GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 1 D (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

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

PICME : 13361060252

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F
Dr. PADMAPRIYA EKAMBARAM

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: B/o. Balameenakshi

UHID No: GUC-94006 IP No: 36515 Consultant: DR. PADMAPRIYA Dept: LDR

Date of Admission: 18/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26	2.05pm	LDR	7th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/7/26	Blood Grouping	26023110	
18/7/26	RBS	26023111	
18/7/26	RBS	26023145	
18/7/26	RBS	26023194	
19/7/26	RBS	26023153	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/17m	ODF	(1)	1729913	

ANY OTHER INFORMATION:

Date: 20/7/26 Time: 6pm Prepared By: Ste

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital | Birthright

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 1 D (F)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	20/7/26 at. 11AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		20/7/26 at 11AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

20/7/26

T wt - 2.141. gs

H - 32 cm

L - 46 cm

Latch down : 8

Patient

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

"6th hourly

Date	Time	RBS (mg/dl)	IVF %	Signature
12/7/26	12.30pm	42mg/dl	Dr. Prasanna	Sr Fruitsola
18/7/26	6'30pm	77mg/dl	@6thly	Sr
18/7/26	12.30am	80mg/dl.	@6H	
19/7/26	6.30 am	79mg/l	@6H	
	—	Stop	—	

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

GUC-00094006 IP18-00036515
Baby B/O SALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	19/7	20/7							
Doctor's Orders	YES	yes							
Carried out or not	YES	yes							
Bed Side									
Structured Handover done	YES	yes							
IV Site	NA	NA							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	YES	yes							
Eye Care	YES	yes							
Mouth Care	YES	yes							
Sterillum Bottle, Stethoscope	YES	yes							
Suction Bottle (Should be clean & empty)	YES	yes							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	19/7 8pm	20/7 @8am							
Hand Over Taken By Name :	[illegible]								
Signature :	[illegible]								
Date & Time:	8pm								

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 : IP18-00036515 **Admit Date** : 18-Jul-2026 **Admit Time** : 11:46 AM **UHID** : GUC-00094006

Patient Details :

Patient Name	: Baby B/O BALAMEENKSHI SUNDAR	**Age**	: 0 D
Guardian	: Mr G. PRASANTH	**DOB**	: 18-07-2026 09:35 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO 108 a1 1 weat raja street kancipuram Kanchpuram R S Tiruvallur Tamil Nadu INDIA 631502	**Phone No**	: 9787841322/ 9095982436
		E-mail	: no@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 G. PRASANTH	**Relationship**	: Father
Contact Address	: NO 108 a1 1 weat raja street kancipuram Kanchpuram R S Tiruvallur Tamil Nadu INDIA 631502	**Phone No**	: 9787841322

Signature

Doctor Details :

Doctor Name	: Dr. PADMAPRIYA EKAMBARAM	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr. Priyadharshini S M	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O BALAMEENKSHI SUNDAR**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP18-00036515**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**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 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: G. Prasanth

Relationship: Father

Date: 18/07/2026 Time: 11.44 AM

Witness Name: Parthy

Witness Signature:

Patient Address:

NO 108 a1 1 weat raja street
kancipuram Kanchpuram R S
Tiruvallur Tamil Nadu INDIA 631502

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 Balameenakshi Sundar	UHID Number : GUC-00094006
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature : Phone Number : 9787841322	Name & Signature of Financial Counselor

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Balameenakshi Sundar. Age : ..... Father's Name : ..... Age : .....

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

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

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

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

BIRTH INFORMATION

Name : B/o Balameenakshi sundar

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 18/7/26 Time of Birth : 9.35 AM

Place of Birth : RCH LDR.

Mother's Blood Group : B+ve.

Birth Weight (gms) : 2.80 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+6

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28 Yr. Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 2/11/25 EDD : 9/8/26.

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

Booked at what GA. : ..... AN Steroids Drugs / Doses : Dexa covered @ 28 wks.

Last Scans Details : 11/7/26 → SLUG, 36w+5D, Cephalic, FH (+), AFI - 4.1cms, EFW - 2294g. TT Immunization and Iron / Folic Acid : .....
Doppler - (N). 7.1kg

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 : 4.1 cm.

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: 0 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
P,L	FT,	Forceps AVD,	2.8kg	♂,	Aff	2½ yrs.
PP	Spontaneous Conception.					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) NVD.

