Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

Baby B/O SUDESHNA S (M) CABLES BILLING
07-07-2026 0 Y 0 M 2 D
Dr. GIRIDHAR S

Date: 9/7/26

Name of the Patient: ..... Gender: .....

UHID No: ..... Room No: 601

Ward: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 9/7/26

Time: 6AM

Pharmacy Sign

Date: 9/07/26

Time: 8.24am

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

Rainbow Children's Hospital

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6AM					
Activity Sheet update by Pharmacy		8AM					

ACTIVITY RECORD FOR BILLING

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Name: B/O Sudeshna

UHID No: GUC-00093542 Baby B/O SUDESHNA S IP18-00036359 07-07-2026 Dr. GIRIDHAR S 0Y0M0D3H (M)

Consultant: ..... Dept: .....

Date of Admission: ..

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

Room / Bed No: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/2026	7.0 am	OT	MICU	0202
7/7/26	4.20 pm	MICU	7th floor	0407

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
4/7/26	cord blood	26021675	
7/7/26	RBS	21713	
7/7/26	RBS	01758.	
8/7/26	RBS	1914	
8/7/26	RBS	1915	
8/7/26	RBS	1916	
8/7/26	RBS	21922	
8/7/26	RBS	1954	
9/7/26	RBS	1954	
9/7/26	NBS, ODE, SBR	21966.	
		24298	
		Total — (8) RBS	

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: 9/7/26 Time: 6AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcemënt	9/7/26 @ 11am				
	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					

T.wt → 2.60 kg
HC - 33cm
L - 44cm

Review with Saturday
C
SBR Report

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 : IP18-00036359 **Admit Date** : 07-Jul-2026 **Admit Time** : 07:45 AM **UHID** : GUC-00093542

Patient Details :

Patient Name	: Baby B/O SUDESHNA S	**Age**	: 0 D
Guardian	: Mr KISHORE SHREYAS	**DOB**	: 07-07-2026 06:01 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:1/53-1 SRIPURAM COLONY ST THOMAS MOUNT CH-16 Alandur Chennai Tamil Nadu INDIA 600016	**Phone No**	: 9940315384
		E-mail	: shreyaskishore23@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE713-2 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE713-2 **Admission Type** : First Visit

Contact Details :

Name : Mr KISHORE SHREYAS **Relationship** : Father

Contact Address : NO:1/53-1 SRIPURAM COLONY ST THOMAS MOUNT CH-16 Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : / 9940315384

Signature

Doctor Details :

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

Referral Doctor : self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SUDESHNA S**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036359**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-2**

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 [redacted] of the patient.

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

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

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

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

Signature of Patient/Relative:

Name: Kishore Shreyas

Relationship: Father

Date: 07/07/26 Time: 7.47 AM

Witness Name: Thamarai Selvan

Witness Signature: Thamarai

Patient Address:
NO:1/53-1 SRIPURAM COLONY ST
THOMAS MOUNT CH-16 Alandur
Chennai Tamil Nadu INDIA 600016

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Sudhushna. 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 sudhushna

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 7/7/26 Time of Birth : 6.01 AM

Place of Birth : RCH OT.

Mother's Blood Group : A POSITIVE.

Birth Weight (gms) : 2.68 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : .....

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 5/10/25 EDD : 23/7/26.

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

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

Last Scans Details : 6/7/26 SLIUG, cephalic, AFI-9.6 cm, 37+4D. CPR-1. BF = 3098 kg.

..... TT Immunization and Iron / Folic Acid : .....

OA = hyhresistance.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G : 2 P : ..... A : 1 L : .....

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Padmasri Pacimalam Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : maternal request

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	1 Minute	5 Minutes	10 Minutes
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			
			TOTAL	7/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Did not cry immediately after birth
Acrocyanosis (+), Tone ↓, Activity ↓.
HR: 126 bpm, SpO_2: 72 – 76 @ birth,
Delivery room CPAP given for 20 seconds & O/E.
with Suctioning → Airway cleared

HR 160 bpm,
SpO_2: 92–94 %.
cyanosis improved., cry (+), Tone improved.

HR: 162 bpm
RR: 62 cpm.
SpO_2: 94 %.
pink (+). cry (+).

INJ. VITK 0.1 ml (1mg) IM stat given.

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 : 152bpm RR : 62cpm NIBP : ..... CFT : <2sec

Color of the extremities : Pink.

Jaundice : - Pallor : - SpO2 : 96%

Anthropometry : Birth Weight : 2.6 8kg 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 :
Discharge :
(N)

GENITILIA :
~~Labia / Hymen :~~
Testicles/penis :
Anus :
(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 RA

Settings : .....

