Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLI Baby B/O P SREELATHA
06-07-2025 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

\BLES BILLING

Date: 8/7/25

Name of the Patient: .....

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

Ward: 6th Floor Room No: B02

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	Nurse Sign	Pharmacy Sign
Date:	Date: 8/7/25	Date: 8/07/25
Time:	Time: 6 AM	Time: 8.44

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	8/7/26						
Activity Sheet update by Pharmacy		8.41					

ACTIVITY RECORD FOR BILLING

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Name: Mo. Sreeja

UHID No: 93800 IP No: 36346 Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	1:00 pm	LDR	6th floor	

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
6/7/26	Blood Grouping	26021537	
6/7/26	FBS	26021563	
6/7/26	RBS	21704	
7/7/26	RBS	21633	
	RBS		
7/7/26	RBS	21704	
7/7/26	RBS	21765	
	RBS		
8/7/26	RBS	21799	
8/7/26	RBS	26021821	
8/7/26	SBR OAE NBS	1723733	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 8/4/26 Time: 6pm Prepared By: Praveena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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GUL-00093508 IP No-00030340
Baby B/O P SREELATHA 0 Y 0 M 2 D (M)
06-07-2026
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcemënt					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary	7/7/26 at 12 PM				
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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 : IP18-00036346 **Admit Date** : 06-Jul-2026 **Admit Time** : 12:39 PM **UHID** : GUC-00093508

Patient Details :

Patient Name	: Baby B/O P SREELATHA	**Age**	: 0 D
Guardian	: Mr DR.ADARI TULASEE NAIDU	**DOB**	: 06-07-2026 10:58 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 0-0 Kintada Kota Padu Vishakhapatnam Andhra Pradesh INDIA 531034	**Phone No**	: 9948835111
		E-mail	: mohideva12017@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT602-1 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT602-1 **Admission Type** : First Visit

Contact Details :

Name : Mr DR.ADARI TULASEE NAIDU **Relationship** : Father

Contact Address : 0-0 Kintada Kota Padu Vishakhapatnam Andhra Pradesh INDIA 531034 **Phone No** : / 9948835111

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O P SREELATHA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036346**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT602-1**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mr. Adari Tulasee Naidu

Relationship: Father

Date: 06/07/2026 Time: 12:39 pm

Witness Name: A. Sivasankari

Witness Signature: A. Sl

Patient Address:
0-0 Kintada Kota Padu
Vishakhapatnam Andhra Pradesh
INDIA 531034

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

Patient Sticker

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sreelatha. P Age : 29 Father's Name : ADARI TULASI Age : .....

Date of Birth : 6/7/2026 Date of Admission : 6/7/2026 UHID No.: .....

NICU Consultant : Dr. Giridhar. Referring Consultant : [redacted]

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

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

BIRTH INFORMATION

Name : B/o Sreelatha. P.

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 6/7/2026 Time of Birth : 10:58 AM

Place of Birth : RCH LABOUR ROOM GUNTUR.

Mother's Blood Group : O+ve.

Birth Weight (gms) : 2.068 kgs Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : .....

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 16/10/25. EDD : 23/7/26.

Conception : Spontaneous or with Rx. : Rx Letyn 2.5mg Aspirin Ecosprin } stopped @ 3.6w.

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

Last Scans Details : Dating scan @ .....
Anomaly scan @
Growth scan @

IT 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 : .....

Aspirin Ecosprin } Stopped @ 36w.

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 : Aspirin/ Ecosprin Duration : .....
Stopped.

Patient Sticker

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
P1	4	-2023	—	FT	NVD Boy 2.2kg.	A & H
A1	-2023,	MTP			(Found pregnant)	
	AP - Spontaneous conception.					

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
2	2	
2	2	
1	2	
1	1	
2	2	
TOTAL 8/10	9/10.	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried Immediately after birth

↓.

(N) Post-natal examination

Inj. vit K 1mg IM stat given.

↓.

Referred in 1 hour.

Investigation details in previous Hospital :

—

Feeding History :

—

Patient Sticker

Past History :

—

Family History :

—

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Cry & Active - cvd

VITALS : Temperature : 36.5°C HR : 154/min RR : 59/min NIBP : ..... CFT : .....

