Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 24/7/26

Name of the P: GUC-00094173 IP18-00036582 Baby B/O HEPZIBAH RUBELLA D 22-07-2026 0 Y 0 M 2 D (F) Dr. GIRIDHAR S

UHID No: .....

Gender: .....

Ward: .....

Room No: 606

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 24/7/26.	Date: .....
Time:	Time: 01:29.	Time: .....

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

Bamboo Children's Hospital

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing			017174				
Activity Sheet update by Pharmacy			017186				

GUC-00094173 IP18-00036582
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Dr. GIRIDHAR S

RD FOR BILLING

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. GIRIDHAR S

Name: B/o Hepzibha

UHID No: 94173 IP No: 36582 Consultant: ..... Dept: .....

Date of Admission: 22/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	8.30 pm.	LDR	6th floor	S/n Akalya 01888

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/7/26	Blood grouping	26023603	
22/7/26	RBS	26023611	
22/7/26	RBS	023641	
23/7/26	RBS	023642	
23/7/26	RBS	23703	
23/7/26	RBS	26023718	
23/7/26	RBS	26023743	
24/7/26	RBS		
24/7/26	BBR/NB	237	
24/7/26	ODE	173214	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

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

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor. NAME OF CONSULTANT-

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

Twt - 2.154 kg

HC - 33.5 cm

L - 47 cm

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036582 **Admit Date** : 22-Jul-2026 **Admit Time** : 01:39 PM **UHID** : GUC-00094173

Patient Details :

Patient Name	: Baby B/O HEPZIBAH RUBELLA D	**Age**	: 0 D
Guardian	: Mr SATHISH BABU	**DOB**	: 22-07-2026 12:22 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075	**Phone No**	: 9600009396/ 8807492970
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT606-1 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT606-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SATHISH BABU

Contact Address : D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075

Relationship : Father

Phone No : 9600009396

Signature

Doctor Details :

Doctor Name : Dr. GIRIDHAR S

Referral Doctor : Dr. Mathangi Rajagopalan

Co-Consultant :

Specialisation : NEONATOLOGY

Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O HEPZIBAH RUBELLA D**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036582**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT606-1**

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: Sathish Babu
Relationship: Father
Date: 22/07/2026 Time: 1.40pm
Witness Name:
Witness Signature:

Patient Address:
D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075

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 Hepzibah Rubella-D	UHID Number : GUL-0009417 3
Self/Attendant Name : K	Relation : Father
Self/ Attendant Signature : K Phone Number : 9800009396	Name & Signature of Financial Counselor

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. GIRIDHAR S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : MRS. HEPZIBAH RUBELLA Age : 32Y 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 HEPZIBAH RUBELLA -

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 22/7/26 Time of Birth : 12.22 Pm

Place of Birth : RCH LDR.

Mother's Blood Group : A1 +ve

Birth Weight (gms) : 2.330 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32Y Ht : 160CM Wt : 65 kg BMI : ..... Married Life : ..... LMP : 05/9/25 EDD : 6/8/26.

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

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

Last Scans Details : 10/7/26 - SLIUG, cephalic, placenta-posterior, SDP - 4.9, AFI - 16.1.

TT Immunization and Iron / Folic Acid : EFW - 2595 g (24 centile). CA: 2.3cm

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 / Redistribution 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 : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	6					
Primi						

PERINATAL HISTORY

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

Duration of Labour NVD

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

Gestational Age : ..... Weeks : .....

APGAR SCORE

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

TOTAL

1 Minute	5 Minutes	10 Minutes
8/10	9/10	

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

Comments : —

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

BC1AB

Pulse, Cry + tone, Activity – good

APGAR – 8/10 @1min
9/10 @5min

HR – 160 bpm

SpO_2 – 97%.

CRT < 3sec.

INJ. VIT K – 0.1ml, IM/Left thigh (1ml)

Investigation details in previous Hospital :

–

Feeding History :

–

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : RA

Spo2 : 98% Auscultation : B/L AE (+) Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 156bpm BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : N

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : Patent

Anal Patency : Patent

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : N

State of wakefulness : .....

Prechtle Score : .....

Nerves : N

.....

.....

.....

Motor System : N

Passive Tone : .....

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) / 2-330kg / Girl baby / well baby. SGA.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : ₹ 137223

Name : Dr. Prasanna.

Date & Time :

Consultant :

Signature : Dr ₹ 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 :

Advice

- Provide warmth care baby
- To check CBG 9/6H for 72Hrs
- Blood grouping
- Birth vaccination < 24 Hr
- NBS, OAE @ 48H
- To initiate Exclusive Direct breast feeding

.....

