Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
08-07-2026 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		baby					
Activity Sheet update by Pharmacy		8.41a					

ACTIVITY RECORD FOR BILLING

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Your Right to a Safe Delivery

Name: GUC-00093517 IP18-00036350 Baby B/O HAAJIRA PARVIN T 06-07-2026 0Y0M0D0H (M) Dr. GIRIDHAR S

UHID No:

Consultant: Dept:

Date of Admission: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	3:30pm	OT	MICU	
6/7/26	7.40pm	MICU	713	

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	cord blood	26021570	
6/7/26	RBS	26021677	
7/7/26	RBS	26021685	
7/7/26	RBS	26021720	
7/7/26	RBS	26021775	
8/7/26	Sr.bil/HBs	26021801	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8/7/12	DAG	CD	1723737	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 8/7/12 Time: 2pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby B/O HAAJIRA PARVIN T
08-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		8/7/26 @ 1805			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

8/7/26
TWT : 2.235kg
HT : 34 cm
L - 47cm

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

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BED SIDE CHECK LIST FOR NURSES

Date:	6/7	7/7	8/7						
Doctor's Orders	yes	yes	yes						
Carried out or not	yes	yes	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	yes	yes	~~NA~~						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	NA	NA	yes						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	6/7/26 6PM	7/7 2PM	8/7 2PM						
Hand Over Taken By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	7/7 8AM	8/7 8AM							

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036350 **Admit Date** : 06-Jul-2026 **Admit Time** : 02:39 PM **UHID** : GUC-00093517

Patient Details :

Patient Name	: Baby B/O HAAJIRA PARVIN T	**Age**	: 0 D
Guardian	: Mr SHARULLA S	**DOB**	: 06-07-2026 02:11 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: no.325, 3rd street, samayapuram nagar, karampakkam Porur Kanchipuram Tamil Nadu INDIA 600116	**Phone No**	: 9884118689/ 9940297868
		E-mail	: sharulla2k@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE713-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE713-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SHARULLA S **Relationship** : Father

Contact Address : no.325, 3rd street, samayapuram nagar, karampakkam Porur Kanchipuram Tamil Nadu INDIA 600116 **Phone No** : 9884118689

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O HAAJIRA PARVIN T**	**Age :**	**0 Y 0 M 0 D 5 H**
IP No:	**IP18-00036350**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-1**

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 [redacted] 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: Shamitha s
Relationship: Father
Date: 6/07/2026 Time: 2:39
Witness Name: Jeevith
Wittness Signature:

Patient Address:
no.325, 3rd street, samayapuram nagar, karampakkam Porur Kanchipuram Tamil Nadu INDIA 600116

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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. Haajra parvin	UHID Number : GUC-0009351
Self/Attendant Name : Shaukla	Relation : Father
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0Y0M0D6H (M)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
6/7/26	4pm	98 mg/dl	@6hrly	[illegible]
6/7/26	10pm	90mg/dl	@6hrly	[illegible]
6/7/26	4Am	73 mg/dl	@6hrly	[illegible]
7/7/26	10Am	76mg/dl	@6Hrly	[illegible]
7/7/26	4pm.	67 mg/dl	@6th	[illegible]
8/7/26	8:30Am	59 mg/dl	@6th	[illegible]

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

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Occupation	:	**Martial Status**	:
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Co-Consultant :

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IP No:	**IP18-00036350**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-1**

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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 [redacted] 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.

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(Receivers Signature:.....)

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4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

no.325, 3rd street, samayapuram nagar, karampakkam Porur Kanchipuram Tamil Nadu INDIA 600116

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Hajira Parvin Age : 24yrs Father's Name : .... Age : ....

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

NICU Consultant : Dr. Giridhar 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 Hajira Parvin
Gender : ☑ M ☐ F Blood Group : ....
Date of Birth : 6/7/26 Time of Birth : 2:11 pm
Place of Birth : RCH, OT

Mother's Blood Group : B(+ve)
Birth Weight (gms) : 2.288 kgs Length (cms) : ....
OFC (cms) : ....
Estimated Gesth Age : 38 + 3 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 24 yrs Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 10/10/25 EDD : 17/7/26

Conception : (Spontaneous) or with Rx. : ....

Booked at what GA. : 8 & 9 AN Steroids Drugs / Doses : ....