Color of the extremities : Pink -

Jaundice : — Pallor : — SpO2 : .....

Anthropometry : Birth Weight : 2.068kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : 18/ LGA : .....

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
Facies : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N.
EYES :	Symmetry : Red Reflex : Discharge :	N
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : 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 :	(N) 2UA/1UV.
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	(N) Patent + Tip Stained.
HERNIAL ORIFICES		
TRUNK and SPINE :		(N).
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N).

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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 59/min SCR / ICR / See - Saw breating : .....

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

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator no grunt / retraction.

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : ..... Precordial Activity : S1S2 (+)

Femoral Pulses : B/L femorals (+). Murmurs : —

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

Abdomen :

Shape : Soft Hernia orifice : .....

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

Palpable masses : ..... Umbilical Cord : (N)

Abdominal girth : ..... First urine passed : ✗

Meconium passed : ✗

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

State of wakefulness : cry ± Drowsy - Irritable.

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : (N) all 4 limbs

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : .....

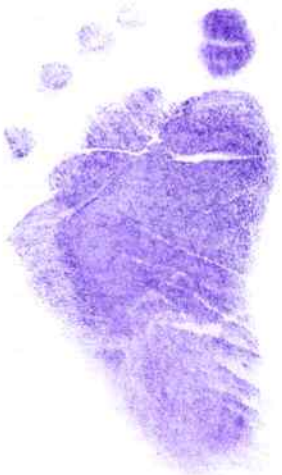
.....

Diagnosis : .....

.....

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Pawan Hemani.

Date & Time : 6/7/2026, 11:20 AM

Consultant : for Dr Pawan.

Signature : .....

Name : Dr. Giridhar.

Date & Time : 6/7/2026.

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....1) warmth

.....2) Cord blood grouping & typing.

.....3) Pre & post ductal SpO2 : mandatory.

.....4) Reassess in 1 hour.

.....5) CBH at 1 hr of life

Feeding Plan at the time of shifting : .....6) S. Bilirubin / NBS / OAE @ 48 Hrs

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 5pm	S/B Dr Sirisha	
	Baby reviewed	
	Pink at air	
	Tolerating oral feeds well	
	Sucking good	
	Sugars monitoring	
	O/E	
	Afebrile	
	CVS S1S2+	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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STAT / ONCE ONLY DRUGS

Name: ....

Weight 2.068 kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
6/7/26	11.05 am	Inj Vitamin K	1mg (0.1ml)	IM	[illegible]	ND	SA
7/7/26							
7/7/26	1.30pm	Inj BCG	0.05ml	ID		[illegible]	[illegible]
7/7/26	1.30pm	Inj Hep B	0.5ml	IM	[illegible]	[illegible]	[illegible]
7/7/26	1.30pm	OPV drops	2 drops	PO	[illegible]	[illegible]	[illegible]

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

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

RM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7/26 Time: 4pm 4 pm 8 pm 12 AM 4 Am.

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

On admission 102°F.
98°F
96.8°F
99.6
99.9°F
98°F
97.1°F
97.1°F
98.

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

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

140

Note: BP does not score in early warning scoring

Heart Rate (Number)	140	150 bpm	140 bpm	136 bpm	142 bpm	140 bpm
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10	46				
Resp Rate (Number)	46	50 bpm	44 bpm	40 bpm	42 bpm	40 bpm
Resp Distress: Mod/ Severe / None / Mild	NR	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	98%	97%	100%	98%
Conscious Level: Normal / Altered	ALT	✓	✓	✓	✓	✓
GCS *	15	Alert	Alert	Alert	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Dr. GIRIDHAR S