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.

HR >150bpm

SpO_2 97%.

CRT <3sec

Activity tone - good.

Pink ©.

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 : 156 bpm RR : ..... NIBP : ..... CFT : < 3 sec

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 97 %

Anthropometry : Birth Weight : 2.3 kg 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 :	(N)
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2 Art + 1 vein. Discharge : NO.	(N)
GENITILIA :	Labia / Hymen : (N) ~~Testicles/penis :~~ Anus : Patent	
HERNIAL ORIFICES		(N)
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 : 60. 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 : Room Air.

Spo2 : 97 % Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 156 bpm BP : ..... Precordial Activity : -

Femoral Pulses : + Murmurs : -

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

Abdomen :

Shape : N Hernia orifice : .....

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

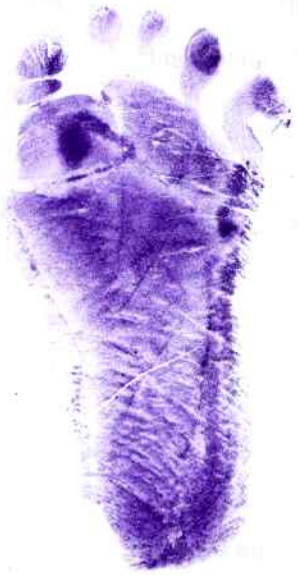
Any Congenital Anomalies : NO

Diagnosis : Late Preterm / 36+6 / Girl / SGA / 2.8kg.

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : 137223

Name : Dr. Prasanna,

Date & Time :

Consultant : For,

Signature : Dr. GIRIDHAR 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 : ..... ☐ SPO2 : ..... **Weight :** .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B. Dr. Lokeshwaran	
18/7/26 6:00PM	Δ: late preterm / 36+6 / Girl / SGA / 2.3kgs	
	~~baby~~	
	A live girl baby born to a mother of B+ve 28yr old, c G2P1A0L1	
	CLAB / normal transition.	
	Nil vit	
	warm perfusion (CRT<3sec)	
	vitals stable	
	urine / meconium passed.	
	RS: clear	~~PA: S/NT~~
	PA: S/NT	CVS: S1/S2/No murmur
	CNS: NFND / (N) cry/tone/activity	
		Advice
		1) CBG – Q6h prefeeds
		2) Weight / PBF - Q1H
		3) Adult spr - at 3 hour
		4) SBr / OAE / NNS at 48hour
	[signature] 20:31PM	

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/1/26 6 AM	S/B - Dr Yuvaraj.	
	Late Pre Term (36+6) /G/ SGA / 2.3 kg /	
M/B+ / B/B+	Child received feeding well pink CFT/A - good AF	TAB - 2.204 kg Urine ✓ Stool ✓ vaccine ✓ OAE ? tomorrow NBS ? tomorrow
	System examination - WNL.	
	Adv - Continue EBF - OAE/NBS/SBR tomorrow.	
19/1/26 5.30 PM	S/B - Dr Yuvaraj	
	Child received Pink, CFT/A - good, AF vitals stable urine output - 2-3 times till now on EBF	
	Adv - Continue same - ~~Tomorrow~~ to do NBS & SBR OAE tomorrow	
	Tomorrow 6AM.	

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M1D (F)
Dr. PADMAPRIYA EKAMBARAM

(3)

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
	S/B Dr. Luckynugsen	
20/7/26 9:30AM		
	Δ : Late preterm (36+6) / Girl / SGA / 2.3kgs	
	baby received	
M/ B+	feeding well - Q2H DBF	
B/ B+		
	C/T/A - good	Bwt : 2.300kgs
	AF at level	Twt : 2.141kgs
		Δ : 159g
	RS : clear	CNS : NFND % : 6.9%
	PA : soft, NT, no mass	CVS : S1/S2 ⊕/No murmur.
	urine ✓	
	meconium ✓	
	vaccination done	Advice
		1. Continue DBF
	SBr →	2. OAE/NBS/ SBr ~~today~~ today
	OAE] today afternoon	afternoon
	NBS]	
	[illegible signature]	
	203377	

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 1.800 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
18/7	9.40 AM	INJ. VITK	0.1 mL	IM.	137223	TJ	SP
			1mg.				
19/7/26	8AM	INJ. BCG.	0.1ml	ID		Sm	VA
19/7	8AM	INJ. HEPATITISB	0.5ml	IM		Sm	VA
19/7	8AM	OPV	2 DROPS	PO		Sm	VA

