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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Name of the Patient: GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

Date: 24/7/26

UHID No: .....

Ward: .....

Gender: .....

Room No: 65

Certified that in respect of the above patient:

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

Patient Authorised Sign
Date: .....
Time: .....

Nurse Sign
Date: .....
Time: .....

Pharmacy Sign
Date: .....
Time: .....

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

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GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

LOOR- 6th floor NAME OF CONSULTANT-

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

ACTIVITY RECORD FOR BILLING

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Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. GIRIDHAR S

Name: .....

UHID No : ..... 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
22/7/26	9.20 pm	LDR	6th floor	Shalini ayatr

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
22/7/26	Blood grouping	26023613	
22/7/26	RBS	26023654	
22/7/26	RBS	26023636	
23/7/26	RBS	2643	
23/7/26	RBS	23705	
23/7/26	RBS	26023719	
24/7/26	RBS	26023744	
24/7/26	RBS		
24/7/26	OAE	732152	
24/7/26	SBR / NBS	23719	

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: 24/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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22-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor -NAME OF CONSULTANT-

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

Twt - 2.656 kg
HC - 32 cm
L - 46 cm

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 : IP18-00036583 **Admit Date** : 22-Jul-2026 **Admit Time** : 03:55 PM **UHID** : GUC-00094179

Patient Details :

Patient Name	: Baby B/O YAMINI SURESHBABU	**Age**	: 0 D
Guardian	: Mr KARTHIK GAJENDRAN	**DOB**	: 22-07-2026 02:12 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016	**Phone No**	: 9840309932/ 7200690512
		E-mail	: YAMINISURESH6@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT615-2 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT615-2 **Admission Type** : First Visit

Contact Details :

Name : Mr KARTHIK GAJENDRAN **Relationship** : Father

Contact Address : 5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016 **Phone No** : 9840309932

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O YAMINI SURESHBABU**	**Age :**	**0 Y 0 M 0 D 13 H**
IP No:	**IP18-00036583**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT615-2**

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: Karthik Gajendran
Relationship: Father
Date: 22/04/2026
Time: 3.56 pm
Witness Name: Pavithra
Witness Signature:

Patient Address:
5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016

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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 yamini suresh baby	UHID Number : GUC - 0094179
Self/Attendant Name : ✓	Relation : father
Self/ Attendant Signature : ✓ Phone Number : 9840309932 / 7200690512	Name & Signature of Financial Counselor

GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 13 H (F)
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94179

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mrs. Yamini

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

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

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

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

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

BIRTH INFORMATION

B/o. Yamini

Name : .....

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 22/7 Time of Birth : 2.12 PM

Place of Birth : LDR, RCH

Mother's Blood Group : B. POSITIVE.

Birth Weight (gms) : 2.914kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+3.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27Y Ht : 162cm Wt : 70 BMI : ..... Married Life : 1 Yr '20/10/25 LMP : ..... EDD : 27/7/26.

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

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

Last Scans Details : 24/7/26 - SLUG, Cephalic, placenta - Posterior, Liquor (N), SDP - 5.6 ..TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease) Cervical polypectomy.

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
	Bimi					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) KAVD

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
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried immediately after birth.
Pink (+), Activity, tone - good,

HR: 156 bpm

SpO_2: 99%.

CRT < 3sec

Inj. VITK - 0.1ml (1mg) IM given.

APGAR. 8/10 @ 1min
9/10 @ 5min.

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 : 158bpm RR : ..... NIBP : ..... CFT : <2sec

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 97%

Anthropometry : Birth Weight : 2.914 Length : ..... HC : ..... Present Weight : .....

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	
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 :	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Zat Tlvein Discharge : NO	(N)
GENITILIA :	Labia / Hymen : ~~Testicles/penis~~ : Anus : Patent	(N)
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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 : RA

Spo2 : 98% Auscultation : BILATERAL Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 158 bpm BP : ~ Precordial Activity : ~

Femoral Pulses : + Murmurs : .....

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

Abdomen : (N)

Shape : ..... Hernia orifice : (N)

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

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : ✓

Meconium passed : .....

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

State of wakefulness : (N)

Prechtle Score : .....

Nerves : (N)

.....

.....

.....

