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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 30/7/26

Name of the Patient: GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

UHID No: ....

Ward: ....

Gender: Female

Room No: 7015

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 P. [signature] 30/7/26	Pharmacy Sign [signature]
Date:	Date: 30/7/26	Date: 30/7/26
Time:	Time: 6am	Time: 8:32am

Birthright Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

UHID- FLOOR- NAME OF CONSULTAI

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6AM	P. Vo 60724				
Activity Sheet update by Pharmacy							

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ACTIVITY RECORD FOR BILLING

Name: GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
26-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

UHID No: ... . Consultant: .... Dept: ....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7/26	12pm	OT	NICU	[signature]
28/7/26	4³⁰pm	Labo	7th Floor	[signature]

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
28/7/26	Cord blood	26024170	[illegible]
28/7/26	RBS	26024178	[illegible]
28/7/26	RBS	26024211	[illegible]
29/7/26	RBS	26024229	[illegible]
29/7/26	RBS	26024230	[illegible]
29/7/26	RBS	26024278	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/7/26	O.A.E	1	1934748	[illegible]

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 30/7/26 Time: 6:1[illegible] Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
S/N [illegible] 60326			

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	30/7/26 at 12pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing		30/7/26 at 12pm	[illegible] 609383		
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 → 2·107 kg.
HC → 31 cm
Length → 45 cm

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. PADMAPRIYA EKAMBARAM

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BED SIDE CHECK LIST FOR NURSES

Date:	29/7	30/7							
Doctor's Orders	Yes	Yes							
Carried out or not	Yes	Yes							
Bed Side									
Structured Handover done	Yes	Yes							
IV Site	NA	NA							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	Yes	Yes							
Eye Care	Yes	Yes							
Mouth Care	Yes	Yes							
Sterillum Bottle, Stethoscope	Yes	Yes							
Suction Bottle (Should be clean & empty)	Yes	Yes							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Sivup	Hasini							
Signature :	[signature]	[signature]							
Date & Time:	29/7 8Am	30/7 8Am							
Hand Over Taken By Name :	Powya								
Signature :	[signature]								
Date & Time:	29/7/26 1:30pm								

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036651 **Admit Date** : 28-Jul-2026 **Admit Time** : 12:10 PM **UHID** : GUC-00094393

Patient Details :

Patient Name	: Baby B/O D KALAIVANI	**Age**	: 0 D
Guardian	: MR T SURESHKUMAR	**DOB**	: 28-07-2026 10:54 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5/1, JAYARAMAN FLATS, 5TH STREET, SAIDAPET, CHENNAI Chennai. Chennai Tamil Nadu INDIA 110005	**Phone No**	: 7639039878
		E-mail	: sureshkr1984@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT705-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT705-1 **Admission Type** : First Visit

Contact Details :

Name	: MR T SURESHKUMAR	**Relationship**	: Father
Contact Address	: 5/1, JAYARAMAN FLATS, 5TH STREET, SAIDAPET, CHENNAI Chennai. Chennai Tamil Nadu INDIA 110005	**Phone No**	: 8220738179

Signature

Doctor Details :

Doctor Name	: Dr. PADMAPRIYA EKAMBARAM	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr. Lucetta Amelia Dias	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O D KALAIVANI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036651**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT705-1**

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 are 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:..X.............)
...P 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: Suresh Kumar
Relationship: Father
Date: 28/07/2026
Time: 12 ·11 Pm
Wittness Name: Prithu
Wittness Signature: Prithiy

Patient Address:
5/1, JAYARAMAN FLATS, 5TH STREET, SAIDAPET, CHENNAI Chennai. Chennai Tamil Nadu INDIA 110005

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : B/o Kalaivani	UHID Number : GVC-00094393
Self/Attendant Name : x	Relation : Father
Self/ Attendant Signature : Phone Number : 7639039878	Name & Signature of Financial Counselor

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
26-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART

6th July

Date	Time	RBS (mg/dl)	IVF %	Signature
28/7/26	11:15 Am	81 mg/dl	DD. Rakshitha	[illegible]
28/7/26	5:15pm	117 m/d	Q6H	[illegible]
29/7/26	12 Am	77 mg/dl	Q6hrly	[illegible]
29/7/26	6AM	81 mg/dl	"	[illegible]
29/7/26	12pm	70 mg/dl	Q6Hrly	[illegible]
		Stop		
			Priya.	

