GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital

CHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	16/7/26						
Activity Sheet update by Pharmacy							

RCH NO: 133800090751

ACTIVITY RECORD FOR BILLING

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

UHID No: .....

Date of Admission: ..... Time: ..... Consultant: ..... Dept: .....

Room / Bed No: ..... Ward: ..... Date of Discharge: ..... Time: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/7/26	12.30pm	OT	MICU	S/N South 012502.
14/7/26	6AM	MICU	7th floor	S/N Akshaya 02800

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
13/7/26	Blood grouping	26022555	
	DCT		
	Reticount		
14/7/26	RBS	26022600	
14/7/26	RBS	26022688	
14/7/26	RBS	26022729	
15/7/26	RBS	26022730	
16/7/26	SBR - NBS	26022835	
16/7/26	ORF	17 28127	
16/7/26	RBS	22836	

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: 16/7/26 Time: 8am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 3 D (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital | BirthRight

16/07/26

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		16/7/26 @ 10:30AM			
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: 3.024kg
HC - 35cm
L - 49cm

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
14/7/26	1 Am	57mg/dL	Dr. prasanna	S/N Akalye
14/7/26	8 Am	56mg/dL	Q6H	S/N Harini
14/7/26	2 Pm	57mg/dl	Q6H	S/N [illegible] 602778
14/7/26	8pm	56mg/dl	Q6H	S/N [illegible]
15/7/26	2Am	64mg/dl	Q6H	S/N [illegible]
	8AM	stop.		
			[illegible] 44268	

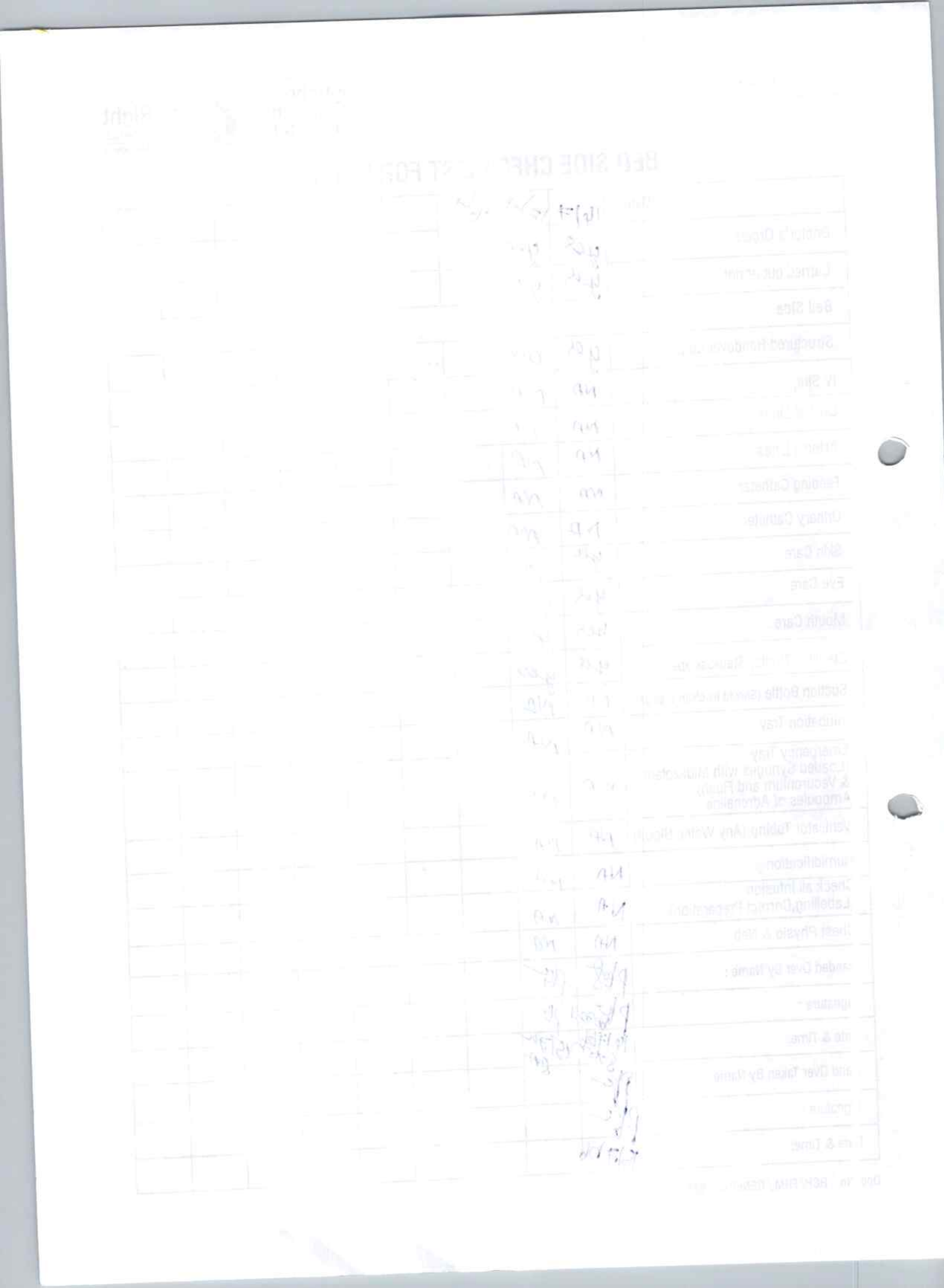
GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	16/7	15/7	16/7						
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)	NA	NA							
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 :	P.Lo	PLO							
Signature :	P.Lo	PLO							
Date & Time:	16/7/26 8AM	15/7/26 8PM							
Hand Over Taken By Name :	PLO								
Signature :	P.Lo								
Date & Time:	15/7/26								



