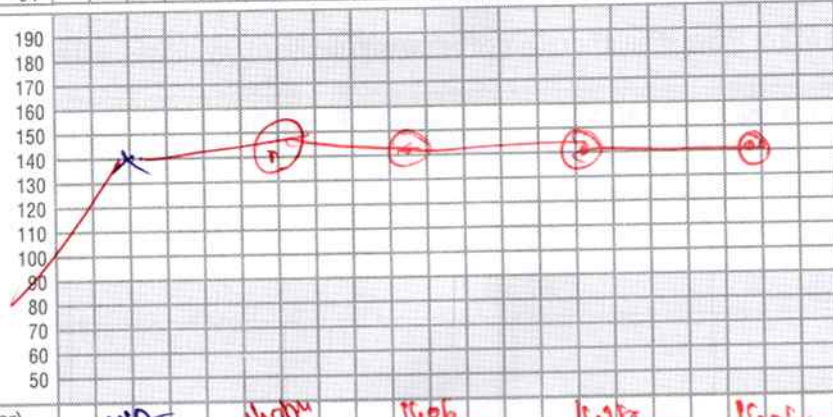
Doctor/Nurse/Family Concern?

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	140	140/m	140/m	140/m	140/m
Resp. Rate (bpm) (Over 1 Minute) *	*				
Resp Rate (Number)	40	40/m	40/m	40/m	40/m
Resp Distress: Mod/ Severe / None / Mild	Mild	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	4l/m			
O_2 Saturations (%)		99%	99%	100%	100%
Conscious Level: Normal / Altered	✓				
GCS *	15/15	AM	AM	AM	AM
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.

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

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

Doctor/Nurse/Family Concern?

Temperature (°F): 97.5 | 97.5 | 97.5 | 98.6 | 98.6 | 97.6

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140bpm | 136bpm | 118bpm | 118bpm | 148bpm | 148bpm

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

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

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

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.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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UC-00094382 IP18-00036649
aby B/O S JANANI
3-07-2026 0 Y 0 M 0 D 1 H (M)
r. PADMAPRIYA EKAMBARAM
Pa

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

2.521kg.
RWt: 2.712kg

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/7/26	08:00 am	DBF					✓			✓	No	Pav
	09:00 am										IV	Pav
	10:00 am	DBF									line	Pav
	11:00 am										No	SK
	12:00 pm	DBF									IV	SK
	01:00 pm									✓	line	SK
Total Intake : 3 times DBF						Total Output : 2 + line						
	02:00 pm										No	R
	03:00 pm	DBF									IV	R
	04:00 pm										line	R
	05:00 pm	DBF					✓			30ml	No	R
	06:00 pm										IV	R
	07:00 pm	DBF									line	R
Total Intake : 2 times DBF						Total Output : 30ml						
	08:00 pm										NO	P.O
	09:00 pm	DBF									IV	P.O
	10:00 pm									30ml	line	P.O
	11:00 pm	DBF										P.O
	12:00 am											P.O
	01:00 am	DBF										P.O
Total Intake : DBF 3 times						Total Output : 30ml						
	02:00 am										NO	P.O
	03:00 am	DBF					✓			20ml		P.O
	04:00 am										IV	P.O
	05:00 am	DBF									line	P.O
	06:00 am									30ml		P.O
	07:00 am	DBF										P.O
Total Intake : DBF DBF 3 times						Total Output : 60ml						

Total 24 hrs. Intake	DBF - 12 times	Total 24 hrs. Output	Urine - 6 Motion - 3

29/07/2026

@ 6:30am

LA Spo2 - 99% pulse : 142bpm	LA Spo_2 100% pulse - 142bpm
Spo2 - 99% pulse - 136bpm RL	Spo2 - 100% pulse - 138bpm RL

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

T. Wt → 2.4625g.

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.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am									30		SL
	09:00 am	DBF					✓				No	SL
	10:00 am											SL
	11:00 am	DBF								30	IV	SL
	12:00 pm						✓				line	SL
	01:00 pm	DBF										SL
Total Intake : 3 times DBF						Total Output : 60ml						
	02:00 pm											SL
	03:00 pm	DBF								30ml	NO	SL
	04:00 pm											SL
	05:00 pm	DBF								20ml	IV	SL
	06:00 pm						✓				line	SL
	07:00 pm	DBF								30ml		SL
Total Intake : 3 times DBF						Total Output : 80ml						
	08:00 pm										NO	P.V
	09:00 pm	DBF										P.V
	10:00 pm										IV	P.V
	11:00 pm	DBF					✓					P.V
	12:00 am										line	P.V
	01:00 am									30ml		P.V
Total Intake : DBF 3 times						Total Output : 30ml						
	02:00 am	DBF									NO	P.V
	03:00 am											P.V
	04:00 am										IV	P.V
	05:00 am	DBF										P.V
	06:00 am						✓			30ml	line	P.V
	07:00 am	DBF										P.V
Total Intake : DBF 3 times						Total Output :						