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 1 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Kalaivani Age : 35yrs Father's Name : .... Age : ....

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

NICU Consultant : Dr. Padmapriya 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 Kalaivani

Gender : ☐ M ☑ F Blood Group : ....

Date of Birth : 28/7/26 Time of Birth : 10.54am

Place of Birth : RCH, Guindy

Mother's Blood Group : B positive ICT negative

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

OFC (cms) : ....

Estimated Gesth Age : 36w + 4d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35yrs Ht : .... Wt : .... BMI : .... Married Life : 6yrs LMP : 13/11/25 EDD : 20/8/26

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

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

Last Scans Details : 20/7 - cephalic, PI - Anterior
AFI - 12, EFW 2411g, MCA PI - 3%
CPR - 1.135 TT Immunization and Iron / Folic Acid : Taken
27/7 - cephalic, PI - Anterior, AFI - 12.1, Umbilical API : -1.2
MCA PI - 1.89
CPR : 1.158

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 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 : ....
(+) On Medication

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 : ....
Type II DM - On OHA in Insulin

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: G3A2 P: .... A: .... L: ....

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

A1 - Spontaneous miscarriage @ 7wks
A2 - Spontaneous miscarriage @ 10W

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) Chronic HTN

Second stage (> 2 hours after dilation) Type 2 DM

LSCS : ☑ Elective ☐ Emergency Indication : Doppler changes.

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying
TOTAL			

1 Minute	5 Minutes	10 Minutes
7/10	8/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

History c

Baby cried @ birth
↓
Inj vit K inj given
↓
Distress(+) in form of minimal retraction connected to O_2 1L/min
↓
After reassuring there is no distress
↓
Shifted to mother side

EBG - 81mg/dl

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : .... HR : 150/min RR : 60/min NIBP : .... CFT : <3secs

Color of the extremities : pink

Jaundice : .... Pallor : .... SpO2 : 95%

Anthropometry : Birth Weight : .... Length : .... HC : .... Present Weight : 2.331kgs

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

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
Facies : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : Discharge :	N
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : patent Palate : Gums : Lips : Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2UA, 1UV Discharge :	N
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : patent	N
HERNIAL ORIFICES	N	
TRUNK and SPINE :	N	
SKIN LESIONS :	—	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	N

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 60/min SCR / ICR / See - Saw breating :

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

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

Settings :

Spo2 : 95% Auscultation : B/L AE (+) Breath Sounds : NVBS Added Sounds :

Cardiovascular System :

HR : 150/min BP :

Femoral Pulses : felt

Other Peripheral Pulses : felt

Precordial Activity : No

Murmurs : No

Signs of Cardiac Failure : No

Abdomen :

Shape : N

Palpation :

Palpable masses :

Abdominal girth :

Hernia orifice : N

Anal Patency : Patent

Umbilical Cord : 2UA, 1UV

First urine passed : Not passed

Meconium passed : Not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score : N tone

Nerves :

N

Motor System :

Passive Tone :

Active Tone : N

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

IP18-00036651
GUC-00094393
Baby B/O D KALAIVANI
0 Y 0 M 0 D 12 H (F)
28-07-2026
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...ies :
No congenital anomalies noted.

Diagnosis :
Late preterm 36w+6d / AGA / Girl / B.wt 2.331 Kgs / ? TTN

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Aarav

Name : Akshitha

Date & Time : 28/7/26 @ 11:20 AM

Consultant :

Signature : E. Padmapriya.

Name : PADMAPRIYA EKAMBARAM.