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 : IP18-00036461 **Admit Date** : 14-Jul-2026 **Admit Time** : 12:58 AM **UHID** : GUC-00093842

Patient Details :

Patient Name	: Baby B/O SOWJANYA CHUNDU		
Guardian	: Mr GOPINADH GADUPARTHI	**Age**	: 0 Y 0 M 3 D
Gender	: Female	**DOB**	: 13-07-2026 11:23 PM
Occupation	:	**Religion**	:
Address (H)	: 1/8 1ST STREET PARVATHI AVENUE SAKTHI NAGAR Porur Chennai Tamil Nadu INDIA 600116	**Martial Status**	:
		Phone No	: 8309302068
		E-mail	: CHUNDUSOWJANYACS@GMAIL.COM

Admission Details :

Bed Type	: BASINET	**Bed No**	: CRDL-PVT704-1	**Ward Name**	: 7F-PVT/SUITE
Room No	: CRDL-PVT704-1	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr GOPINADH GADUPARTHI		
Contact Address	: 1/8 1ST STREET PARVATHI AVENUE SAKTHI NAGAR Porur Chennai Tamil Nadu INDIA 600116	**Relationship**	: Father
		Phone No	: 9840387293

Signature

Doctor Details :

Doctor Name	: Dr. PADMAPRIYA EKAMBARAM	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr NITHYA SHYAM	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SOWJANYA CHUNDU**		
IP No:	**IP18-00036461**	**Age :**	**0 Y 0 M 3 D**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Sex:**	**Female**
		Ward/Bed No:	**7F-PVT/SUITE/CRDL-PVT704-1**

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: Gopinath Gadupatti
Relationship: Father
Date: 14/7/2026 Time:
Witness Name: Aswin
Witness Signature: Aswin

Patient Address:
1/8 1ST STREET PARVATHI AVENUE
SAKTHI NAGAR Porur Chennai Tamil Nadu INDIA 600116

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

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

DECLARATION

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

Patient Name : B/o Sowjanya Chunduru	UHID Number : GUC-0009384 2
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature : Phone Number : 8309302068	Name & Signature of Financial Counselor

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
Patient 13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

Date of Birth : .... Date of Admission : ....