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

CLINICAL / 124

(1)

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/7/26 Time:	9.35pm	12pm	4pm	8pm	12mn	4am	
Doctor/Nurse/Family Concern?							
Temperature (°F)	98.6F	98.6F	98.6F	97.6F	97.2F	98.4F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	152	150					
Note: BP does not score in early warning scoring							
Heart Rate (Number)	152bpm	150	136bpm	140bpm	150bpm	152bpm	
Resp. Rate (bpm) (Over 1 Minute) *	48	50					
Resp Rate (Number)	48bpm	50	40bpm	48bpm	40bpm	48bpm	
Resp Distress: Mod/ Severe / None / Mild	-	-	-	-	-	-	
Receiving O_2 (l/min) O_2 Saturations (%)	-	-	99% PA	RA 99%	RA 100%	RA 99%	
Conscious Level: Normal / Altered	Alert	Alert					
GCS *	15/15	15/15	Alert	Alert	Alert	Alert	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	
Observer's Initials	fw	fw	✓	[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

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

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-00094006
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 IP18-00036515
0 Y 0 M 0 D 23 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

. 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.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/7/26 Time: 8AM 12PM 4PM 8PM 12MN 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.4F 97.8F 97.8F 97.8F 97.2F 98.1F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 136bpm 132bpm 140bpm 138bpm 136bpm 134bpm

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

Resp Rate (Number): 44pm 40pm 48bpm 40bpm 42bpm 40bpm

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

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
It takes a lot to treat the little.

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)

CUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

RWt : 2.287 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.

18/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	←			on Admission						→	
	10:00 am											
	11:00 am	DBF									NOIV	[illegible]
	12:00 pm										Line	[illegible]
	01:00 pm	DBF									IVP	[illegible]
Total Intake : DBF 2 times						Total Output : Urine Meconium not passed.					Line	[illegible]
	02:00 pm	formula 10ml					✓					80
	03:00 pm										NO	[illegible]
	04:00 pm	DBF										[illegible]
	05:00 pm						✓					[illegible]
	06:00 pm	DBF								30	IV	[illegible]
	07:00 pm	DBF										[illegible]
Total Intake : 3 times DBF + FM 10ml						Total Output : 30ml					IV	[illegible]
	08:00 pm											[illegible]
	09:00 pm	DBF									No	[illegible]
	10:00 pm						✓					[illegible]
	11:00 pm	DBF										[illegible]
	12:00 am									✓		[illegible]
	01:00 am	DBF									No	[illegible]
Total Intake : 2 time DBF						Total Output : 1 Time - U 1 Time - M						[illegible]
	02:00 am											[illegible]
	03:00 am	DBF					✓				No	[illegible]
	04:00 am											[illegible]
	05:00 am	DBF									Sli	[illegible]
	06:00 am										No IV	[illegible]
	07:00 am	DBF								✓		[illegible]
Total Intake : 2 time DBF						Total Output : 1 Time - U 1 Time - M						[illegible]

Total 24 hrs. Intake	11 Time DBF	Total 24 hrs. Output	3 Time - Urine. 1 Time - Motion

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

T.wt 2.204 kg

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.

19/7/26

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										
	09:00 am									1	NO	SR
	10:00 am	DBF										SR
	11:00 am									30ml	IV	SR
	12:00 pm	DBF									Live	SR
	01:00 pm											SR
Total Intake : 3 times DBF						Total Output : 30ml						
	02:00 pm											
	03:00 pm	DBF								1	NO	SR
	04:00 pm											
	05:00 pm	DBF									IV	
	06:00 pm						✓			✓		
	07:00 pm	DBF									Live	
Total Intake : DBF in 3 time						Total Output : U-2 M-1						
	08:00 pm											
	09:00 pm	DBF										
	10:00 pm										No	
	11:00 pm	DBF								50ml	IV	
	12:00 am										Live	
	01:00 am	DBF									NO M	
Total Intake : 2 times DBF						Total Output : 50ml						
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am										IV	
	05:00 am	DBF									Live	
	06:00 am										NO U	
	07:00 am	DBF								50ml	Live	2
Total Intake : 2 times DBF						Total Output : 50ml						2