Date & Time : 28/7/26 @ 2.30pm

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 :

CBG monitoring @ 1HOL → 8 Hrly ACL
↓
Foll. by 6hrs × 48hrs
Warmth care
DBF f/b burping w/f Danger signs
DAG, NBS, Vaccination.
Foot lines Saturation

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 2:45pm	S/B Dr. Padmapriya.	
	A live girl baby born to 35yr old B+ve $G_3 A_2$ 35yr old mother at (36 wks + 4d) by LSCS. (Indn - HTx - chronic with Doppler changes / Type 2 DM) Baby cried at birth. NO obvious congenital anomalies noted.	
	Urine ✓ Mec ✓	
	Imp: Late preterm (36 wks + 4d) / AGA / GIRL / B wt 2.33 kg / ? TTN - settled	
		Rx 1) Warmth 2) Early breast feeding (supervised) 3) RBG 9th hrly (pre feed) 4) Monitor vitals.
		E. Padmapriya. 44268

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
	Δ: S/B Dr. Lucky Vellivem	
29/7/26 9:45AM		
	Δ: late preterm (36+4) / AGA / 1 wt / 2.331kgs / TTN	
	T2DM / chronic HTN - mother	
M / B BHue / BHue		
	urine] passed	Bwt : 2.331 kgs
	meconium]	Pwt: 2.211 kgs
		Δ: 120
		%: 5.14%
	Baby received	
	cREC3tcc	
	ppwell felt	
	warm pink	
	No external congenital anomalies	
	RS: clear	PA: soft NT
	CNS: NFND	CVS: S1/S2⊕ / no murmur
		Adv
	Vaccination today (done)	1) DBF - on / wean
		2) monitor intake
		3) SBr / OAE / NBS at 48 hol
		30/7/26 (10AM).
	Luckyvgh 29/7/26	
		Supriya 44268

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0Y0M0D16H (F)
Dr. PADMAPRIYA EKAMBARAM

9

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/2026	S/B Dr.	Poojitha
10am		
	Late PT/36 wk/AGA/girl/	2.331 kg/TTN/ T2DM.!
	chronic HTN - mother.	
M/B B+ve / B+ve		
		B.W - 2.331 kg.
		Y W - 2211 kg.
	urine ✓ Baby serial	TW - 2107 kg
	meconium ✓ CRT < 3 sec	224 g ↓
	vaccination ✓ PP well felt	
	warm peripheries	% 9.6
	No external congenital	anomalies
	RS: clear	CNS: NFND (N) cry/tone/ Activity
	PA: soft, NT, no mass	CVS - S1S2 ⊕ /No murmur
		AdV
		1) DBF - Q2H/ warmth.
		2) monitor vitals
	SBr → sent.	3) CBG monitoring for 48 hrs
	OAE] today	(30/7/26) 10AM.
	NBS]	
	12.7/0.0/12.7	UC. (Not in range)
	[signature]	Dr. Padmapriya.
	Discharge today	44768.
	Follow up on 4/8/26.	

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

Patient Sticker

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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-00094393 IP18-00036651
Baby B/O D KALAIVANI
26-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

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STAT / ONCE ONLY DRUGS

Name: ....

Weight: 2.331 kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/7/26	10:54 am	Inj vit K	1mg	IM	[illegible]	PT	SK.
29/7/26	12pm	Inj BCG	0.05ml	ID	[illegible]	Sm	NS
29/7/26	12pm	Inj HEP-B	0.5ml	IM	[illegible]	Sm	NS
29/7/26	12pm	OPV drops	2 drops	Oral	[illegible]	Sm	NS

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
26-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

1

FRM / CLINICAL / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/7/26 Time:	10:54AM	12pm	4pm	8pm	12am	4Am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.4F	98.4F	97.4F	98.6F	98.7F	98.4F
Heart Rate (Number)	140b/m	144	148	148bpm	146bpm	146bpm
Resp Rate (Number)	40b/m	48	47	44bpm	42bpm	40bpm
Resp Distress Mod/Severe / None/Mild	✓					
Receiving O_2 (l/min) / O_2 Saturations (%)	98%	97%	98%	99%	99%	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]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

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

Note: BP does not score in early warning scoring

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

ACTIONS		
	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/7/26 Time:	8	9pm	4Pm	8pm	12Am	4Am
Doctor/Nurse/Family Concern?	&	12				
Temperature (°F) (scale 94–104)	97.4F	97.5F	97.4F	98.6F	98.6F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)						
Heart Rate (Number)	140bpm	138bpm	130bpM	136bpm	140bpm	136bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	42b/min	40/min	36bpm	36bpm	36bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	99% RA	99% RA	99% RA	100% RA	100% RA
Conscious Level: Normal / Altered	✓		✓	✓	✓	✓
GCS *	Alert	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
	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.
NB: Scores 3 should be recorded overleaf	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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* 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:

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

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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-00094393 IP18-00036651
Baby B/O D KALAIVANI
26-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

FLUID CHART

Sheet No. : 1

R-wt - 2.286 kg

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

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						Birth					
	12:00 pm	DBF									NO	
	01:00 pm										IV	[illegible]
Total Intake : 1 time						Total Output : U/m not passed.					line	[illegible]
	02:00 pm	DBF										
	03:00 pm										no	[illegible]
	04:00 pm	DBF								50ml	NO	[illegible]
	05:00 pm										IV	[illegible]
	06:00 pm	DBF									no	[illegible]
	07:00 pm										IV	[illegible]
Total Intake : 2 m DBF						Total Output : 50ml					line	[illegible]
	08:00 pm											
	09:00 pm	DBF										P.V
	10:00 pm									30ml	NO	P.V
	11:00 pm											P.V
	12:00 am	DBF									IV	P.V
	01:00 am									30ml		P.V
Total Intake : 2 time of DBF						Total Output : 60ml					line	P.V
	02:00 am											
	03:00 am	DBF									NO	P.V
	04:00 am											P.V
	05:00 am						✓			30ml	IV	P.V
	06:00 am	DBF										P.V
	07:00 am						✓				line	P.V
Total Intake : 2 time of DBF						Total Output : 60 ml				30ml		P.V

Total 24 hrs. Intake	DBF - 8 times

Total 24 hrs. Output	Urine - 5 time Motion - 2 times

27/07/26 @10.30 AM

RH	LH
HR - 140 b/m	HR - 138 b/m
SPO_2 - 98%	SPO_2 - 99%
RL	**LL**
HR - 144 b/m	HR - 142 b/m
SPO_2 - 99%	SPO_2 - 98%

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital
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BirthRight
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FLUID CHART

Sheet No. : 2

T. Wt → 2.211 Kg

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	DBF										
	09:00 am										No	
	10:00 am	DBF					✓			30		
	11:00 am										IV	
	12:00 pm	DBF										
	01:00 pm						✓				line	
Total Intake : 3times DBF						Total Output :				30ml		
	02:00 pm											
	03:00 pm	DBF								30ml	No	
	04:00 pm						✓				IV	
	05:00 pm	DBF									line	
	06:00 pm											
	07:00 pm	DBF								20ml		
Total Intake : 3 tim DBF						Total Output :				50ml		
	08:00 pm											
	09:00 pm	DBF					✓				No	
	10:00 pm										IV	
	11:00 pm	DBF					✓			30ml		
	12:00 am										line	
	01:00 am	DBF					✓			30ml		
Total Intake : 3 tim of DBF						Total Output :						
	02:00 am											
	03:00 am	DBF					✓				No	
	04:00 am											
	05:00 am	DBF					✓			30ml	IV	
	06:00 am											
	07:00 am	DBF					✓				line	
Total Intake : 3 time of DBF						Total Output :						

Total 24 hrs. Intake	DBF – 12...

Total 24 hrs. Output	Urine – 6 Motion – 9

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
0 Y 0 M 0 D 1 H (F)
28-07-2026
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: ....