Last Scans Details : FTS - ↑ed risk of P.G, NT - ↑ U.A HRF 36 wks cephalic. 2/7/26 - SL IUGA - 37+6 / TT Immunization and Iron / Folic Acid : 19/6/26 EFW - 243 gm Cephalic / FM(+) / AFI-10.4 AFI - 10.1 / FM(+)

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 on Ecospirin

How many Drugs / Doses / Since how long : stopped @ 36 wks
GHTN on T. LOBET 100mg BD

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 : ....
ARM at 9:40am

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

Controlled or not, recent values, HbA1 values : ....
on DHA - Glyciphage SR 500mg 1-0-1

Compliance with Rx : ....

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

H/o Hypothyriodism : when diagnosed ? Medication?
on thyronorm 75/87.5 µg

Any other Chronic Medical Problems, when detected

drugs ? Class III Obesity

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : Non-progress of labor

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 7/10	8/10	9/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

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P

History of Present Illness:

- Baby cried immediately after birth
- Routine care proceeded.
- 2A + IV (4).
- Did not pass urine / meconium.
- No gross congenital anomalies noted.
- Inj. VITAMIN K 1mg (i.m) stat given over (R) thigh

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°C HR : 155/min RR : ..... NIBP : ..... CFT : 3 secs

Color of the extremities : Acral Cyanosis (+)

Jaundice : ..... Pallor : ..... SpO2 : 100% ↓RA

Anthropometry : Birth Weight : 2.288 kgs Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ✓ ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding : Caput (+)
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism)

NECK and CLAVICLES :
Range of Motion : / (N)
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex : / (N)
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : / (N)
Palate : No cleft lip/ palate
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax : / (N)
Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : / (N)
Bowel Sounds :
Umbilical Stump : 2A+1V
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : B/L Testis descended
Anus : patent

HERNIAL ORIFICES

TRUNK and SPINE : (N)

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Arms / Legs : / (N)
Deformities :
Mobility :
Hip Joint Examination :

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 45/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

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

Cardiovascular System :

HR : 158/min BP : ..... Precordial Activity : S1S2 (+)

Femoral Pulses : Felt Murmurs : .....

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

Abdomen :

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

Palpation : Soft Anal Patency : Patent

Palpable masses : ..... Umbilical Cord : 2A + 1V

Abdominal girth : ..... First urine passed : / Not passed at birth

Meconium passed : .....

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

State of wakefulness : / Alert

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : /N

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

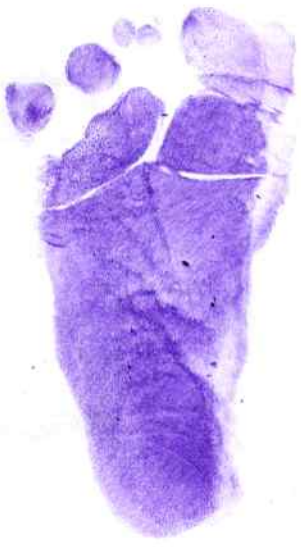
Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : 38+3 weeks / Boy / Em. LSCS (Non-progress of labour) / Birth wt - 2.288 kgs / SGA / IDM

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Kavitha

Date & Time : 6/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   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 : - Warmth
- DBF q2hourly
- Check CBG at 1 hour of life & every 6th hourly & inform
- W/f hypoglycemia
- S.Bil
- NBS
- OAE @ 48 hrs of life.

Plan during ward follow up :
- 4 limb SpO2 @ 24 HOL.
- Vaccination to be done

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 6pm	S/B Dr. Shubha	
	Baby reviewed	
	quite at air	
	Tolerating feeds well.	
	O/E	
	CVS - S1 S2 (+)	
	RS - Clear.	
		Adv
		- Continue CBG monitoring
		- To do CBC, NBS, OAE tmr.
	[signature]	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093517 IP18-00036350
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06-07-2026 0 Y 0 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.2.88 ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
6/7/26	2.11pm	Inj. VITAMIN K	1mg	i.m			
7/7/26	5pm	Inj BCG	0.05ml	ID.		AA	SS
7/7/26	5pm	Inj HepB	0.5ml	IM		AA	SS
7/7/26	5pm.	OPV drops	2 drops	PO		AA	SS

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

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7/26 Time:		2:11PM	4PM	6PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?							
Temperature (°F)	104						
	103						
	102						
	101						
	100						
	99	99.6F	98.1F	98.4F	98.6F	97.6F	97.6F
	98						
	97						
	96						
	95						
	94						
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150	140bpm	142bpm	140bpm			
	140						
	130						
	120						
	110						
	100						
Note: BP does not score in early warning scoring	90						
	80						
	70						
	60						
	50						
Heart Rate (Number)		140bpm	142bpm	140bpm	140bpm	140bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *	70						
	60						
	50	50bpm	50bpm				
	40						
	30						
	20						
	10						
Resp Rate (Number)		50bpm	40bpm	40bpm	40bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild		-	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		98%	99%	98%	99%	99%	99%
Conscious Level: Normal / Altered		-	✓	✓	✓	✓	✓
GCS *		4/5	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