Doc. 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: 7/7/25 Time:	8am	12pm	4pm	8pm	12AM	4am
Doctor/Nurse/Family Concern?						
Temperature (°F)	97.1F	98.1F	97.9°F	97.9	98.8F	
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						
Heart Rate (Number)	136bpm	126bm	140bpm	140bpm	140bpm	142bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	40bpm	40bm	38bpm	34bpm	38bpm	40bm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	98%	99%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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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BirthRight
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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-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: ~~Diarrhoea~~ motion	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
6/7/26												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	DBF										
	01:00 pm											
Total Intake : DBF										Total Output : Not passed u/m.		
	02:00 pm										No	
	03:00 pm	DBF									IV	
	04:00 pm											
	05:00 pm	DBF					✓			✓	Line	
	06:00 pm											
	07:00 pm	DBF										
Total Intake : (3) DBF										Total Output : Patient.		
	08:00 pm											
	09:00 pm	DBF								✓	No	
	10:00 pm										IV	
	11:00 pm	DBF.								✓	line	
	12:00 am						✓					
	01:00 am											
Total Intake : (2) times DBF.										Total Output : 2 times		
	02:00 am	DBF								✓	No	
	03:00 am	DBF.									IV	
	04:00 am											
	05:00 am	DBF					✓				No	
	06:00 am											
	07:00 am	DBF										
Total Intake : (4) times DBF.										Total Output : 1 time.		

Total 24 hrs. Intake	10 times DBF.

Total 24 hrs. Output	4 times.

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06-07-2026 0 Y 0 M 0 D 3 H (M)
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FLUID CHART

Sheet No. : (2)

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

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

Total 24 hrs. Intake	11 times DBF	Total 24 hrs. Output	6 times.

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NB/ Team

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	6/7/26 M	6/7/26 E	6/7/26 N	7/7/26 M	7/7 E	7/7 N
Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
Diet:	DBF	DBF	DBF	DBF	DBF	DBF

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.4°	98.6°F	97.6°F	97.5°F	98°F	
Res:	40	42bpm	40bpm	40bpm	40bpm	
SpO_2:	100%	100%	98%	100%	100%	
Pulse:	140	142bpm	140bpm	138bpm	140bpm	
BP:	–	–	–	–	–	
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0/10	0/10	0/10	0/10	14	14
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Physiotherapy:	–	–	–	–	–	–
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	DBF	–	–	–	–	–
Critical Lab Test / Values:	–	–	–	–	–	–
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	–	–	–	–	–	–

Handed Over By Name :	Noor	Jeintha	Paul	Noor	Noor	Paul
Signature / ID :	01960	Jeintha	Paul	012793	012793	Paul
Date:	6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	8/7
Time:	1.30pm	8pm	7.30AM	8PM	7.30pm	8PM
Taken Over By Name :	Jeintha	Carolin	Noor	Noor	Praveen	
Signature / ID :	01960	Paul	012793	012793	Paul	
Date:	6/7/26	6/7/26	7/7/26	7/7/26	8/7	
Time:	8pm	8.30pm	7.30AM	8pm	8PM	

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0Y0M0D3H (M)
Dr. GIRIDHAR S

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NURSING CARE RECORD

Date: 6/Feb

Goals

- ☐ Maintain Airway and Oxyg...
- ☐ 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	11.00 am	Maintain good nutritional status	11.30 am	Assess nutritional status and appetite. Assist with feeding if needed.	Baby activity is good	Reassessment done.	Devi 9960
Afternoon	2 pm	Assess for feeding position and technique	3 pm	taught Mother about Breast feeding positions and technique	Baby active Latching well for feeds	Re assessment done	Jeya devi
Night	8pm	To Maintain Good Nutrition Status		Improve & Maintain by provide proper feeds	Evaluate by Input & output chart	Nutritional value maintained well	Jeya devi

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

NURSING CARE RECORD

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Date: 7/7/26

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	7.30 AM	maintain Good Nutritional Status	8AM	Assess Baby condition monitor vital sign maintain I/o chart Encourage mother to give DBF Q3H	Improving good nutritional Status	Re assessment Done	Jan' 012993
Afternoon	1.30 PM	maintain good nutritional Status	2pm	Assess Baby condition monitor vitals Encourage mother to give DBF Q3H	Improving good nutritional Status	Re assessment Done	Jan' 012993
Night	8PM	To improve Nutritional Status		Improved by provide propel feeding to the baby	Evaluate by Input & output chart	Nutritionally Baby well & Normal	[illegible]