Total 24 hrs. Intake	2 times DBF

Total 24 hrs. Output	5

M - 2

RH	LH
SpO_2 - 99% P - 136bm	SpO_2 - 98% P - 134bm
RL SpO_2 - 100% P - 134bm	LL SpO_2 - 100% P - 136bm

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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

Date: 18/7/26

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	10 AM	* promote adequate Nutrition	10:30 AM	* Maintain DBF * Monitor weight * Monitor RBS 6th hourly	Maintained/ Good nutritional status to some extend	Reassessment Done	01/07/26
Afternoon	2pm	To prevent - Infection.	3pm	-) Assess the Baby's condition -) To follow hand wash & hand hygiene methods	Prevented - Infection.	Reassessment done.	01/07/26
Night	7:30pm	- Assess the Baby Genus condition. - Provide warmth care to baby	12Am	- Assessed the Baby Genus condition. - Provided warmth care to baby.	Provided warmth care to baby	Baby temperature maintained	

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 19/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nil
- ☐ 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	8pm	Assess the child condition Provide DBF Q2Hrly.	12pm	Assessed the Baby condition Encouraged mother DBF Q2Hrly.	Encouraged mother DBF Q2Hrly.	Done.	Smp 6am
Afternoon	2pm	maintain good Nutritional Status.	2:30 pm	maintained good Nutritional Status.	Encourage Direct Breast feeding.	Reassessment done.	Smp 6PM
Night	7:30pm	- Assess the Baby Clerel condition - provide warm Care to baby	12 AM	- Assessed the Baby Clerel condition - provided warm Care to baby	Provided warm Care to baby	Baby temperature maintained	

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Newborn / Term			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: —			Post OP Day: —			
BACKGROUND	Date / Shift	18/7/26 M	18/7/26 E	19/7/26 N	19/7/26 M	19/7/26 E	19/7/26 N
	Medical Condition (Any special condition to be noted):	Noted	Noted.	Noted	Noted	Noted	Noted
	Diet:	DBF	DBF	DBF	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA	NA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98F	98.0F	97.8F	98.0F	97F	98F
	Res:	48b/m	40b/m	40b/m	40b/min	40b/m	40b/m
	SpO_2:	99%.	99%.	99%	99%.	98%.	99%.
	Pulse:	150b/m	136b/m	138b/m	136b/m	139b/m	130b/m
	BP:	—	—	—	—	—	—
	LOC:	conscious	15/15	Alert	Alert	Alert.	Alert
	Fall Risk Score:	14	14	14	14	16	16
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Normal	Normal	Normal	Normal	Normal	Normal
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
	Critical Lab Test / Values:		—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Sathiyabel	Baluny	E.Sowmi	S.Madhu	Sowmiya	E.Sowmiya
Signature / ID :		[illegible]	Baluny 02685	[illegible]	[illegible]	019355	[illegible]
Date:		18/7/26	18/7/26	19/7/26	19/7/26	19/7/26	20/7/26
Time:		2.30pm	7.30pm	7.30	2pm	8pm.	7.30PM
Taken Over By Name :		Baluny	E.Sowmi	[illegible]	Sowmiya	E.Sowmiya	Kabirai
Signature / ID :		Baluny 02685	[illegible]	[illegible]	019355	[illegible]	[illegible]
Date:		18/7/26	18/7/26	19/7/26	19/7/26	19/7/26	20/7/26
Time:		2pm.	N	8AM	2pm	7.30	8pm