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 : NO

Diagnosis : Term | 38+3 | Girl | 2.914 kg | AGA | well baby

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : 137223

Name : Dr Prasanna

Date & Time :

Consultant :

Signature : 137223

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 : ☐ SP02 : **Weight :**

Any Oxygen requirement :

Systemic :

Medications :

Advice :

- Provide warmth care
- To initiate Exclusive direct breast feeding

Plan during ward follow up :

- Blood grouping.
- Birth vaccination < 24 H
- NBS, OAE @ 48H
- CBG ~~postfeed~~ ac & postfeed q 6H

3/12/23

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/Dv		
10.30 AM	SIB Dr. DEEPAK	
	Adv: TERM / 38+3 / Girl / 2.914kg / AGA / well baby	
	baby reviewed baby is taking DBF	
	7] Btvd passed urine & stools B] Btvd	B.Wt - 2.914g T.Wt - 2.777kg 137g Wt loss 4.7.1.
	O/E: baby is active, alert	
	CVS: NAD RS: NAD P/A: Soft CNS: NFND	W/W passed meconium
		R - Provide warm care - DBF ad lib - Birth vaccine given - NBS, OAE, SBR at 48hrs - CBC tomorrow

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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Pati

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.914kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/7/26	2·15PM	INJ. VITK	0.1ml (1mg)	IM			
23/7/26	11:10AM	Inj HBIG	0.5ml	IM			
23/7	11:10AM	Inj BCG	0.05ml	ID			
23/7	11:10AM	Opv drops	2drops	Oral			

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LINICAL / 124

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

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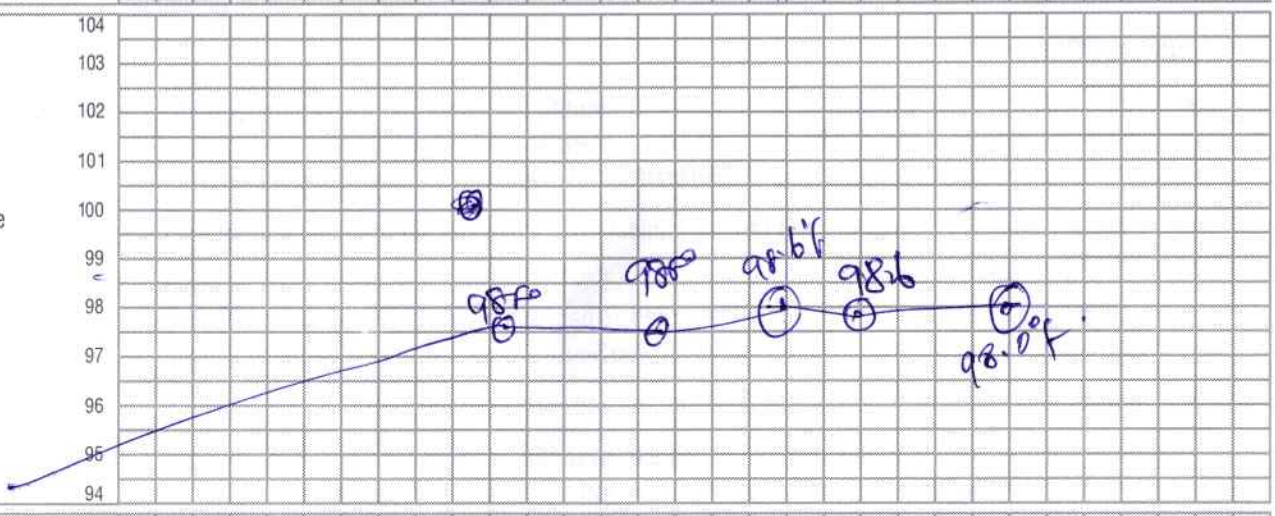
ARNING SCORE: CHILDREN'S UNIT

Date: 22/7/26 Time: 2:15pm 4pm 8pm 12Am 4Am

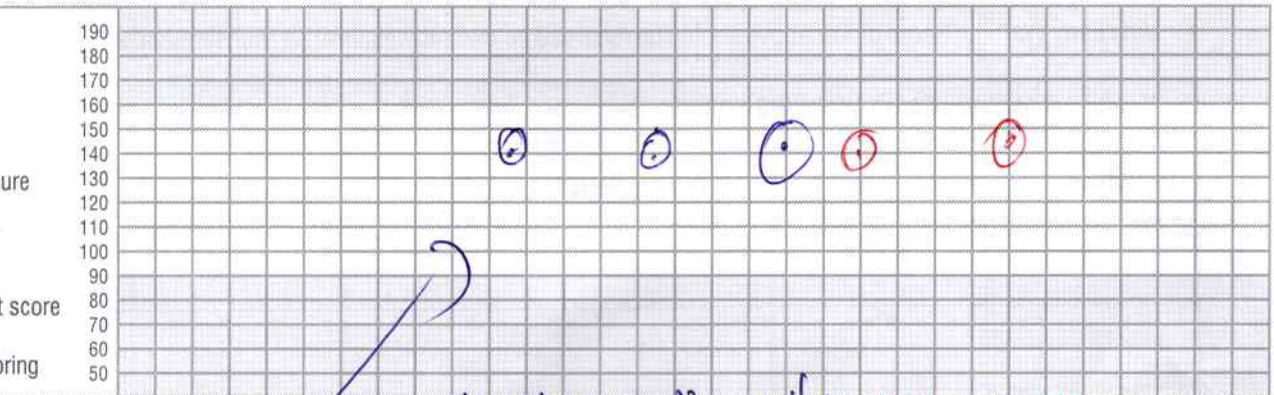
Doctor/Nurse/Family Concern?