NICU Consultant : .... UHID No.: ....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward .... Referring Consultant : ....

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

BIRTH INFORMATION

Name : B/o Sowjanya.

Gender : ☐ M ☑ F Blood Group : .... | Mother's Blood Group : AB -ve

Date of Birth : 13/7/26. Time of Birth : 11.23PM | Birth Weight (gms) : 3.236 Length (cms) : ....

Place of Birth : RCH OT GUINDY | OFC (cms) : ....

| Estimated Gesth Age : 38 W.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : .... Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 14/10/25 EDD : 21/7/26

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

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

Last Scans Details : 1/7/26 CUVG CAP 3bt 3, Cephalic, Placenta posterior, Liquor (N) fetal doppler - (N), Growth (N) .... TT Immunization and Iron / Folic Acid : ....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

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

IUGR - when detected : ....

Doppler (Increased Resistence / ADEF / REDF / 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 : ....

ICT -ve

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

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

Docu. No. : RCH /FRM / CLINICAL / 129

Patient Sticker

PAST OBSTETRIC HISTORY

G : 3 P : 1 A : 1 L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	PTVS/LSCS @?	5yr,	3.7kg		d/t oligo FD, B-ve	AntiD given
II	Early preg failure,		AntiD Not given,		No D&C, medically managed.	
III	PP —	spontaneous conception.				

AntiD given on 23/5/26

PERINATAL HISTORY

☐ Inborn ☐ Outborn

Treating Obstetrician : Dr Nithya - Hospital :

Duration of Labour

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	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink			
HEART RATE	Absent	< 100 Minutes	> Minutes			
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal			
MUSCLE TONE	Limp	Some Flexion	Active Motion			
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying			
			TOTAL	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:

BCIAB

PUUO, Actively tore food

HR: 160bpm

SpO_2 : 97%

CRT<3sec

APGAR : 8/10 @1min

9/10 @5min.

INJ. VIT K 0.1ml (1mg) IM given

Investigation details in previous Hospital :

—

Feeding History :

—

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 38.6°C HR : 156/pm RR : ~ NIBP : ..... CFT : ~

Color of the extremities : Pink

Jaundice : ~ Pallor : ~ SpO2 : 98%

Anthropometry : Birth Weight : 3.23kg Length : ..... HC : ..... Present Weight : .....

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :
- Fontanelles :
- Sutures
- Shape / Moulding :
- Edema / Bruising :
- Size - (H.C.) :

(N)

Facies : (Any Facial Dysmorphism)

NECK and CLAVICLES :
- Range of Motion :
- Asymmetry :
- Masses :

(N)

EYES :
- Symmetry :
- Red Reflex :
- Discharge :

(N)

EARS, NOSE MOUTH and THROAT :
- Ear set / Shape :
- Periauricular Pits / Tags :
- Nasal shape / Patency :
- Palate :
- Gums :
- Lips :
- Tongue :

(N)

THORAX and BREASTS :
- Shape of Thorax :
- Position of Nipples and Number :

ABDOMEN and UMBILICUS :
- Shape :
- Organomegaly :
- Bowel Sounds :
- Umbilical Stump :
- Discharge :

(N)

GENITILIA :
- Labia / Hymen :
- Testicles/penis :
- Anus :

(N)

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
- Fingers / Toes :
- Arms / Legs :
- Deformities :
- Mobility :
- Hip Joint Examination :

(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System :

HR : 156 bpm BP : .....

Femoral Pulses : + ...

Other Peripheral Pulses : + ...

Precordial Activity : – .....

Murmurs : .....

Signs of Cardiac Failure : – .....

Abdomen : (N)

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : patent .....

Anal Patency : Patent .....

Umbilical Cord : 2 Art + 1 Vein .....

First urine passed : ✓ .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : (N) .....

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 : .....

Patient Sticker

Any Congenital Anomalies : NO

Diagnosis : Term (38w) / AGA / Girl / 3.23 kg / Rh-ve mother (Anti D given)

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Dr Praeanne

Name : 137223

Date & Time : 13/7/26

Consultant : for ... Sumitha

Signature : E. Padmapriya.