SITUATION

Diagnosis: NB / Term

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	28/7/26 Morning	28/7 Evening	28/7 N	29/7 M	29/7 E	29/7 N
Post OP Day	–	–	–	–	–	–
Medical Condition (Any special condition to be noted)	–	–	–	–	–	–
Diet	DBF	DBF	DBF	DBF	DBF	DBF
Allergy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI)	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Temp	98°F	98.4	97.8°F	97.6F	98°F	98.6F
Res	40	44/m	40b/m	40b/min	30b/m	30bpm
SpO_2	100	100%	99%	100%	100%	99%
Pulse	142	144	140b/m	142b/min	139b/m	129bpm
BP	–	–	–	–	–	–
LOC	Alert	Alert	Alert	Alert	Alert	Alert
Fall Risk Score	14	14	14	14	14	14
Pain Score	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Safety Needs	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy	–	–	–	–	–	–
Others Specify	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet	DBF	DBF	DBF	DBF	DBF	DBF
Critical Lab Test / Values	–	–	–	–	–	–
Other Special Orders / Medications	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders	–	–	–	–	–	–
Handed Over By Name	Pooja	Neethu	[illegible]	Harini	[illegible]	Cathrin
Signature / ID	[illegible]	01174	[illegible]	[illegible]	[illegible]	[illegible]
Date	28/7/26	28/7	28/7	29/7	29/7	29/7
Time	1:30pm	8pm	@8pm	1:30pm	7:30P	8:00pm
Taken Over By Name	Neethu	Steffi	Harini	[illegible]	Cathrin	Harini
Signature / ID	01174	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date	28/7	28/7	29/7	29/7/26	29/7/26	30/7
Time	2pm	@8pm	8pm	1:30P	7:30pm	8AM

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

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

1

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/7/26

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	10AM	maintain good nutritional status		- monitor vital signs - keep baby warmth - To give DBF 2nd hrly	maintained good nutritional status	Reassessment is done	[signature]
Afternoon	2pm	maintain good. Nutritional status	2pm	=> Monitor vital signs => keept baby warmth => To give DBF every 2nd hrly.	Maintained Good Nutritional status	Reassessment done	[signature]
Night	8PM	maintain good nutritional status		=> monitor vitals => kept Baby warmth => To give DBF every 3rd Hrly	maintained good nutritional status.	Reassessed done.	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

8

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 29/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Assess the Baby Condition provide DBF Q2Hrly.	1pm	Assessed the Baby Condition monitored vital signs maintained Ilochart	Encouraged mother DBF Q2Hrly.	Done.	Sud [illegible]
Afternoon	1.30pm	Assess the baby conditions Encourage and provide DBF Q2nd hour	3PM	Assessed the baby condition and Encourage feeding Teaching of Mothers.	Encouraged 2nd h feeding	Reassessment Done	[illegible] 102187.
Night	8pm	Assess the baby conditions encourage and provide DBF Q2nd hour	9pm	Assessed the baby conditions encouraged and provide DBF Q2hrly	encouraged 2nd feeding	Reassessment was done	[illegible] 60721

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
26-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

①

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	10:54 AM	Baby shifting Notes	
		→ Alive Single Baby Girl delivered	
		at 10:54AM with Birth weight	
		2.331kg. Baby cried immediately	
		Cord clam delayed.	
		→ Inj vit K 1mg Im given. Rouite	
		care given. (BG - 81 mg/dl.	
28/7/26	12pm	→ Baby shifted to MIW and	6077
		Baby handover to MIW Staff.	
		< Baby receiving notes	
	12pm	Baby received from OT to	
		MIW. Baby care hand over	
		taken from OT Staff. Baby is	
		stable warmth, pinkish colour.	
		Vital signs checked & recorded.	
		DBF given to baby sucking	
		good. mother have good milk	
		secretion.	
	1pm	Baby is stable warmth.	
		placed the baby on mother	
		side. urine, motion not passed	
		vaccination not done.	
	1.30pm	Baby care hand over	
		given to evening duty staff	
		⇒ Evening Duty ←	
28/7/26	1:30pm	Baby report hand over	
		taken from Morning duty staff	01174

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont 28/7/25	2pm	→ Baby taking DBF & sleeping well no other complain →	
	3pm	→ Baby passed urine & motion no other complaints →	
	4pm	→ Baby vitals checked & recorded. General condition fair →	
	4:30 PM	→ Baby shift to 1st floor hand over to 1st floor staff →	
		Receiving notes on 28/7/25	
	4:30pm	Baby received from LDR to 1st floor. Baby details handing over taken from LDR staff. Baby active and good. Baby urine and motion passed. →	
	5:15pm	CBG 117mg/dl checked and recorded. Baby is on EBM DBF feed taking well. No vomiting →	
	6pm	maintained intake and output chart. →	
	7:30pm	patient details handing over to night duty staff →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