Spo2 : ..... Auscultation : B/L Air entry (+) Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 162/pm 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 : Term / 37+5 / AGA / 2.68kg / BOY /

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Prasanna B7223

Date & Time : .....

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

Advice

Plan during ward follow up :

- Provide warmth care
- to start DBF
- Mothercide
- CBG 6hr post feed
- Birth vaccines @ 24H
- NBS, OAE @ 48H

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

.....

.....

18.1.23

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B/Dr. Suresh.	
	Baby received pink at air Tolerating ora feeds well	
	OE	
	Afebrile CVS - S1S2 (+) RS - Clear	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/16 10:30AM	S/B DR. DEEPAK	
	Adm. TERM / 37+5 / AGA / 2.68kg / BOY	
	Baby reviewed. baby has no new concerns	
	O/E: Baby is alert, looking around	
	CVS: S1S2 ⊕	
	RS: NVBS ⊕	
	P/A: Soft	
	CNS: NFND	
		℞
	B.wt 2.766kg ↓	
	T.W - 2.681kg	→ DBF at 2nd hrly
	↓	→ Provide warmth care
	3% Body weight loss	To monitor vitals / sensorium
		Birth vaccine given
		Cd

Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 20 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0Y0M0D3H (M)
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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/7/26	6.10AM	INJ-VITK	0.1ml (1mg)	IM			
8/7/26	10:45AM	OPV drops	2	ORAL			
8/7/26	10:45AM	I/M HEP-B	0.5ml	IM			
8/7/26	10:45AM	I/D BCG	0.05ml	ID			

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

Ref. : 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: 7/7/26 Time:	Bed	8 AM	12 pm	4 pm	8 pm	12 am	4 am	
Doctor/Nurse/Family Concern?								
Temperature (°F)	98.6°F	98.6°F	98.6°F	97.8°F	98°F	97.8°F	98.2°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	150							
Note: BP does not score in early warning scoring								
Heart Rate (Number)	150	146/m	142/m	138/m	140/m	144/m	138/m	
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	50	48/m	46/m	40/m	42/m	40/m	40/m	
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓	
Receiving O_2 (l/min) O_2 Saturations (%)	99	98%	99%	98%	99%	98%	99%	
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓	✓	
GCS *	15	Alert	Alert	Alert	Alert	Alert	Alert	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	
Pain Score	0	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.

UR	UL
100%	99-1.
LR	LL
98-1.	98-1.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093542 IP No-00036355
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07-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/7/26 Time:	8AM	8PM	4PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?						

Temperature (°F): 97.6F | 98.4F | 97.5°F | 97.2F | 97.4F | 98.4F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	136bpm	148bpm	132bpm	140bpm	138bpm	142bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	42bpm	48bpm	40bpm	42bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%	98%	99%	100%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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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-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : 1

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

7/7/26.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: ~~Diarrhoea~~ STOOLS	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am		DBF								NO	
	09:00 am										IV	
	10:00 am										line	
	11:00 am		DBF									
	12:00 pm											
	01:00 pm											
Total Intake : (5) DBF						Total Output : NIL						
	02:00 pm											
	03:00 pm		DBF			✓				✓	NO	
	04:00 pm										BU	
	05:00 pm		DBF								URine	
	06:00 pm		DBF			✓				✓		
	07:00 am											
Total Intake : (3) times DBF						Total Output : 2 times.						
	08:00 pm											
	09:00 pm		DBF								NO	
	10:00 pm					✓						
	11:00 pm		DBF								BU	
	12:00 am											
	01:00 am		DBF			✓				✓	Urine.	
Total Intake : (3) times DBF						Total Output : 1 time.						
	02:00 am											
	03:00 am		DBF								NO	
	04:00 am											
	05:00 am									✓	IV	
	06:00 am		DBF			✓				✓	line	
	07:00 am											
Total Intake : (2) times DBF.						Total Output : 2 times.						

Total 24 hrs. Intake	10 times DBF.	Total 24 hrs. Output	5 times DBF.

Baby B/O SUDESHNA S
07-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

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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.

6/7/26

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

Total 24 hrs. Intake	12 times DBF	Total 24 hrs. Output	8 times.