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26	9.35am	Admission Notes (18/7/26) B/o. Bala meenakshi / Newborn / Girl Baby delivered by mode of Normal vaginal Delivery. Baby Resuscitation done by Dr. Prasanna. Baby vitals Monitored, vitals and Recorded. Maintained Rb. Baby wet and active. Cord clamped. Rey. Vit-K 0.1ml IM given as By Dr. Prasanna. Baby Urine Meconium Not passed. Vaccination Not Done. Baby Details B - Alive Girl Baby A - 18/7/26 at 9.35AM B - [illegible] 2.3kg Y - 8/10, 9/10	18/7/26
	10.30am	Dr. Prasanna advised to shift the Baby to NICU. Baby shifted from LDR to NICU. Baby care Handing over given to NICU Staff	18/7/26
	10.45am	Receiving Notes Baby Received from NICU to LDR. Baby Care Handing over taken from NICU Staff-	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ..... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/25		Monitored vitals and Recorded. Maintained I/O. DBF given Baby well and active	
	12pm	Monitored vitals. Baby urine/ Meconium Not passed. Vaccination Not Done. DBF given	
	12:30pm	Baby RBS Monitored 132mg/dl Informed to Dr. Prasanna advised to continue DBF and NanExcella Pro additional Feed	
	1:30pm	Formula Feed 10ml given as per doctor order. Baby Mother side. Urine Meconium Not passed. Vaccination Not Done	
	2pm	Baby shifted from LDR to 7th Floor. Baby Care Handing over given to 7th Floor Staff	
		Receiving Notes	
18/7	2pm	Baby received from LDR to 7th Floor. Baby details handing over taken from LDR Staff. Baby is conscious. Baby colour is pink and warmth. DBF @2hourly & FF @3hrly. No other complaints. →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7	2pm	DBF given to Baby. Sucking well, U/Not passed, M/Passed. →	Balu/607355
	4pm	Baby Vitals are stable: maintained I/O chart. Baby had mother feed, L – 2 A – 2 T – 2 C – 1 H – 1 / 8 need supervision →	Sf 607353.
	6pm	Baby NO other complaints, Secretion is good, maintained I/O chart. →	Sf 607-353.
	6:30pm	RBS Checked and recorded, RBS _____ →	Sf 607-353
	7:30pm	Baby details, Handover given to Night duty staff. → Night duty on 18/7/24	Sf 607353
	7:30pm	Baby details handing over taken evening duty staff. Baby active and good. Baby milk and motion passed. Baby vaccine due. to do Pentavalent, NBS after 48 hours. →	Shan.
	8pm	Vital sign checked and Recorded ←	Shan.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/20	10pm	Baby urine and motion passed. Baby is on 2HH IOBF feed taking well →	
	12am	Vital sign checked and Recorded. vitals are stable →	
	2am.	Baby sleeping well. provided warm care to baby →	
	4am	maintain intake and output chart. Baby vital sign checked and Recorded →	
	6am	weight checked and Recorded morning care is given. →	
	7.30am	Baby details handover taken on morning duty staff → morning duty	
19/7/20	7:30AM	Baby details Handover taken from Night duty staff. Baby active and alert, Baby Vitals are stable. UIN passed, DBF only, RBS @6HRly, CBR/NBS/OAE at 48HRS, Vaccine plan done. →	
	8AM	Baby vital sign checked and recorded. Vitals are stable, today vaccine explain to parents for Dr. Chandra Lekha mam BCG 0.1ml ID, Hep-B 0.5ml IM, OPV 2drops p/o given as per order →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	10pm	Baby sucking is good, no other complaints. Maintained I/O chart. →	Sf 607383.
	12pm	Baby vitals are stable. Maintained I/O chart. Baby U/M passed. → Dr. Padmapriya mam came to see the baby. Tomorrow plan for SBR, NBS, at 6AM —	Sf 607383 Sf 607383
	1:00pm	Maintain I/O chart and recorded —	Sf 607383
	1:30pm	Baby details handing over given by evening duty Staff —	Sf 607383
		Evening Duty	
	2pm	Baby details casefile handing over taken from the morning duty to evening duty staff. —	Hai 607915
	3pm	Baby general condition is assessed. Baby today vaccine done and baby activity is well. —	Hai 607915
	5pm	Baby continue monitoring I/O chart and baby feeding is good. —	Hai 607915
	6pm	Baby feeding position is good and baby continues intake EBF only. Maintain I/O chart —	Hai 607915
	7pm	Baby latching is audible sound and U/M is passed. —	Hai 607915

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26	7.15pm	baby continues monitoring	
		P/o chart and baby feeding	
		position is good	
		L - 2	
		A - 1	
		T - 1	
		C - 2	
		H - 1	
		Baby vitals are stable	→ Hari 60794
19/7/26	7.30pm	Baby details are file	
		handing over given to the	
		evening duty to night duty	
		staff.	→ Hari 60794
		Night duty On 19/7/26	
	7.30pm	Baby details handing over taken	
		from evening duty staff - Baby	
		active and good. colour is pink	
		and normal. Baby urine and motion	
		passed. vaccine done [illegible] NBS	[signature]
		@ 12pm, 2DE tomorrow →	
	8pm	vital signs checked and	
		Recorded vitals are stable →	[signature]
	10pm	Baby is on Q2H DBF. feed	
		taking well. No vomiting →	[signature]
20/7/26	12 Am	vital signs checked and	
		Recorded. Baby sleeping well.	[signature]
		provided warmth care →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE 17/7/26	E DATE 18/7	N DATE 18/7	M DATE 19/7	E DATE 19/7
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	1	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		–	–	NA	X	–
Other Intervention(s) Specify		–	–	NA	X	–
Nurse's Name:		[illegible]	Baby	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	Baby	[illegible]	[illegible]	[illegible]
Date:		17/7/26	18/7	18/7/-	19/7	19/7
Time:		10AM	2pm	8pm	8Am	2pm