2

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies Nil

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		NIGHT Duty	
28/7/26	7:30pm	Baby details handing over taken from evening duty staff. baby on DBF. CBG on Q6 hrly watch for danger signs, four limbs saturation tomorrow vaccination	60778
	8:00pm	Baby vitals were checked and recorded maintain I/O chart Baby on DBF	60778
	10:00pm	L - 2 A - 2 T - 2 C - 1 H - 1/ & need to be supervision	60778
29/7/26	12:00am	Vitals were checked and recorded maintain I/O charts	60778
	2:00am	Seen for feeding Q2hrly Baby taking feed well no other complaints	60778
	4:00am	4am | CP ++ | PP +# | CRP <2	
	6:00am	Weight was checked, morning care was given no other complaints	60778

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue notes	
29/7/26	7:00Pm	Maintain I/o chart and recorded	607332
	7:30Pm	Baby details handing over given by morning duty Staff	607332
		Morning duty	
29/7/26	7:30 am	Baby details carefully handing over taken from the night duty Staff. Baby today vaccine planned and 4 limp saturation checked today and today baby 2.411kg and Q 6 hrsly once RBS continues monitoring. Baby activity is good. Baby Sleeping is well.	THaru 607908
	8:30am	Baby continues monitoring I/o chart and Baby latching is good and sucking is well good. Baby u/m is passed.	THaru
	10 am	Baby side there is no c/o of baby mother no vomiting.	THaru

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0Y0M0D12H (F)
Dr. PADMAPRIYA EKAMBARAM

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	10:30AM	Dr. Padmapriya mam came and seen assessed the Baby condition, SBR / NBS / OAE after 48Hrs at 10am, vaccine plan today →	Simel 609363.
	12PM	Baby vital signs are stable. Maintaind I/O chart, No elo vomiting, sucking well. →	Simoely 609363.
	1:30pm	Baby details Hand over given to Evening duty staff. →	Sup 609363
		Evening duty ON 29/7/2026	
	1.30PM	child conditions and details handing over taken from Morning duty staff Nurse. Child is	
	2PM	Aassesd baby general Condition Consious Oriended GCS 15 15/15	→ [illegible] 102187
		Bowel and urine passed and no skin issue present	
	4PM	vital signs are monitored & Recorded done CP PP CFT ++ ++ 3sec	
	6PM	baby feeding Tracking is good L-2 A-2 T-2 C-1 H-1 Total score 8	→ [illegible] 102187
	7.30PM	baby condition and details handover given to Night duty staff Nurse.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26		NIGHT DUTY	
	7:30pm	Baby details handing over	
		taken from evening duty	
		staff. Baby was stable	
		taking feed well NBS, SBR	
		10 on no other complaints	
		vaccination done	[illegible]
	8:00pm	Vitals were checked and	
		recorded maintain T/o	
		Chart no other complaints	[illegible]
	10:00pm	L - 2	
		A - 2	
		T - 2	
		C - 1	
		H - 1/2 need to be	
		supervision	[illegible]
30/7/26	12:00am	vitals were checked and	
		recorded maintai T/o	
		Chart	[illegible]
	2:00am	Baby taking feed well	
		latching well good	
		baby on mother side	[illegible]
	4:00am	Vital were checked and	
		recorded maintain T/o	
		Chart	
	6:00am	Morning care was given	[illegible]
		weight was checked and recorded	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

1

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BirthRight™
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE 28/7/26	E DATE 28/7	N DATE 28/7	M DATE 29/7	E DATE 29/7
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					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3	3	3	3
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	13	11	13	13

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		—	—	—	—	NA
Other Intervention(s) Specify		—	—	—	—	NA
Nurse's Name:		Thara	Nuth	[illegible]	Hasini	Eswari
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		28/7/26	28/7	28/7	29/7	29/7/26
Time:		10:54am	8pm	8pm	8Am	2pm

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. PADMAPRIYA EKAMBARAM

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It takes a lot to treat the little.

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/7 E	DATE 29/7 N	DATE 30/7 M	DATE	DATE
Age	Less than 3 years old	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		
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		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	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		
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		
	Total			/10	/4		

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11, 10 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		X	X	X		

Nurse's Name:	[illegible]	[illegible]	[illegible]		
Signature:	[illegible]	[illegible]	[illegible]		
Date:	29/7/	29/7	30/7		
Time:	1.30pm	8pm	8 AM		

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BRADEN 'Q' SCALE

(for Paediatric use)

①

Patient Name : GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

Age.............