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

NURSES NOTES

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	11.00 am	Admission notes on 6/7/26	
		Baby normal vaginal delivery	
		done 6/7/26 at 10.58 am	
		alive boy baby. Baby Immediately	
		cord clamping. Baby handing	
		over to Pediatrician. Baby	
		routing care given. Inj Vit K	
		0.1 ml IM given. Cord clamping	
		... suturing done. Cord blood	
		sent to for blood grouping	
		Baby crying is well, activity is	
		good, colour is pink.	
		Baby not passed urine, motion.	
		B - 6/7/26 at 10.58 am	
		A - Boy	
		B - 2.068 kg	
		4 - 7/10, 8/10	← [illegible]
	12.00 pm	Baby vital checked &	
		recorded. Baby Breast given	
		sucking is good. Baby	← [illegible]
	1.00 pm	Baby shifted to mother side	
		Baby handling over to 6th	
		floor staff. Baby crying [illegible]	
		Informed to [illegible] 6th	
		[illegible] to be continue.	← [illegible]

STEAM
Man.: 2025 - 06
Exp.: 2030 - 06
Ref.: 106.303.0500
Lot.: 14176
Steriintech
6 Type ISO 11140
Green = Sterilized
SV: 121°C - 15 min. 134°C - 3,5 min.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On receiving Notes from LDR	
6/7/26	1 pm	Baby details handover taken from LDR staff baby active and alert. baby while receiving active and alert baby warmth pink in colour	Jey Divya
	2pm	Baby on OBP and fully totally well for feeds Baby comfortable sleeping	
	4pm	Baby vitals checked and recorded Baby Latching well for breast feeds	
	6pm	I/p chart maintained & Recorded vaccination due to do NBS/SBR/OAE 48 hours of life	Jey Divya
	7pm	I/p chart maintained and recorded Baby Diaper changed	Jey Divya
	7-30pm	Hand over given to night duty staff Night duty.	
6/7/26	7.30 pm.	Baby Handover taken from evening duty staff Nurse. Baby was conscious & alert and Baby under room air.	
	8 pm	Vitals are monitored & recorded and Vitals are	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

(2)

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies ..... N/A

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Stable. No other complaints	
	10pm	Baby on DBF 2nd baby tolerated well and normal.	
4/7/26	12am	vitals are monitored and recorded and documented	Priya ANM

	CP	PP	CRT
8PM	++	++	<3sec
12AM	++	++	<3sec

2am.	Baby was kept in the cradle and papped well and baby was warmth		Priya ANM
4am.	vitals are monitored & recorded & vitals are Stable.		

	CP	PP	CRT
4AM	++	++	<3sec

6am	Morning care given to the baby and weight checked and document clinically child well		Priya ANM
7.30am	Hand Over given from Morning duty staff		Priya ANM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26		Morning Duty	
	7.30 AM	Baby details handing over taken from night duty staff. Baby is conscious and active. Baby is on room air. Baby is Pink in colour.	012893
	8AM	vital signs are checked and recorded. vital signs are stable. CP ++ PP ++ CRT <3sec	012893
	10AM	Baby taking DBF Q2H Baby feed tolerating well No any other fresh complaints. Baby is stable.	012893
	12pm	vital signs are checked and recorded. vital signs are stable. CP ++ PP ++ CRT <3sec	012893
	1pm	Baby intake and output chart maintained & recorded.	
	2PM	Baby taking DBF Q2H. No any other fresh complaints Baby is stable.	012893

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

B/o Sreelatha

Patient Sticker

GUC: 93503

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		(Contine)	
	APm	vital Signs are checked and recorded vital Signs are Stable	

CP	PP	CRT
++	++	<3sec

Rani 012893

	8PM	Baby taking DBF QgH tolerating well. no any other complaints Baby is Stable.