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

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE N	DATE M	DATE	DATE	DATE
			19/7	20/7			
Age	Less than 3 years old	4		4			
	3 to less than 7 years old	3	1				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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			
Cognitive Impairments	Not aware of Limitations	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			
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		14	14			

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

Bed in low position	✓		✓			
Call device within reach	✓		✓			
Wheels Locked	✓		✓			
Room free of clutter	✓		✓			
Adequate lighting	✓		✓			
Wheel chair support	NP		X			
Other Intervention(s) Specify	HA		X			
Nurse's Name:	Eswari		V. Abi			
Signature:						
Date:	19/7/26		20/7			
Time:	8pm		8pm			

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

GUC-00094006 IP18-000365[illegible]
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

Ref. No.: F/HW/BR[illegible]/NSG/04

BRADEN 'Q' SCALE

(for Paediatric use)

..... Gender : ☐ M ☐ F IP No. : .....

				Date :	M 18/7/20	E 18/7	N 18/7	M 19/7
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.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life 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.	1	1	1	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	22	22	21	22
				Evaluator's Name	[illegible]	Baby	[illegible]	[illegible]

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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 : 17/7	18/7	19/7	
					Time : 2pm	8pm	8am	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"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	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	1	1	1	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	22	22	22	
				Evaluator's Name	Hai	[illegible]	[illegible]	

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

Docu. No. : RCH /FRM / CLINICAL / 119

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-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

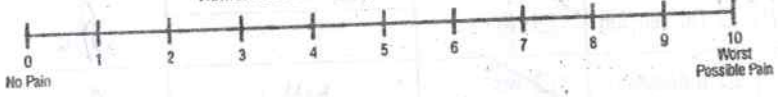
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/26	10 AM	0/10	MC	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIC	18/7/26
18/7	2pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	Baleep 026855
18/7/26	8pm	0no	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
19/7/26	8AM	0no	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
19/7/26	8AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	607383
19/7/26	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	607495
19/7/26	8pm	0no	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
20/7/26	2AM	0no	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
20/7/26	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	607728
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 2 H (F
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Tamil/Telugu Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Newborn Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
18/7/26	10am	Nutrition Diet	Educated to mother about Baby Nutrition/Diet	Mother	NO	oral	None	Verbal	Good	01626
19/7/26	8AM	yes	Educated to mother about DBF Q2H Q3	Mother	NO	oral	none	Verbal	Good	607303
20/7/26	8am	yes	educated to mother about DBF Q2H Q3	mother	no	oral	None	verbal	good	607334

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Bala meenakshi Mother's Name: Mrs. B/O Meenakshi

Date of Birth: 18/7/26 Time of Birth: 9.35AM Gender: ☐ Male ☑ Female

Birth Weight: 1.200 Kgs HC: 32 cm Lenght: 42 cm

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

Term / Pre-term / Post-term: late Pretern

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: B+ve Baby: Awaited

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

GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

Indication: .....

Physical Assessment of New Born:

Temp: 98F °C HR: 152bt /Min RR: 42bpm /Min BP: — SpO_2: 99%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☑ Yes ☐ No Score: 1+2=3 (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: Shr. Tamilselvi Signature: [signature] 18.7.26 Date &Time: 18/7/26 at 10am

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094006 IP18-0003651
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0 Y 0 M 0 D 2 H
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission: 18/7/26 at	Date & Time of Transfer Order: 18/7/26 at 2pm
Treating Consultant Name: Dr. padmapriya	Transfer Ordered by: Dr. Prasanna	Reason for Transfer: Shifted to ward for further care
From Unit: IDR	To Unit: 4th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: DPA101	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.	Baby pampers	1
2.	Baby wipes	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Tamilselvi 018720	Dr. Prasanna

Patient & Clinical Records Received by : Sruthi 607353 at 2pm

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