Rainbow® Children's Hospital
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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-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 07/11/26 Time:	8AM	12PM	4PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	97.6°F	98.2°F	98.6°F	97.0°F	98.6°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				140	138	134
Heart Rate (Number)	136/m	136/m	140/m	140	138	134
Resp. Rate (bpm) (Over 1 Minute) *				40	38	38
Resp Rate (Number)	40/m	40/m	42/m	40	38	38
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	RA
Receiving O_2 (l/min) O_2 Saturations (%)	99% RA	98% RA	99% RA	100 RA	100	100
Conscious Level: Normal / Altered	Alert	Alert	Alert	RA	RA	
GCS *					Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	2	2	2
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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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-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

R.wt: 2.259kg.

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											
	09:00 am											
	10:00 pm											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	—				—	Birth	—				Purabasi
	03:00 pm										NO	Sw'
	04:00 pm	DBF-									IV	Sw'
	05:00 pm										site	Sw'
	06:00 pm	DBF					Motion Passed					Sw'
	07:00 pm											
Total Intake :		2 feeding				**Total Output :**	Nil					
	08:00 pm											N·A
	09:00 pm	DBF									NO	N·A
	10:00 pm										IV	N·A
	11:00 pm										site	N·A
	12:00 am											N·A
	01:00 am	DBF								✓		N·A
Total Intake :		2 hrs of DBF				**Total Output :**	30 ml					
	02:00 am	DBF									NO	N·A
	03:00 am											N·A
	04:00 am										IV	N·A
	05:00 am											N·A
	06:00 am	DBF					✓				site	N·A
	07:00 am											N·A
Total Intake :		1 hrs of DBF				**Total Output :**				Nil		

Total 24 hrs. Intake	6 times of DBF
Total 24 hrs. Output	30 ml

1 hrs of urine 1 time motion

GUC-00093517 IP18-00036350
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06-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

twt: 2.211 kg.

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

7/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										No	SM
	09:00 am	DBF					✓			Diaper change	IV	SM
	10:00 am										line	SM
	11:00 am	DBF									No	SM
	12:00 pm						✓				IV	SM
	01:00 pm	DBF									line	SM
Total Intake : 3 times DBF						Total Output : 2 time Motion.						
	02:00 pm										NO	AA
	03:00 pm	DBF									IV	AA
	04:00 pm						✓			Diaper change	line	AA
	05:00 pm	DBF									No.	AA
	06:00 pm						✓			Diaper change	IV	AA
	07:00 pm	DBF									line	AA
Total Intake : 3 time DBF						Total Output : M-2 Time U-2 Time						
	08:00 pm										NO	SN
	09:00 pm	DBF									IV	
	10:00 pm									Diaper wet	line	SN
	11:00 pm	DBF					✓				NO	
	12:00 am										IV	SN
	01:00 am										line	
Total Intake : 2 time						Total Output : U-1 time M-1 time						
	02:00 am	DBF								diaper change	NO	SN
	03:00 am										IV	
	04:00 am						✓			Diaper change	line	
	05:00 am	DBF									NO	SN
	06:00 am						✓			Diaper change	IV	
	07:00 am										line	SN
Total Intake : 2 time						Total Output : U-3 M-2						

Total 24 hrs. Intake	10 time DBF	Total 24 hrs. Output	U-7 time M-7 time

GUC-00093517 IP18-00036350
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06-07-2026 0Y0M0D6H (M)
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NURSING CARE RECORD

Date: 6/7/26

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	3						
Afternoon	3.30 Pm	maintain good Nutritional status	4pm	Assess Baby condition Monitor vital signs maintain I/O chart Encourage the mother to give DBF	maintained good nutritional status	Re assessment done	[signature] 012893
Night	8pm	maintain good Nutritional status	9pm	Assess baby condition monitor vital signs maintain I/O chart encourage the mother to give DBF	maintained good nutritional status	Re-assessment was done	[signature] 607720