Name : PADMAPRIYA EKAMBARAM. 137273

Date & Time : 14/7/26 @ 10.30am

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
- To initiate DBF → Exclusively
- To send DCT, CBC, PS, Retic count
- RBG 9th hrly
- Birth weight @ 24 Hrs.
- NBS, OAE @ 48 Hrs

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

13/7/21 Discharge

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. PADMAPRIYA EKAMBARAM

(8)

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
16/7/26 9:45 AM	S/B. Dr. Lu...	
	Δ : Term (38w) / AnA / ... / 3.23kgs / Rh - ve pregnancy	
	urine / meconium } passed	M / B : AB -ve / B -ve
	child ...	
	No new ...	
	...	Bwt: 3.236 kgs
	warm ...	Twt: 3024 kgs
	PP - well felt	% : 6.5%
		Δ : 212g
	RS: clear CVS: S1S2⊕ / No murmur	CNS: Ⓝ tone / cry / activity PA: Soft NT, no mass.
		Advice 1) DBF - ... / warmth 2) To ... for SBr / OAE / NBS
	SBr —	

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	13/7/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.236 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
13/7/26	11.30PM	INJ. VIT K	0.1 ml (1mg)	IM.		PS	SM
14/7	10.30AM	Inj' Hep B	0.5ml	IM		P.V	E.S
14/7	10.30AM	Inj BCG	0.05ml	ID.		P.V	E.S
14/7	10.30AM	OPV drops	2 drops	PO		P.V	E.S

Docu. No. : RCH /FRM / CLINICAL / 136

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

D

1 / 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: 13/7/26 Time:

Doctor/Nurse/Family Concern?			
Temperature (°F)	98°F	98°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	On Tachycardia		
Heart Rate (Number)	152bpm	145bpm	148bpm
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	54bpm	55bpm	50bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	100%
Conscious Level: Normal / Altered	✓	Alert	Alert
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	PS	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

2

RM / 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: 14/7/26

Time:	8 am	12pm	4pm	8pm	12AM	4AM
Doctor/Nurse/Family Concern?	⊗					
Temperature (°F) (scale 94–104)	98.2F	98.2°F	99.6F	97.6F	98.1°F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	plotted	plotted	plotted	plotted	plotted	plotted
Heart Rate (Number)	140bpm	138b/m	138bpm	142b/t	148b/t	150b/t
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	plotted	plotted	plotted	plotted	plotted	plotted
Resp Rate (Number)	52bpm	40b/m	40bpm	50b/t	48b/t	46b/t
Resp Distress — Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99% / [illegible]	RA 98%	RA 99%	RA 100%	RA 99%	RA 99%
Conscious Level — Normal / Altered	✓ Alert	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	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]		

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093842
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. PADMAPRIYA EKAMBARAM
IP18-00036461

(3)

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: 15/7/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.1°F, 98.0°F, 99.6°F, 97.2°F, 97.2°F, 98.4°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 130bpm, 140bpm, 164, 150, 148, 142

Resp. Rate (bpm) (Over 1 Minute) *: 40, 48, 50, 42

Resp Rate (Number): 40bpm, 40bpm, 40, 48, 50, 42

Resp Distress	Mod/ Severe / None / Mild	✓	✓	Pur	✓	✓	✓
Receiving O_2 (l/min)		RA	RA		RA	RA	RA
O_2 Saturations (%)		99%	98%	100	100%	99%	99%
Conscious Level	Normal / Altered						
GCS *		Alt	Alt	Alter	Alter	Alter	Alter
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	3	0	0	0
Observer's Initials		PR	PR				

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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.

13/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am			→	ON	Admission ←						NO IV line
	01:00 am	DBF									SA SO	
Total Intake :		One Time DBF				**Total Output :**				U/m Not passed		
	02:00 am										SA IV line	SA SO
	03:00 am	DBF										
	04:00 am											
	05:00 am	DBF										
	06:00 am					7			7			SA SO
	07:00 am	DBF										
Total Intake :										0		
						Total Output :				Urine		

Total 24 hrs. Intake	DBF-4	Total 24 hrs. Output	Urine 1

N-1

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Today weight: 3.199kg
14/7/26

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.