Baby B/O SUDESHNA S
07-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Promote adequate Nutrition Bog. DBF	8:30 AM	→ Assess the Baby. Condition → Monitor vital sign → Maintain I/o chart → provided DBF Q2H	Maintain good Nutrition	Reassessment was done.	Shalini
Afternoon	2 Pm	Promote adequate nutritional PBR	4 PM	assess the Baby condition monitor vital sign maintain I/o chart	the Baby had 2nd Bowel Feed.	the Baby urine Output 400 ml	
Night	9pm	promote Health Hygiene	→	→ Encourage oral & Hand Hygiene. → Change cloth & Bed sheet.	maintained personal hygiene	Reassessment done	Jay Shree

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Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 8/7/26

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	8 AM	Prevent falls and injury.	10 AM	Keep bed in low position side rails up ensure call bell is within reach. Assist during ambulation	The Baby was stable.	Prevented injury.	
Afternoon	2pm	Prevent falls and injury	3pm	=> Keep bed in low position & side rails up.	=> Baby kepted in cradle.	=> Baby clinically stable	
Night	8pm	Prevent Infection.	10pm	=> proper hand hygiene followed to prevent infection.	to improve child condition.	=> Improved Baby condition.	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
7/7/26	6.1am	OT Notes
		Baby details :-
		TOB : 6.1 am
		Newly Male.
		Weight. 2.682kg
		Baby well active, Baby cord blood send for cab.
		Vit K injection is given.
		patient shifted to NICU.
		patient file handed over the NICU staff
	7.0am	Dr Rajasekar.
		Receiving Note on 7/7/26
	7AM	Report Received from OT staff to LDR staff. Baby Activity are good No IV line
		vital sign Checked & Recorded vital sign are Stable
		Baby BF taking well. No vomitting — Shalini 014072
		To chart Maintain
		Baby urine. Meconium Not passed
		Baby vaccination Not done
	9AM	CBG checked. 65mg/dl informed DR Prasanna to advice. CHC Q6H post feeds

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Continuous 7/7/26
7/7/26	—	Ifo Chart Maintain
	12pm	vital sign checked & Recorded
		vital sign are Stable
	12.20pm	Baby shifted 6th floor — Shift supervising notes.
7/7/26.		
	12.20 PM	Patient received from LDR to ward. Handing over taken from LDR SIN. Baby on RA, DBF only, Urine, motion Passed.
	12.30PM	vitals checked and recorded. Baby held mother Feed. L - D A - D T - D C - D H - 1/9 need supervision
	1pm	maintained Ifo charting recorded.
	2PM	Baby held mother Feed. No complaints.
	3PM	Baby Passed urine, motion Passed maintained Ifo chart recorded.
	4pm	vital Sign are checked and recorded.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Baby B/O SUDESHNA S
07-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

(2)

NURSES NOTES

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		(Continue) →	
7/7/26	4PM	Vital Signs are stable.	

CP	PP	CRT
++	++	< 3sec

			012873
	6PM	Baby taking DBF 2HR no any other fresh complaints Baby is stable.	
		L. 0	
		A. 2	
		T. 2	
		C - 2	
		M - 1 need Supervision	
		7	012873
	7PM	I/o Chart maintained.	
	7-30PM	Handing over given to night duty SIN.	
		Night duty Notes:	
	7.30 pm	Baby details handing over taken from evening duty S/N. Baby conscious & oriented. Baby activity also good.	
	8.00 pm	Vital Signs checked & Recorded Vitals are stable now	

CP	PP	CRT
++	++	< 3sec

		Baby feed should be taken.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/24	10pm	Baby 2nd hrly pbf should be given. Baby sleeping vitals good no speval complaints.	
8/7/24	12am	vitals sfgns checked & Recorded. Vitals are stable now | CP ++ | PP ++ | CRT <2sec	
		Baby feed should be taken. I/O chart maintain no speval complaints	Jeel 020624
		L - 2 R - 2 T - 2 C - 2 H - 1 9 Need supervision	
	4am	vital sfgns checked & Recorded vitals are stable now | CP ++ | PP ++ | CRT 2s	
	6am	morning care should be given. Weight checked I/O chart maintained	
	7.30Am	Handing over given to morning duty sfn	Jeel 020624

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Baby B/O SUDESHNA S
07-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

(3)

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
8/7/26		morning duty notes.	
	7.30 AM	Baby details handing over taken from night duty S/N, No IV line, DBF and bowels. RBS - 615 normal.	[signature]
	8 AM	vitals checked and recorded (PP ++, OP ++, CRT 12/5)	[signature]
	9 AM	Baby feed mother food	
		L - 2	
		A - 2	[signature]
		T - 2	
		C - 2	
		H - 1/9 need supervision	[signature]
	10 PM	maintained I/O chart recorded.	
8/7/26	12 PM	vitals checked and recorded.	[signature]
	1 PM	maintained I/O chart recorded	
	1.30 PM	Handing over given to night duty S/N.	[signature]
		evening duty 8/7/26	
8/7/26	1.30pm	→ Patient handover taken by morning duty S/N →	[signature] 081109
		→ Patient clinically stable	
	2pm	→ Provide health education to mother and baby	
		once DBF	[signature] 081109
	4pm	→ checked vital signs	
		→ Patient vitals is stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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It takes a lot to treat the little.