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

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NURSING CARE RECORD

Date: 7/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify... N.D.
- ☐ 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	Promote Adequate Nutritional status	12pm	Assess the Baby condition. Provided nutrition status. DBF-Q2Hrly.	Vitals are stable.	Done	[signature] 607
Afternoon	2pm	Promote Adequate Nutritional Status	4pm	Assess the Baby Condition. Provided Nutritional Status. DBF Q2 Hrly	Vitals are Stable	Reassessment Done	[signature] 02
Night	8pm	Assess the general condition. Maintain D/O Chart	12am	Administer due medication. Provide psychological support	Assess the nutritional pattern	Reassessment done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0Y0M0D0H (M)
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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
06/07/26	2:11 Pm	Baby shifting OT Notes
		Baby Birth at 2:11PM, Baby Gender : Boy, Baby weight : 2.288kg.
	2:30p	Vitals on monitoring. Pulse : 150 b/m, R - 50 b/m, SPO_2 = 100%, Temp (N). Baby Skin tone good. pinkish in color. Baby take a normal breath. Cord blood sent to lab. Baby assessment done by DR Kavitha. Suctioning done. Inj: vit K given. Identification tag applied. Baby Shifted from OT to MICU
	3:00Pm	
	3:30Pm	Baby documents & details hand over given to MICU Staff.
		Recieving Notes 6/7/26
06/7/26	3.30pm	Baby recieved from OT to MICU Baby details handing over taken from MICU staff. Baby is conscious and active Baby is on room air. Baby is Pink in colour Baby taking DRF
	4Pm	Vital Signs are checked and recorded vital signs are Stable.

CP	PP	CRT
++	++	<3sec

RBS checked and recorded RBS :- 98 mg/dl

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
6/7/26	6.30pm	Baby taking DBF @ BH. no complaints of vomitting Baby is Stable. Both
	7.40pm	Baby ~~handing~~ ~~over~~ Shifted from MICU to 7th. Baby details handing over given to 7th floor Staff. 01/2893
		RECEIVING NOTES
6/7/26	7:40pm	baby details handing over taken from ~~MICU~~ Staff. baby was received from MICU at 7:40pm Baby was DBF Recvy weight was checked. Baby on DBF RBS 6,6 hrly. Baby on mother Side tomorrow on 4th Saturday vaccination to be done
	8:00pm	Vitals was checked and recorded maintain f/o chart no other Complaints
	10:00pm	Was for feeding, baby taking feed well no other Complaints
7/7/26	12:00pm	Vitals was checked and recorded and maintain f/o Chart

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

NURSES NOTES

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☒ No Known Drug Allergies
☒ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	2:00AM	L - 2	
		A - 2	
		T - 2	
		C - 1	
		H - 1/8 need to be Reponsi	60772
	4:00am	vital was checked and recorded maintain I/O chart	607728
	6:00AM	Baby morning care was given taking feed well weight was checked	60772
	7:00am	vitals was checked.. maintain I/O chart and recorded	60772
	7:30am	Baby details handing over given by morning duty staff	60772
		Morning duty	
07/7/26	7:30AM	Baby details Hand over taken from Night duty staff, Baby active and alert. Baby today vaccine plan, SBR/NBS/OAE today, ~~ABB~~ Saturation 24Hrs, U/M passed, DBF Q2Hrly.	607311
	8AM	Baby vital signs checked and recorded. vitals are stable. maintained I/O chart.	607353

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ..... NKA .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	10AM	Baby had mother feed, L - 2 A - 2 T - 2 C - 1 H - 1/8 need supervision →	Sf 607373.
	12pm	Baby no other complaints, secretion is good, feeding well, maintained Ilo chart. →	Sf 607373
	1:30pm	Baby details Hand over given to Evening duty staff. →	Sf 607373
		Evening Duty Notes.	
	1:30pm.	Baby details Hand over taken from Morning duty staff. → Bed Side Assessment done. Conscious & Oriented. NO IV line. Baby Colour is pink.	02/26
	2pm.	Breast feeding & Sucking good. → Vitals Sig Checked & Recorded vitals are stable. Ilo Chart Monitored. Q2 hourly Breast feeding L - 2 A - 2 T - 2 C - 1 H - 1/8 need Supervision →	02/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 6/7/26	DATE 6/7	DATE 7/7 (M)	DATE 7/7 (N)	DATE 8/7 (M)
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
		Total	15	15	15	15	15

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

Intervention						
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:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		6/7/26	6/7	7/7	7/7	8/7
Time:		at 2:11pm	8pm	8AM	8pm	8AM

Docu. No. : RCH /FRM / CLINICAL / 005

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
08-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

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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:						