Total 24 hrs. Intake	DBF – 12 times	Total 24 hrs. Output	Urine – 6 times Motion – 5 times

UC-00094382 IP18-00036649
aby B/O S JANANI
-07-2026 0Y0M0D1H (M)
PADMAPRIYA EKAMBARAM

(2)

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 23/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	maintain good nutritional status		- monitor vital signs - to give DBF - keep baby warmth - maintain Ho chart	maintained good nutritional status	Reassessment is done	
Afternoon	1.30pm	- Assess the Baby Crew Condition - Provide warm cow to baby	4pm	- Assessed the Baby Crew Condition. - Provided warm cow to born	Provided warm cow to bath	Rosy tempera maintain	
Night	7.30 PM	Assess the baby condition maintain good nutritional status.	7.30 AM	Assess the baby condition maintained good nutritional	Provided warmed	Reassessment done	

GUC-00094382
Baby B/O S JANANI IP18-00036649
28-07-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Date: 29/07/2026

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Assess the baby feeding position.		Improved the baby feeding techniques.	Evaluate the baby nutritional value.	Re-assessment is done	Hari 607918
Afternoon	2PM	Ensure the Assess the feeding Positions	3PM	Improved the baby feeding frequency and Positions of techniques	Encourage the Mother feeding process.	Re Assessment Done	021875.
Night	8pm	ensure the Assess the feeding position	9pm	Improved the baby feeding frequency and position techniques.	encourage the mother feeding proper	Re-assessment done	607216

GUC-00094382
Baby B/O S JANANI
28-07-2026
Dr. PADMAPRIYA EKAMBARAM
IP18-00036649
0Y0M0D2H (M)

(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 .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	2.10 pm	Dr. Deepak given given the Baby Advised by Oral polio 2 drops, BCG 0.1ml given Intradermal route, Hep-B 0.5ml given Intramuscular route	
	8 pm	Vital Signs checked and Recorded ——→	
		Dr padmapriya mam seen the baby Advised by to give DBF Milk, pound Inform Team, to do RBS, NBI, DBF in after 48 hours ——→	
	6 pm	Maintain Intake and Output Chart Baby urine and motion passed ——→	
	7.30 pm	Baby details handing over to night duty staff ——→	
		NIGHT DUTY.	
28/7/26	7.30 pm	Baby details handing over taken from evening duty Staff baby on DBF, SBR, NRS. O.A.E on test. Vaccination done	
	8.00 pm	Vitals was checked and recorded maintain I/O Chart	
	10.00 pm	L - 2 A - 2 T - 2 C - 1	

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
28/7/26		Continue notes H - 1/8 need to be Supervision	
29/7/26	12:00am	Vitals were Checked and recorded maintain I/O Chart	
	2:00am	Baby on DBF, baby taken feed well no other complaints	
	4:00Am	Vitals were checked and recorded maintain I/O Chart	
	6:00am	Morning care were given no other complaints, weight were checked and recorded	
	7:00am	Maintain I/O chart and recorded	
	7:30am	Baby details handed over given morning duty Staff	
	7:30Am	Morning Duty Baby details Hand over taken from Night Duty Staff. Baby active and alert, Vitals are Stable. Maintained hydration level, only DBF Hrly,	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

(3)

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
29/7/26	7:30PM	RBS stop & tomorrow plan D1& SBR/NBS/ OAE after 48Hrs. vaccine Done. →	Sf 607383
	8AM	Baby vital sign checked and recorded. Vitals are stable. Maintained I/o chart →	Sf 607383.
	10AM	Dr. Padma priya ram come and Doctor assessed the pt's condition SBR/NBS/OAE at 6AM, Vaccine done →	Sf 607383
	1PM	Baby vitals are stable. Maintained I/o chart. →	Sf 607383.
	1:30PM	Baby details Handover given to Evening duty staff. →	Sf 607383.
		Evening duty ON 29/7/26. child conditions and details handing over taken from Morning duty Staff Nurse, child is Conscious Oriented Alert	
	2PM	baby Assessed the General Conditions. Vaccination Done.	
	4PM	Baby vital signs are Monitored and Recorded done H.DS/gl	

CP	PP	CFT
++	++	3sec

	6PM	Baby feeding Techniques well Encourage feeding. L – 2 R 2	

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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
		T -2	
		C -2	
		H -1 Total 9 score	
	7.30PM	baby vitals are H.P. stable and child details handover given to night duty staff Nurse	
		NIGHT DUTY	
29/9/26	7:30pm	Baby details handing over taken from every duty staff.	
		Baby vitals stable tomorrow SBK, NBS, O.A.E. review no other complaints tomorrow plan for discharge	
	8:00pm	vitals also checked and recorded maintain IP chart no other complaints	
	10:00pm	T - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/2 need to be supervision	
30/9/26	12:00am	Vitals are checked and recorded maintain IP Chart no other Complaints	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2025 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

BRADEN 'Q' SCALE

(for Paediatric use)

(1)

Patient Name : .....