14/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	DBF										P.V
	09:00 am						✓			30ml	NO	P.V
	10:00 am	DBF										P.V
	11:00 am										IV	P.V
	12:00 pm	DBF									line	P.V
	01:00 pm						✓			30ml		P.V
Total Intake : DBF 3 times						Total Output : 60ml						
	02:00 pm										NO	NO
	03:00 pm	DBF										NO
	04:00 pm										NO	NO
	05:00 pm	DBF										NO
	06:00 pm									✓	Iine	NO
	07:00 pm	DBF										NO
Total Intake : 3 time						Total Output : 1 time						
	08:00 pm										NO	AA
	09:00 pm	DBF										AA
	10:00 pm									✓	IV	AA
	11:00 pm	DBF									line	AA
	12:00 am										NO	AA
	01:00 am	DBF								✓	IV line	AA
Total Intake : 3 time						Total Output : Urine 2 Time						
	02:00 am										NO	AA
	03:00 am	DBF									IV	AA
	04:00 am										line	AA
	05:00 am	DBF									NO	AA
	06:00 am						✓			✓	IV	AA
	07:00 am	DBF									line	AA
Total Intake : 3 Time.						Total Output : U - 1 Time M - 1 Time						

Total 24 hrs. Intake	12 Time - DBF	Total 24 hrs. Output	MOTION - 3 Times Urine - 6 Times

14/7/26

RH	LH
SPO2 - 99%. P - 140bu	SPO2 - 98% P - 138bu
RL	**LL**
P 138bu SPO2 - 99%.	P - 138bu SPO2 - 98%.

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

FLUID CHART

Sheet No. : 3

Today weight : 3.060 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.

15/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	DBF									N/O	P.V
	10:00 am											P.V
	11:00 am	D BF									IV	P.V
	12:00 pm											P.V
	01:00 pm	DBF									line	P.V
Total Intake : DBF 3 Times.						Total Output : Nil						Pa
	02:00 pm										NO	
	03:00 pm	DBF								30ml		SN
	04:00 pm										NO	
	05:00 pm	DBF										SN
	06:00 pm										IV	
	07:00 pm	DBF									line	SN
Total Intake : 3 Time						Total Output : 1 Time						
	08:00 pm					✓						AA
	09:00 pm	DBF								✓	NO	AA
	10:00 pm										IV	AA
	11:00 pm	DBF									line	AA
	12:00 am											AA
	01:00 am	DBF								✓		AA
Total Intake : 3 Time						Total Output : 1 Time - Motion, 2 Time - Urine						
	02:00 am											AA
	03:00 am	DBF								✓	NO	AA
	04:00 am											AA
	05:00 am	DBF									IV	AA
	06:00 am											AA
	07:00 am	DBF								✓	line	AA
Total Intake : 3 Time						Total Output : 2 Time - Urine.						

Total 24 hrs. Intake	12 Time DBF	Total 24 hrs. Output	Urine - 5 time, Motion - 1 Time

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NB/Term

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: ....

Surgery / Procedure: N/A

Post OP Day:

BACKGROUND Date / Shift	14/7/26 N	14/7/26 M	14/7/26 E	14/7/26 N	15/7/26 M	15/7/26 E
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
Diet:	DBF	DBF	DBF	DBF	DBF	DBF
ASSESSMENT Allergy:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA	NA	NA	NA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98°F	98.2°F	98.2°F	97.8°F	97.8°F	98.2°F
Res:	50b/m	40b/m	44	48b/m	40 b/m	44
SpO_2:	100%	100%	100	100%	99%	100
Pulse:	148b/m	138b/m	140	152b/m	136 b/m	140
BP:	—	—	—	—	—	—
LOC:	Alerted	Alert	Alert	Alert	Alert	Alert
Fall Risk Score:	14	14	14	14	14	14
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Normal	Normal	Normal	Normal	Normal	Normal
Recommendations Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Physiotherapy:	NA	NA	NA	NA	NA	NA
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	S.Nandha	P.Kom	Sravani	[illegible]	P.Kom	Sravani
Signature / ID :	1808	P.K	[illegible]	20212918	P.K	[illegible]
Date:	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26	15/7/26
Time:	8AM	1:30PM	2pm	7:30PM	1:30PM	2pm
Taken Over By Name :	P.Kom	Sravani	[illegible]	P.Kom	Sravani	[illegible]
Signature / ID :	P.K 4092	[illegible]	20212918	P.K	P.K	20212918
Date:	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26	15/7/26
Time:	8AM	2pm	7:30pm	8AM	2pm	7:30PM

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

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
0 Y 0 M 0 D 5 H (F)
13-07-2026
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 13/7/26

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							
Afternoon							
Night	1Am	promote Adequate Nutrition for healing & recovery	1:30 Am	Assess Nutritional status Assist with feeding Monitor weight daily	Baby was stable	good latching	Shravanthi 01808

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

NURSING CARE RECORD

Date: 14/7/26

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	Assess the baby condition monitor vitals maintain I/O encourage DBF	12pm	Assessed the baby condition monitor vitals maintained I/O encouraged DBF	Baby is warmth	Baby is vitals stable	P.[illegible] 607261
Afternoon	2pm	Assess the general condition vital signs to be [illegible] & [illegible] maintain [illegible]	4pm	Baby [illegible] [illegible] active [illegible] maintained [illegible]	Baby [illegible] [illegible] & active [illegible]	Vital signs are stable	S[illegible] [illegible]
Night	8pm	Assess the baby condition monitor vitals maintain I/O encourage DBF & warmth.	12am	Assessed the baby condition monitored vitals maintained I/O encouraged DBF & warmth	Baby is warmth & vitals are stable.	Reassessment done	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES
(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
13/7/26	11:30 pm	Newborn Notes on 13/7/26
		Baby Born at OT B - 11.23 pm
		Gender - girl
		wt - 3.236 kg
		Baby colour pink. tone good
		Suction done. Cord cut & Clamped
		done. v/s are monitored HR - 160 b/m
		SpO2 - 97%. Apgar 8/10 @1min, 9/10 5min
		Inj. vit K 0.1ml im TH given ID Band
		applied, Baby dress changed. after Baby
		Shifted to Mother side
	12:30 am	Sule 01959
		Receiving Notes
14/7/26	12:30 Am	Baby is receiving from OT to MIW
		Baby care hand over taken from OT Staff
		Nurse Baby was stable Active pink in
		colour U/m Not passed vaccination Not
		Done Baby mothers side → [signature] 01808
	1 Am	DBF taking Baby good latching
		good sucking cholestrum of milk is present
		Baby placed to mothers side CBG 57 mg/dl
		Informed Dr' prasanna → [signature] 01808
	3 Am	DBF was given to Baby good
		latching cholostrum present U/m Not
		passed Baby stable → [signature] 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
14/7/26	4:30 AM	⇒ Morning care given to Baby checked for vital signs recorded Baby care and position passed change the diapper, provided warmth care today weight checked & secured → [signature] 0180
	5Am	⇒ DBF was given to Baby good latching chokation milk is present Baby placed to mother side → [signature] 01808
	6Am	⇒ Baby shifted to ward' Baby care handover given to 7th floor Staff Nurse → [signature] 018080
		Receiving Notes
14/7/26	6am	Baby details casefile handover taken from LDR Staff. Baby vitals checking and reported. Baby active and oriented. DBF and hourly vaccine due. → [signature] 60790
	7am	Monitored I/O chart and Recorded
	7:30am	Hand over given to Newly duty staff [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty	
14/7/26	7.30 AM	Baby details handover taken from night to morning.	
		Baby is DBF, voiding & motion passed, vaccine, NBS, SBR, O.A.E 48hrs, RBS 6th, CBC, PS NO Need because DCT Negative, B-ve group	
	8.00 AM	Baby vitals Checked and Recorded.	→ P. Kanimozhi 607261
	10.30 AM	Dr. padmapriya ream come and see advised RBS continue 24hrs, NBS, SBR O.A.E @ 16/7/26 6 AM, vaccine done by Dr. Lucky vignesh Inj. BCG, Inj. Hep-B, OPV-2 drops given and Recorded	→ P. Kanimozhi 607261
	12.00 PM	Baby vitals Checked and Recorded. Intake/output Maintained	→ P. Kanimozhi 607261
	1.30 PM	Baby details handover given to Evening duty staff	→ P. Kanimozhi 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