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	140bpm	144bpm	140bpm	140bpm	148bpm
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10				
Resp Rate (Number)	55bpm	50bpm	48bpm	44bpm	42bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	99%	98%	100%
Conscious Level: Normal / Altered	Altered	Altered	✓	✓	✓
GCS *	15/15	15/15	Alert 15/15	✓	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. GIRIDHAR S

Doc. No. : RCH/ FRM / CLINICAL / 124 (2)

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

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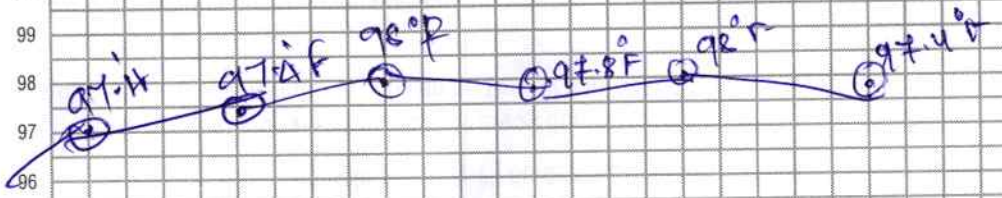
EARLY WARNING SCORE: CHILDREN'S UNIT

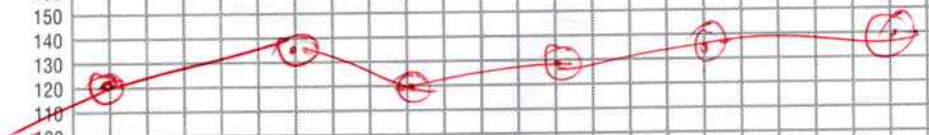
Date: 23/7/26 Time:	8Am.	12Pm.	4pm	8pm	12am	4am
Doctor/Nurse/Family Concern?						

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



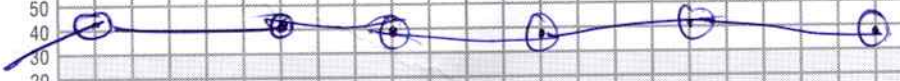
Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring



Heart Rate (Number)	120b/m	135b/m	120b/m	130b/m	135b/m	140b/m

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



Resp Rate (Number)	42br	40br	40b/m	38b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	100%	100%	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : 1

22/7/26

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

22/7/26 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 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm				On Admission							
	03:00 pm	DBF									NO	SA
	04:00 pm										IV	SA
	05:00 pm	DBF									IVC	SA
	06:00 pm											SA
	07:00 pm	DBF										SA
Total Intake :		3 Times				Total Output :						
	08:00 pm										NO	S
	09:00 pm	DBF									IV	S
	10:00 pm										leo	
	11:00 pm						✓			✓	NO	Sm
	12:00 am	DBF									IV	Sm
	01:00 am											
Total Intake :		(2) DBF				Total Output :						
	02:00 am						✓			✓	NO	Sm
	03:00 am	DBF										
	04:00 am										IV	Sm
	05:00 am											
	06:00 am	DBF					✓			✓	Urine	Sm
	07:00 am											
Total Intake :		(2) DBF				Total Output :						

Total 24 hrs. Intake	7 DBF	Total 24 hrs. Output	3 Time

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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.