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

28/7 29/7

					28/7/26	E	N	M
				Date :	28/7/26	E	N	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	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	[illegible]	[illegible]	[illegible]	[illegible]

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

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

F/HW/BRD-Q/NSG/04

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BRADEN 'Q' SCALE

(for Paediatric use)

2

Patient Name : ....

Age.................... Gender

				Date :	29/7 E	29/7 N	30/7 M	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	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.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	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	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

1

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Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/26	10:50 Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	602041
28/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	–	601476
28/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	[illegible]
29/7/26	2Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	–	602278
29/7/26	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	Hari 607918
29/7/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	6021875
29/7/26	8pm	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	602278
30/7/26	2Am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	602278
30/7	8Am	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Hari 607918
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

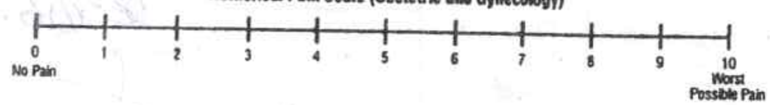
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

0 No Hurt | 2 Hurts Little Bit | 4 Hurts Little More | 6 Even More | 8 Hurts Whole Lot | 10 Hurts Worst

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. PADMAPRIYA EKAMBARAM

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
28/7	8pm	yes	education about the latching technique	mother	no	oral	no learning barrier	verbalize	good	60774
29/7	8pm	Yes	Explain about the feeding position of nutrition support.	Mother	no barrier learning.	Oral	None	understanding	good	60490
30/7	8PM	Yes	Explain about the nutritional support	Mother	No learning barrier	Oral	None	understanding	good	60491

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	28/7/26	28/7/26 @ 12PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmapriya	Dr. Rakshitha	For Further management.
From Unit	**To Unit**	**Information to Attendant**
OT	NICU	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1 IP file	—	Yes ☐ No ☒ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby diaper	1 packet
2.	Baby wipes	1packet
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 60784	Dr. Rakshitha

Patient & Clinical Records Received by : S. pooja [signature] Staff Nurse

Date & Time of Patient Received : 28/7/26 at 1pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

GUC-00094393 IP18-00036651
Baby B/O D KALAIVANI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Mother's Name: Mrs. D. Kalaivani

Baby's Name: B/o. D. Kalaivani

Gender: ☐ Male ☑ Female

Time of Birth: 10:54AM

Date of Birth: 28/7/26

Lenght: 48 cm

HC: 36 cm

Birth Weight: 2.331 Kgs

Cried at Birth: ☑ Yes ☐ No

Meconium in Liquor: ☐ Yes ☑ No

Term / Pre-term / Post-term: preterm

Blood Group: Mother: B+ve Baby:

Resuscitated: ☐ Yes ☑ No

First Feed Time:

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both

GUC-00047617 IP18-00036647
Mrs D KALAIVANI
21-09-1990 35 Y 10 M 7 D (F)
Dr. LUCETTA AMELIA DIAS

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

Indication: overt DM / chronic HTN / G3A2.

Physical Assessment of New Born:

Temp: 98.4 °C HR: 140 b/Min RR: 40 /Min BP: – SpO₂: 98%

Pain Score: 0/10 (Follow N Pass)

Score: 13 (Fill the Humpty Dumpty Sheet)

Fall Risk Assessment: ☐ Yes ☑ No

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: Thanushya

Signature: 60129

Date &Time: 28/7/26 @10:54am

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

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
B/o Kalavani	28/7/26 at 12:10pm	28/7/26 at
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Padmapriya	Dr. Ralacitha.	Further treatment
From Unit	**To Unit**	**Information to Attendant** Yes ☑ No ☐
Loor	7th floor	
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?
To file		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wip	1
2.	Baby dropper	1
3.	1 set Pink dress	1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN Nafty	Dr. Ralesitha

Patient & Clinical Records Received by : [signature] 28/7/26

Date & Time of Patient Received : @ 5pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready

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