.....

.....

.....

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

12/1223
Dr Prasanna

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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Patien

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26. 11:30 AM	SIB Dr. DEEPAK	
	A/s: TERM IS(AGA) 2.330kg / Girl baby / (37+5)	
	B.W. - 2.330kg	
	T.Wt - 2.250kg	M / A+ve
	7L grams	B / O+ve
	Wt loss - 3.1%	
	O/E: baby is active, alert	
	CVS: S1S2@	
	RS: VBS@	
	P/A: SOFT	
	CNS: NFND	
	passed urine	
	meconium	
		IVF
		TO continue warmth/care
		TO check UBN/BGH @72hrs
		Birth vaccines given
		NBS, OAE @ 48hrs
		SBR
		TO continue DBF/C2H
		Dr. [illegible] 1053425

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/24	SIB DT. DEEPTHI S	
	NEW. TERM | SGA | 2.330kg | Girl baby (37+5)	
	baby reviewed baby is on DBF	
	O/E: Baby is active, alert BIL Peripheral pulses Warm (+) CRT < 3 secs	
	CVS: S1S2 (+) R: VBS (+) P/A: Soft CNS: NFNI	

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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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.330 kg

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/7	12.30pm	INJ. VITK.	0.1ml	IM	IB 7223	SA	SD
23/7	11:30AM	Inj. Hep-B	(1mg) 0.5ml	IM	CA	Rama	
23/7	11:30AM	Inj. BCG	0.05ml	ID	IB 7244 CA	Rama	
23/7	11:30AM	OPV drops	2 drops	Oral	IB 7244 CA IB 7244	Rama	

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22-07-2026 0 Y 0 M 0 D 2 H (F)
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Patie... CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/26 Time: 12:30pm 4pm 8pm 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 98°F | 98°F | 98.6°F | 98.2°F | 98.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring

Heart Rate (Number): On admission 148bpm | 140bpm | 146bpm | 142bpm | 145bpm

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

Resp Rate (Number): 50bpm | 48bpm | 48bpm | 44bpm | 44bpm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min)						
O_2 Saturations (%)		100%	100%	98%	98.7%	100%
Conscious Level	Normal / Altered	Alerted	Alerted	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		AM 01:30	AM 01:30	✓	✓	✓

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. GIRIDHAR S

(2)

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: 23/7/26 Time: 8 AM | 12 pm | 4 pm | 8 pm | 12 am | 4 am

Doctor/Nurse/Family Concern?

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

97.1°F | 97.8°F | 98°F | 97.4°F | 97.5°F | 97.7°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	140 b/m	132 b/m	128 b/m	138 b/m	140 b/m	138 b/m

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

Resp Rate (Number)	40 b/m	42 b/m	40 b/m	38 b/m	40 b/m	38 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	100%	98%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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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!
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

GUC-00094173 IP18-00036582
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22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : 1

20/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
20/7/26	02:00 pm	DBF									NO	SO
	03:00 pm										IV	SO
	04:00 pm	DBF									line	SO
	05:00 pm											SO
	06:00 pm	DBF										SO
	07:00 pm						✓			✓		SO
Total Intake :		3 Times				Total Output :				U/m passed		
	08:00 pm										NO	SO
	09:00 pm	DBF								✓	IV	SO
	10:00 pm										line	SO
	11:00 pm											
	12:00 am	DBF									NO	SO
	01:00 am										IV	SO
Total Intake :		2 DBF				Total Output :				1 time		
	02:00 am						✓			✓	NO	SO
	03:00 am	DBF										
	04:00 am										IV	SO
	05:00 am	DBF										
	06:00 am						✓			✓	Lin	SO
	07:00 am											
Total Intake :		2 DBF				Total Output :				2 time.		