23/7/26

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	DBF									NO	Prefon
	09:00 am											
	10:00 am	DBF					✓			✓	IV	Prefon
	11:00 am											
	12:00 pm										line	Refu
	01:00 pm	DBF								✓		
Total Intake : 3 Kmoy DBF						Total Output : 2 time.						
	02:00 pm						✓			✓	NO	SS/OT
	03:00 pm	DBF										
	04:00 pm										W	SS/OT
	05:00 pm	DBF										
	06:00 pm										line	SS/OT
	07:00 pm	DBF										
Total Intake : (3) DBF						Total Output : Atime						
	08:00 pm											
	09:00 pm	DBF									NO	Mfish
	10:00 pm											
	11:00 pm	DBF								✓	IV	Mfish
	12:00 am										line	
	01:00 am	DBF										Mfish
Total Intake : (2) -DBF						Total Output : U-1						
	02:00 am											
	03:00 am	DBF									NO	Mfish
	04:00 am											
	05:00 am	DBF					✓			✓	IV	Mfish
	06:00 am										line	
	07:00 am	DBF										Mfish
Total Intake : (2) -DBF						Total Output : U-1 ; M-1						

Total 24 hrs. Intake	(12) -DBF	Total 24 hrs. Output	U-5 ; M-3

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NURSING CARE RECORD (1)

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Date: 22/7/2026

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				T			
Afternoon	2:30 pm	Reduce risk of Hospital. Acquired	3 pm	Maintain Strict Hand Hygiene. Educate Pt & family regarding Infection prevention	Baby was Stable	Reassessment was done	Akshaya 01808
Night	8pm	Promote adequate Nutritim. DSF	8:30 pm	→ Assess the Baby conditim → Provide OBF DSH → Maintain the chart → Monitor Daily weight	Maintain good Nutritim.	Reassessment was done	01407

GUC-00094179 IP[illegible]583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 13 H (F)
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Date: 23/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Promote adequate nutrition for healing and recovery.	10Am	Asses nutritional status & appetite. - Assist with feeding.	To Encourage Breast feeding	Baby is Clinically Normal	Preeti Gopal
Afternoon	2pm	Reduce risk of hospital acquired infection.	3pm	Maintain hand hygiene. → Educate patient and maintain hygiene	To Baby Parents. maintained hygeine.	Baby clinicaly Better observed.	Sen/ Gopal
Night	8pm	Prevents falls and injury.	10pm	→ keep the bed in low lying position.	Baby was kept in cradle with side rails up.	Prevented falls.	Mythili Gopal

GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 14 H (F)
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(1)

NURSES NOTES

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☐ No ~~Known~~ Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
22/7/26	2:19pm	B/O Yamini ICMR Assessed	
		Vaginal delivery Immediately	
		cord was clamped &	
		CM was done cord Blood collected &	
		sent to lab. Checked for	
		vital signs recorded Baby vital	
		are stable pink in colour	
		V/m NOT passed vaccination	
		Not done Inj. Vitamin K apply	
		given to patient Baby is	
		mothers side NO complaints	
		Baby details: ⟶	Akalya 01808
		Date:- 22/7/2026	
		Time:- 2:19pm	
		weight:- 2.914kg	
		Sex:- Girl	
		APGAR Score: 8/10 9/10 ⟶	Akalya 01808
	3pm	⇒ DBF was given to Baby	
		NO vomiting Baby placed to	
		mothers side cross mild 6th hourly ⟶	Akalya 01808
	4pm	⇒ Baby V/m NOT passed	
		DBF taking well NO vomiting	
		vaccination Not done ⟶	Akalya 01808
	6pm	⇒ Baby was stable Active	
		Baby vital are stable pink in	
		colour NO complaints ⟶	Akalya 01808

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0Y0M0D14H (F)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	7:30 pm	→ Baby care hand over given to Night duty staff Nurse Baby is mother side →	Akalya 01808
22/7/26	7:30 pm	Night Duty Notes. (22/7/26)	
		Baby details handing over taken from Night Duty Staff.	
		Baby Activity are good	
	8pm	vital sign checked & Recorded vital sign are Stable	
		Baby vaccination Not done	Shalini 01407
		The chart maintain	
	9pm	CBG checked 62mg/dl. informed Dr-Poojitha she advice CBG Q6H.	
		Baby urine, motion Not passed	Shalini 01407
	9:20 pm	Baby shifted to 6th floor ward	
		Received Notes	
	9:30 pm	Baby received from 2DR to 6th floor	
		weight checked	
		Baby colour pink	
		Baby active & alerts	
		Baby vital signs checked & Record. CP/PR/CR	
		✓ / CA / L3	

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Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 13 H (F)
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(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby RBS need to checked 6th hourly	
22/7/26	11 pm	Baby taken DBF 2nd hourly	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H 1/9 (need Supervision)	
23/7/26	12AM	Baby vital Signs Checked Recorded CP 99 PP ee CN 13	
		maintain I/O charts	
		Baby RBS need to checked 6th hourly	
	4AM	Baby vital Signs checked & Recorded CP ee PP ee CN 13	
		maintain I/O charts	
		morning Care given	
	6AM	Baby weight checked	
		I/O charts monitore	
	7.30 AM	Baby details handover given to morning duty staff	