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		CRT / CP / PP	
		<3sec / ++ / ++	[illegible]
	6:30pm	→ Monitored I/O chart	[illegible]
		→ Maintain records [illegible]	
	7:30pm	→ Baby details are handing	
		over given to Night duty staff →	[illegible]
		→ Night duty ←	607[illegible]
8/7	7-30pm	Baby taken over from	
		evening duty staff	
		conscious & active.	[illegible]
	8 pm	vital signs checked &	
		recorded. No other	
		complaints.	[illegible]
		PP / CP / CRT	
		++ / ++ / L3Sec	
	10pm	Baby taking feeding	
		well. No other	
		complaints.	
	12AM	vital signs checked &	[illegible]
		recorded. No other	
		complaints.	
		Baby sleeping. No other	
		complaints.	[illegible]
	4Am	vital signs checked & recorded.	
		No other complaints. PP / CP / CRT	
		++ / ++ / L3Sec	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	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		15	15	15	15	15

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		✓	X	-	-	X
Other Intervention(s) Specify		✓	X	-	-	X
Nurse's Name:		Pravi	Saroja	Jothiraj	Saroja	Leela
Signature:						Leela
Date:		4/7	7/7	7/7	8/7	8/7
Time:		1.00 pm	2 PM	4pm	2 PM	4pm

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0Y0M0D3H (M)
Dr. GIRIDHAR S

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PAIN ASSESSMENT FORM

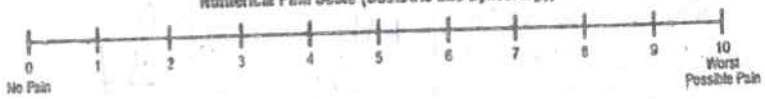
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7/26	7.00	—	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
7/7/26	12pm	—	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	No Pain	
7/7/26	6PM	—	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	Nil	
7/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
8/7/26	4am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
8/7/26	10AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
8/7/26	3pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	Nil	
8/7/26	10PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
9/7/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

.: F/HW/BRD-Q/NSG/04

Patient Name : .....

Age..... Gen

					Date :	7/7	8	9	10
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	[illegible]	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 lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	25	[illegible]	25	25
					Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

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

				Date :					
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.					
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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.					
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				TOTAL SCORE					
				Evaluator's Name					

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

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Sudeshna Mother's Name: Mrs. Sudeshna

Date of Birth: 7/7/26 Time of Birth: 6.01am Gender: ☑ Male ☐ Female

Birth Weight: 2.682 Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: A +ve Baby: awaited

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

GUC-00086315 IP18-00036353
Mrs SUDESHNA S
19-06-1996 30 Y 0 M 18 D (F)
Dr. PADMASHRI PARIMALAM

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

Indication: maternal request

Physical Assessment of New Born:

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

Pain Score: N (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / ~~No~~

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / ~~No~~

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Sis. Sangeetha Signature: Date &Time: 7/7/26 at 6:01 Am

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-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

	Date & Time of Admission: 7/7/26	Date & Time of Transfer Order: 7/7/26 at 4.0 am
Treating Consultant Name: Dr - Prasanna	Transfer Ordered by: Dr Prasanna	Reason for Transfer: Fertility management
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: one file	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Staff Pradeep	Dr. Prasanna.

Patient & Clinical Records Received by : S. Kamil 7/7/26 at 7AM

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

PATIENT TRANSFER FORM

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

GUC-00093542 IP18-00036359
Baby B/O SUDESHNA S
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

	Date & Time of Admission	Date & Time of Transfer Order
	7/7/26 at 7.45 AM	7/7/26 at 12.20 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Giridhar	Dr. Giridhar	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	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**
op file	—	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby Diapers 2 set	(2) - Male.
2.	Baby Diapers	(1)
3.	Baby Pampers	of 1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shalini 240726	Dr. Giridhar.

Patient & Clinical Records Received by : Sathya 070046

Date & Time of Patient Received : 7/7/26 at 12.20 PM

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