Total 24 hrs. Intake	7 fm DBF	Total 24 hrs. Output	3 time

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FLUID CHART

Sheet No. : (2)

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

23/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea Motion	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	DBF									NO	Pavitra
	09:00 am											
	10:00 am	DBF					✓				IV	Pavitra
	11:00 am										line	Pavitra
	12:00 pm											
	01:00 pm	DBF										
Total Intake : (3) Times DBF						Total Output : NPL.						
	02:00 pm										NO	Jeevitha
	03:00 pm	DBF								✓		
	04:00 pm										IV	Jeevitha
	05:00 pm	DBF								✓	line	
	06:00 pm											Jeevitha
	07:00 pm	DBF										
Total Intake : (3) DBF						Total Output : 2 Times						
	08:00 pm											
	09:00 pm	DBF									NO	Jyothi
	10:00 pm									✓		
	11:00 pm	DBF									IV	Jyothi
	12:00 am										line	
	01:00 am	DBF										Jyothi
Total Intake : (3) - DBF						Total Output : U-1						
	02:00 am											
	03:00 am	DBF									NO	Jyothi
	04:00 am						✓				IV	
	05:00 am	DBF								✓		Jyothi
	06:00 am										line	
	07:00 am	DBF										Jyothi
Total Intake : (3) - DBF						Total Output : U-1 ; M-1						

Total 24 hrs. Intake	(12) - DBF	Total 24 hrs. Output	U - 5 ; M - 2

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NURSING CARE RECORD

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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

Date: 22/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				T			
Afternoon	2pm	promote Adequate Nutrition for healing & recovery	2:30 pm	~~Assisted~~ Feeding every 2 hr once weigth checked Dateing	Baby was stable	Reassessment was done	Ataly 0130
Night	8 Pm	* Assess the baby condition *. Monitor vital sign. *. To encourage oral DBF *. To maintain position.	8 Pm	* Assessed the baby condition *Monitored vital sign * To encouraged oral DBF *To maintained position	*. Baby vital are stable	* Reassessment on done	6/8/23

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22-07-2026 0 Y 0 M 0 D 15 H (F)
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NURSING CARE RECORD

Date: 23/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Promote adequate nutrition for healing & Recovery.		- Asses nutritional Status & appetite. - Assist with feeding.	Encourge breast feeding	Baby was Clinically Normal	[signature]
Afternoon	2 pm	⇒ Improve knowledge and promote self-care	3 pm	⇒ Taugh about Breast feeding positions and frequency of feeding	⇒ Breast feeding positions followed.	Baby Re-assessment done	[signature]
Night	8 pm	prevents falls and injury.	10 pm	⇒ Keep the bed in low lying position.	Baby was kept in cradle with wheels locked.	Prevented falls.	[signature]

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Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0Y0M0D2H (F)
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(1).

NURSES NOTES

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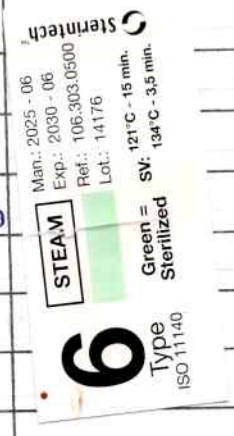
☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
22/7/26	12:22 pm	B/o Hepzibah Krup Assisted vaginal delivery Immediately cord is clamped & cut has done cord Blood collected & sented to lab. Baby plaved to under warmer Baby is pink in colour Uri NOt passed Inj: Vitamin k only given. Checked for vital signs & recorded Baby vital are stable Baby is mothes side No complicats	Akalya 01808
	1pm	Baby details Date :- 22/7/26 Time :- 12:22pm Weight :- 2.330kg Sex :- Girl Baby Apgar score :- 8/10 9/10	Akalya 01808
	2pm	∋ DBF was given to Baby Good latching Cholestrum of milk is present Baby plaved to mothes side	Akalya 01808
	3pm	∋ Checked for CBG 63mg/dl Informed Dr. praveen Advised to 6th hourly followed	Akalya 01808



NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0Y0M0D2H (F)
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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	4pm	⇒ DBF was given to Baby good latching Baby vital are stable U/M NOT passed & No complaints	A baby 01808
	6pm	⇒ Baby was stable U/M Not passed DBF taking well No vomiting Baby placed to mothers side No complaints	A baby 01808
	7pm	⇒ Baby urine & motion passed change the Diappey provided warmth care baby care hand overs given to Night duty staff Nurse	A baby 01808 A baby 01808 A baby 01808
22/7/26	7.30 pm	Night Duty Notes (22/07/26) Baby details handing over taken from evening duty s/N. Baby is on consious & oriented, activity on good. Baby colour is on good, Baby vital sign are stable Baby on had DBF no vomiting.	
	8.30 pm	Baby details handing over given to 6th Floor ward s/N Baby shift to ward 6th Floor (608)	

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GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0Y0M0D2H (F)
Dr. GIRIDHAR S

(2)