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty notes.	
23/7/26	7:30am	Baby details hand over taken from Night duty staff. Baby was active and alert →	Praveen 02
	8am	Baby vitals checked and recorded. Vitals Nml →	Praveen Srav
	10am	Baby taking feed No vomiting. OBS 20% In Cy L - 2 A - 2 T - 2 C - 2 H - 1/9 (Need supervision) →	Pav
	11am	Dr. Giridhar Sir seen the Baby. Advice from to continue direct feed. and RBS monitoring →	Praveen Dsr
	12pm.	Baby vitals checked and Recorded. Vital Nml → maintained Intake and output chart	Praveen Osr
	1:30pm	Hand over given from Evening duty staff →	Praveen Osr

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22-07-2026 0 Y 0 M 0 D 13 H (F)
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3

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty Notes.	
23/7/26	1:30pm	Baby details hand over taken from morning duty staff. Baby consious & active.	Staff OBSP
	2pm.	Baby taking feeds DBF only. no vomiting no other complaints. →	
	4pm.	Baby vitals checked & recorded temp is normal.	
		Baby vaccination done today.	Staff OBSP
		Baby urine, motion passed.	
		Baby input output chart maintained. →	
	6pm	RBS Monitoring 6th hrly to continue SBR/OAE/NBS @ 6am →	Staff OBSP
	7:30pm	Hand over given to Night duty staff	
		Night duty Notes.	
	7:30pm	Baby details are handing over taken from Evening duty Notes. RBS - 6th monitoring	
		Tomorrow plan SBR/NBS/OAE →	Nithish
	8 pm	~~Baby Vitals are handing over~~ Baby Vitals are checked & recorded. vitals are stabled.	
		CP ++ / PP ++ / CRT <3s →	Nithish

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10pm	Baby takes Direct breast feeding every 2 hourly →	[illegible]
24/7/26	12am	Baby vitals are checked & recorded. Vitals are stabled CP / PP / CRT ++ / ++ / <3 sec →	[illegible]
	2pm	C -2 A -2 T -2 C -2 H -1 (9) needs supervision →	[illegible]
	4pm	Baby vitals are checked & recorded. Vitals are stabled CP / PP / CRT ++ / ++ / <3sec →	[illegible]
	5am	Morning care was given to the baby. Today baby weight checked →	[illegible]
	6am	→ Sent SBR / NBS Sample as per doctor advice & provide morning care and checked baby weight	[illegible]
	7-30 am	→ Patient handover given to morning duty S/N →	[illegible]

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Baby B/O YAMINI SURESHBABU 0Y0M0D14H (F)
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(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	E DATE 22/7/25	N DATE 22/7	M DATE 23/7	E DATE 23/7	N DATE 23/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

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

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	–	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	–	✓	✓
Adequate lighting	✗	✓	✓	✓	✓
Wheel chair support	✗	–	✗	✗	✗
Other Intervention(s) Specify	✗	–	✗	✗	✗
Nurse's Name:	[illegible]	Shalu	Praveena	Sen	[illegible]
Signature:	[illegible] 01808	[illegible] 01404	[illegible]	[illegible]	[illegible]
Date:	22/7/25	22/7/25	23/7	23/7	23/7
Time:	9:40 pm	8pm	8am	2pm	8pm

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 14 H (F)
Dr. GIRIDHAR S

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name .....

Age... No. : .....

				Date :	E 22/7	N 22/7	M 23/7	E 23/7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent though slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	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	27	27	28	25
				Evaluator's Name	[illegible]	Shal	[illegible]	Staf

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

GUC-00094179 IP18-00036583
Raby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 14 H (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 22/7/26 Time of Birth: 2:12pm Gender: ☐ Male ☐ Female

Birth Weight: 2.914 kg Kgs HC: 32 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: B+ve Baby:

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 3pm

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Poor maternal Efforts

Physical Assessment of New Born:

Temp: 98°F °C HR: 140bpm /Min RR: 50bpm /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 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. Mahaboob 018550 Signature: SM 018550 Date &Time: 22/7/26

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PATIENT TRANSFER FORM

GUC-00094179 IP18-00036583
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. GIRIDHAR S

	Date & Time of Admission	Date & Time of Transfer Order
	22/7/26 at 3:55 pm	22/7/26 at 9:20 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Giridhar	Dr. Poojitha	further treatment
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**
09 File (1)	-	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	(1)
2.	Baby Pampers	(1)
3.	Baby Dress female	2 set.
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 21407 2	Dr. Poojitha

Patient & Clinical Records Received by : [signature] NICU

Date & Time of Patient Received : 22/7/26 @ 9:30pm

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