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	2:11 pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	[signature] 120378
6/7/26	8 pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature] 60708
7/7/26	12 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature] 60708
7/7/26	4 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature] 607738
7/7/26	10 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[signature] 607383
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
7/7/2	8 pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[signature]
8/7/2	4 am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	[signature]
8/7/26	10 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 607
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

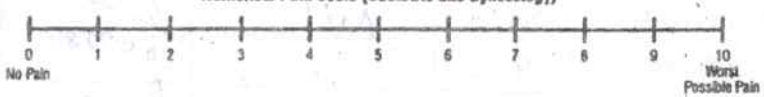
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

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 drawn 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-00093517
Baby B/O HAAJIRA PARVIN T IP18-00036350
06-07-2026
Dr. GIRIDHAR S 0 Y 0 M 0 D 6 H (M)

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PAIN ASSESSMENT FORM

Date	Time	Pain Scr. (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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.
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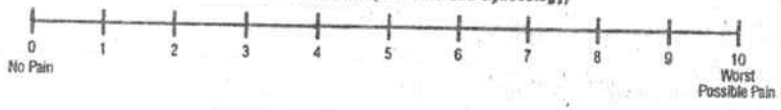
   d) Within 30 – 60 minutes after pain relief intervention.

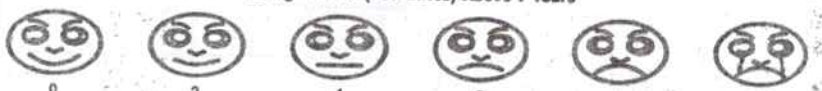
(P.T.O)

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
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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
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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-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

..... Gender : ☐ M ☐ F IP No. : .....

	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.	Date : 6/7/26	6/7/26	7/7	8/7
Mobility					4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	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.	2	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.	2	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."	2	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.	2	4	4	4
				TOTAL SCORE	20	25	25	28
				Evaluator's Name	Priya			

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

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

BRADEN 'Q' SCALE

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

				Date : 8/7			
				Time : 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		
"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		
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		
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		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		
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		
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		
				TOTAL SCORE	28		
				Evaluator's Name	[illegible]		

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

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

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. GIRIDHAR S

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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		
6/7	9pm	yes	educate about the importance of breastfeed	mother	no learning barrier	oral	none	verbal understand	good	
7/7	8pm	Yes	Educated about DBF Orally.	Mother	No	Oral	None	Verbal	Good	
8/7	8pm	Yes	Educated about DBF Orally.	mother	no	oral	None	Verbal	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

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

	Date & Time of Admission	Date & Time of Transfer Order
	6/7/26 at 2:11 Pm	6/7/26 at 3:30Pm.
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. Giridhar. S	DR. Kavitha.	Further management
From Unit	To Unit	Information to Attendant Yes ☑ No ☐
OT	MICU	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?
(1) Clinical file	—	

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S(N) Sangeetha [signature]	DR. Kavitha.

Patient & Clinical Records Received by : [signature] 60735 - at 3:30pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Haajira parvin.T Mother's Name: Mrs. Haajira parvin.T

Date of Birth: 06/07/26 Time of Birth: 2:11 PM Gender: ☐ Male ☑ Female

Birth Weight: 2.288 Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: Term Blood Group: Mother: B+ve - Baby: awaited

Resuscitated: ☑ Yes ☐ No

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

GUC-00085148 IP18-00036327
Mrs HAAJIRA PARVIN T
07-05-2002 24 Y 1 M 29 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Failure to progress at 2 cm Dilatation

Physical Assessment of New Born:

Temp: 36 °C HR: 150 /Min RR: 50 /Min BP: — SpO_2: 100%

Pain Score: N (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: S/N Sangeetha Signature: ..... Date &Time: 06/07/26 at

PATIENT TRANSFER FORM

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GUC-00093517 IP18-00036350
Baby B/O HAAJIRA PARVIN T
06-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

Treating Consultant Name: Dr. Giridhar	Date & Time of Admission: 6/7/26 @ 2.39pm
Transfer Ordered by: Dr. Divyalakshmi	Date & Time of Transfer Order: 6/7/26 @ 7.40pm
From Unit: MICU	Reason for Transfer: further management
To Unit: 713	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: IP file	Number of Imaging Films: -
	Personal belongings including clinical documents. If any handed over to attendant: 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 ☐

Name & Signature of Person who is Transferring: C. Giridhar 012893	Name of Person Ordered Transfer: Dr. Divyalakshmi
Patient & Clinical Records Received by :	
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