NURSES NOTES

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Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Received Notes	
22/7/26	9pm	Baby received from LDR Baby active and alert Cord Pinkish, Baby weight checked Urine passed. RBS checked	
23/7/26	12AM	Baby vital Signs checked & Recorded CR 144 / PR 144 / CRT L3	
		Baby taken DBF 2nd hourly L - 2 A - 2 T - 2 C - 2 H - 1/9 (need Supervision)	
	3am	RBS need to checked 6th hourly.	
	4am.	Baby active and alert Baby vital Signs checked & Recorded. CR 144 / PR 144 / CRT L3	
23/7/26	6AM	maintain Intake & output charts weight checked morning Care given	
	7.30 AM	Baby details handover given to morning duty staffs	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty Notes.	
23/7/24	7.30Am	Baby details heard over taken from Night duty Staff. Baby was Active & Alert →	Rajeev
	8Am	Baby vitals checked and Recorded. vitals normal → Baby taking feed No vomiting. BF got by Ly. L - 2 A - 2 T - 2 C - 2 H - 1 (blood dyscrasia) →	Rajeev
	11Am	Dr. Jagadhar is seen the Baby Advice from To continue feed and BF →	Rajeev
	12pm	Baby vitals checked and Recorded. vitals normal → maintained Intake and output chart →	Rajeev
	1.30pm	Hand over given from Evening duty Staff ←	Rajeev

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 0 D 15 H (F)
Dr. GIRIDHAR S

(3)

NURSES NOTES

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Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening Duty Notes	
23/1/26	1.30pm	Baby details handed over taken from Morning duty staff baby active and alert baby on DBF 2nd hrly to Monitor RBS 6th hrly	Jey allwas
	2pm	Baby taken feeds tolerably well Baby warmth pink in colour on observation baby sleeping comfortable no any complaints tomorrow to do NBS/SBR/OAE tomorrow after 48 hours	Jey allwas
	4pm.	vitals checked and recorded Baby passed Motion Diapie changed RBS checked To chart maintained & Recorded	Jey allwas
	6pm	Baby feed. DBF 2nd hrly	
	7.30pm	Hand over given to Night duty staff.	
		Night Duty Notes.	
	7:30p.	Baby details are handing over taken from Evening duty staff. Vaccine Done. Tommorow plan SBR/NBS/OAE to do RBS - 6th hrly is monitoring	Jyothi. 60FF
	8PM	Baby vitals are checked & recorded. Vitals are stabled.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		| CP | PP | CRT | | ++ | ++ | <2sec | →	
	10pm	Baby takes Direct breast feeding every 2 Hourly →	
24/7/26	12 am	Baby vitals are checked & recorded. vitals are stabled. | CP | PP | CRT | | ++ | ++ | <2sec | →	
	2pm	C -2 A -2 T -2 C -2 H-1 9 needs supervision →	
	4 AM	Baby vitals are checked & recorded. vitals are stabled. | CP | PP | CRT | | ++ | ++ | <2sec | →	
	5 am	Morning Care given to the baby. Today weight was checked. →	
	6am	→ Sent SBR/NBS Sample as per doctor advice. → Provide morning and checked baby weight	
	7:30 am	→ Baby turnover given to morning duty SIN →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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THE HUMPTY DUMPTY SCALE

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

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

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

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Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. GIRIDHAR S

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

: ☐M ☐F IP No. : .....

BRADEN 'Q' SCALE

(for Paediatric use)

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

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

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Hepzibah Rubella Mother's Name: Mrs: Hepzibah

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

Birth Weight: 2.370 kg Kgs HC: 35 cm Lenght: 48 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: .....

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 2pm

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Poor maternal Efforts

Physical Assessment of New Born:

Temp: 98.6 °C HR: 150bpm /Min RR: 50bpm /Min BP: — SpO_2: 100%

Pain Score: 0/10 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: ~~Yes~~ / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: S.N. Akalya 01808 Signature: 01808 Date &Time: 22/7/26

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

(1)

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00094173 IP18-00036582
Baby B/O HEPZIBAH RUBELLA D
22-07-2026 0Y0M0D2H (F)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
22/7/26 at 2pm	22/7/26 at 8.30 pm.

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr: Giridhar	Dr: prasanna	Observation

From Unit	To Unit	Information to Attendant
LDR	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
Whole IP Files		Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	(1)
2.	Baby Diapper	(1)
3.	Baby dress	(1)
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Baby shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shalini 01407	Dr: prasanna

Patient & Clinical Records Received by :

Date & Time of Patient Received : 22/7/26 @ 8.45 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