Patient Sticker

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
		← Evening duty on 14/7/26 →	
	1³⁰pm	Patient Report taking over from (M) duty staff —	[signature]
	2pm	pt was conscious & oriented well, taking orally & tolerating well. Vital signs are checked & recorded maintained pro chart, has no	[signature]
	4pm	Vital sign are checked & recorded maintained pro chart, baby look pink & active well —	[signature]
	6pm	Baby look pink & active maintained pro and general condition is fair —	[signature]
	7³⁰pm	Baby Report handing over to (N) duty —	[signature]
		Night duty Notes:	
14/7/26	7:30pm.	Baby details handing over taken from Evening duty staff. Bed side Assessment done. Baby Active & crying well. Conscious & Oriented. Baby colour is pink. Baby Breast feeding & sucking good. No IV line. ⟶	[signature]
	8pm.	Baby vitals sign checked & recorded vitals are stable. I/o chart monitored.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	10pm.	Baby Urine & Motion passed. DBF @2hourly Continue. Today Vaccine done. Baby DBF & warmth Continue. Baby colour is Pink. →	
15/7/26	12AM.	Baby vitals Sign checked & Recorded. vitals are Stable. No Chart monitored. RBS continue the 24 hrs, NBS, SBR, DAF @ 16/7/26 @ 6AM. →	
	2AM.	Baby Sleeping pattern is Normal. @2hourly DBF Baby Sucking good.	
	4AM.	Baby vitals Sign checked & Recorded vitals are Stable. No Chart monitored. Urine & Motion Passed. DBF Continue. →	
	6AM.	Baby Morning care given vitals are Stable No Chart monitored. No any Other Complaints	
	7.30AM.	Baby details handing Over to today Morning duty Staff. →	
		Morning duty	
15/7/26	7.30AM	Baby details handovers taken overs from Night to Morning. Baby is vaccine done, RBS 86H →	

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 .... N/L

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	8-00am	Baby vitals checked and recorded.	P. [illegible]
	10.00am	Baby is sucking is good no vomiting.	P. Kavi 603261
	11.00Am	Baby seen by Dr. padmapriya RBS stop, NBS, SBR, O.A.E @ 7hrs 6 Am	P Kavi 603261
	12.00pm	Baby vitals checked and recorded. Intake/output maintained	P. Kavi 603261
	1.30pm	Baby details handover given to evening duty staff	P. Kavi 603261
		← Evening duty on 15/7/26 →	
	1pm	Baby report taking over from (M) duty staff	Dhan
	3pm	Baby was on Q2H DBF feeding well & passing urine vital signs are checked & found [illegible] No change	Dhan
	4pm	Vital signs are checked & [illegible] Baby cord [illegible] & [illegible] well general condition is fair	Dhan
	6pm	Baby DBF tolerating well vital signs are stable	Dhan
	7pm	Baby report handing over to (N) duty staff	Dhan

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE 13/7/26	A DATE	E DATE 14/7	N DATE 14/7	M DATE 15/7
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	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	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	1	1	1	1	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:		[signature]	[signature]	[signature]	[signature]	[signature]
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		13/7/26	14/7	14/7	14/7	15/7
Time:		11:30	8am	8pm	8pm	8am