L - 2
A - 2
T - 2
C - 2
H - 1/9 neat supervision

Rani 012893

	7 PM	I/o chart maintained.
	7.30PM	Handing over given to Night duty SIN.
		Night duty (7/7/20)
	1.30 pm	Baby ~~Handover taken~~ from evening duty Staff Nurse. Baby was concious & alert. Baby under room air.
	8pm	Vitals are monitored & recorded and vitals

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/1/26		Stable	
	10pm	Baby on DBF @ 2nd baby tolerated well and normal	
		CP: ++ PP: ++ CRT: <3sec RR: 8pm ← Pulse on RR	
	12AM	vitals are monitored and recorded and Vitals are stable	
		CP: ++ PP: ++ CRT: <3sec RR: 12PM ← Baby on RR	
	2AM	Baby was kept in the cradle and warmth was maintained well vitals are monitored and recorded and vitals are stable.	
		CP: ++ PP: ++ CRT: <3sec RR: 4AM ← Pulse on RR	
	6am.	Morning care given to the patient and weight checked and documented monitored Input & output chart & documented sample sended to lab.	Pulse on RR
	7.00	Hand over given from Morning duty staff →	Pulse

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093508 IP18-00036346
Baby B/O P SREELATHA
06-07-2026 0Y0M0D3H (M)
Dr. GIRIDHAR S

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE 6/7/26	F DATE 6/7/26	N DATE 6/7	M DATE 7/7	F DATE 7/7
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					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	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		✓	✓	✓	✓	✓
	Nurse's Name:		Devi	Devi	Priya	Devi	Devi
	Signature:						
	Date:		6/7/26	6/7/26	6/7/26	7/7	7/7
	Time:		1.00PM	2pm	8PM	2pm	2pm

Patient Sticker

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			♀				
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
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					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total						

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

Bed in low position						
Call device within reach						
Wheels Locked						
Room free of clutter						
Adequate lighting						
Wheel chair support						
Other Intervention(s) Specify						
Nurse's Name:						
Signature:						
Date:						
Time:						

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GUC-00093508 I 00036346
Baby B/O P SREELATHA
06-07-2026 0Y0M0D3H (M)
Dr. GIRIDHAR S

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

BRADEN 'Q' SCALE

(for Paediatric use)

☐M ☐F IP No.: .....

				Date :	6/7/26 N	6/7/26 F	8/7 N	7/7 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.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	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	24	25	24	25
				Evaluator's Name				

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

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Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

Patient Stick

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	11.00 AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain.	Dem' 0960
6/7/26	4pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Dem' 0 1 Mon
6/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Daily 0 D 37
7/7/26	4AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	0 D 37
7/7/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Dem' 0 2 D 37
7/7/26	2pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Dem' 0 2 D 37
7/7	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Daily
8/7	4AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Daily
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

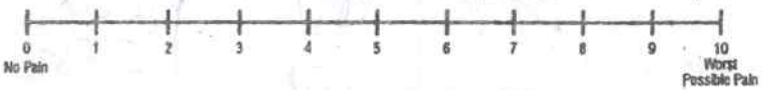
Re-assessment Frequency:

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Sreelatha Mother's Name: Mrs. Sreelatha

Date of Birth: 6/7/26 Time of Birth: 10.58 am Gender: ☑ Male ☐ Female

Birth Weight: 2.068 Kgs HC: 30 cm Lenght: 40 cm

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

Term / Pre-term / Post-term: Term

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

Mrs P SREELATHA
25-04-1997 29 Y 2 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.4 °C HR: 140 /Min RR: 46 /Min BP: — SpO_2: 100%

Pain Score: 0/10 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

Vitamin K 1 mg IM 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: Mrbeni Signature: ..... Date &Time: 6/7/26 am. 11.00

Docu. No. : RCH /FRM / CLINICAL / 144

PATIENT TRANSFER FORM

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Baby B/O P SREELATHA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Giridhar	6/7/26 At	6/7/26 At 1.00 pm
	Transfer Ordered by	Reason for Transfer
	Dr Imbra	Baby shifted to mother side
From Unit	To Unit	Information to Attendant
NICU	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
IP file-(1)	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Baby shifted to mother side order by Dr Imbra.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N N. Devi	Dr Imbra.

Patient & Clinical Records Received by : Sowmya

Date & Time of Patient Received : 6/7/26 At 1.10PM

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