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

					Date :	E	N	M
Mobility	1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		28/7 8AM	28/7	~~28/7~~	29/7
						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 waking hours.		1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	25	25	25	25
					Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

W/BRD-Q/NSG/04

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

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

				Date :	E 29/7	N 29/2	M 30/7	
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	
"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 waking 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 lift 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	28	28	28	
				Evaluator's Name				

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

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 28/7	E DATE 28/7	N DATE 28/7	M DATE 29/7	E DATE 29/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	
	Patient Placed in Bed	2					3
	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		✓	✓	✓	✓	✓
Other Intervention(s) Specify		X	NA	X	X	X
		X	NA	X	X	X
	Nurse's Name:	Pool	[illegible]	Shobi	Hari	[illegible]
	Signature:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:	28/7	28/7/26	28/7	29/7	29/7
	Time:	8Am	2p	8pm	8pm	2pm

GUC-00094382 IP18-00036649
Baby B/O S JANANI (M)
28-07-2026 0 Y 0 M 2 D
Dr. PADMAPRIYA EKAMBARAM

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...E HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE	M DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	29/7	30/7			
	3 to less than 7 years old	3	4	4			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	1	1			
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4			
	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					
	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		X	X			
Nurse's Name:		[illegible]	[illegible]			
Signature:		[illegible]	[illegible]			
Date:		29/7	30/7			
Time:		8 pm	8AM			

GUC-00094382 IP18-000366449
Baby B/O S JANANI
28-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/7/26	2pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/7	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
29/7	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
29/7	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
29/7	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
29/7	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
30/7	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
30/7	8AM	0/10	Nil	☐ 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		

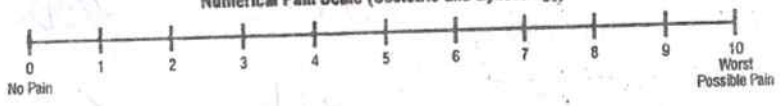
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

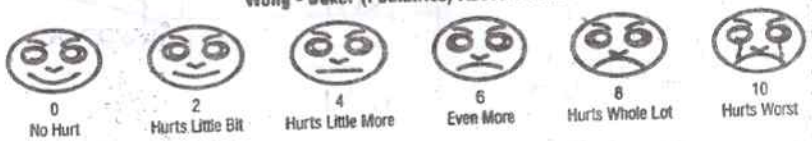
(P.T.O)

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

GUC-00094382 IP18-00036649
Baby B/O S ... NI
28-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

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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 NB/Term
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					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
28/7	8AM	Yes	Educate about fall risk safety needs (cot cradle)	mother	No learning barriers	oral	none	Yes	Good	
29/7	8AM	Yes	Explain about the Nutritional support & feeding support.	Mother	No learning Barriers	Oral	None	Yes	Good	
30/7	8AM	Yes	Explain about free position support & feeding support	Mother	No	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

GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Janani Mother's Name: mrs. janani

Date of Birth: 28/7/26 Time of Birth: 6.33AM Gender: ☑ Male ☐ Female

Birth Weight: 2.566 Kgs HC: 36 cm Lenght: 48 cm

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

~~Term~~ / Pre-term / Post-term: term

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 7AM

MAB-00219436 IP18-00036632
Mrs S JANANI
02-09-1998 27 Y (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: poor maternal effort

Physical Assessment of New Born:

Temp: 36.5 °C HR: 140 /Min RR: 40 /Min BP: — SpO_2: 100%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ Yes ☐ No **Score:** 11 (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: Jancis Signature: Date &Time: 28/7/26

PATIENT TRANSFER FORM

Rainbow Children's Hospital — It takes a lot to treat the little.
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GUC-00094382 IP18-00036649
Baby B/O S JANANI
28-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
28 Feb at 7.34 am.	28 Feb at 11.20am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Padmapriya	Dr. Prasanna	Baby care

From Unit	To Unit	Information to Attendant
LDR	TOD	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Baby's DP file	–	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	Baby diaper	(1)
3.	Baby wipes	(1)
4.	Baby dress (Boy)	(1)
5.		

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

Dr. Prasanna

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

Patient & Clinical Records Received by : Pooja @ 11.30am.

Date & Time of Patient Received :

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