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

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 13/7	DATE 13/7	DATE 14/7	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					
Diagnosis	Neurological Diagnosis	4	1	1	1		
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	1	1	1		
	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	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					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1	1	1		
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total		10	10	10		

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

Bed in low position		✓	✓	✓		
Call device within reach		✓	✓	✓		
Wheels Locked		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair support		x	x	NA		
Other Intervention(s) Specify		x	x	NA		
Nurse's Name:						
Signature:						
Date:		13/7	13/7	14/7		
Time:		8pm	8pm	8AM		

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

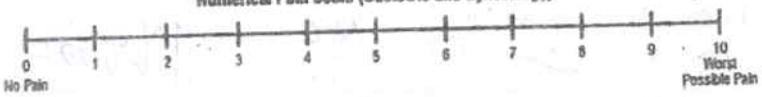
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7/26	11.30	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
14/7/26	4AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	
14/7/26	10 AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
14/7/26	2PM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
14/7/26	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
15/7/26	8AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
15/7/26	2PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
15/7/26	8PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
16/7/26	2AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

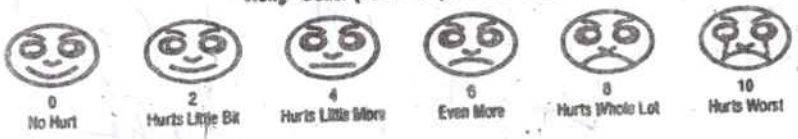
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obststric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

DDC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

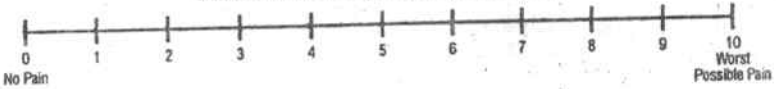
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

①

Rainbow Children's Hospital | BirthRight by Rainbow

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

...DEN 'Q' SCALE
... Paediatric use)

Patient Name : ....

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

				Date :	13/7/26	14/7 (M)	14/7 (E)	14/7 (N)
Mobility	Does not make [illegible] in body or extremity position without assistance.	[illegible] limited: [illegible] 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.	4	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.	1	1	4	[illegible]
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	28	25
				Evaluator's Name	[illegible signature]	[illegible signature]	[illegible signature]	[illegible signature]

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

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. PADMAPRIYA EKAMBARAM

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : / Time :	15/7 M	15/7 E	15/7 N	15/7 M
Mobility	**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.	4	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	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."	3	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	28	28	28
				Evaluator's Name				

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis NB/TPSM
2. Treatment and Care

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
14/7/26	3Am	YES	Educated about the Breast feeding position/ Timing	mother	Education level	orals	None	yes	good	[illegible] 02808
15/7/26	10 Am	yes	Explian about Nutrition	mother	NO	orals	None	yes	good	[illegible] 607261

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

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Sowjanya Mother's Name: Mrs. SowJanya

Date of Birth: 13/7/26 Time of Birth: 11.23 pm. Gender: ☐ Male ☑ Female

Birth Weight: 3.236 Kgs HC: 34 cm Lenght: 42 cm

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

Term / Pre-term / Post-term: ✓

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: AB negative Baby: B negative

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 12.40 am

GUC-00093840 IP18-00036460
Mrs SOWJANYA CHUNDU
14-06-1998 28 Y 0 M 29 D (F)
Dr. SELF

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

Indication: Prev. LSCS

Physical Assessment of New Born:

Temp: 36 °C HR: 152 bt/Min RR: 54 br/Min BP: – SpO_2: 99%.

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 Sruthi. Signature: 01357 Date &Time: 13/7/26 @ eve

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

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 @1130	13/7/26 @12.30pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr.	Dr. prasanna	Further Manage
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP file -1	-	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Staff Nurse @1950	Dr. Prasanna

Patient & Clinical Records Received by : Staff Nurse @1800

Date & Time of Patient Received : 14/7/26 at 12.30Am

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

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

PATIENT TRANSFER FORM

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093842 IP18-00036461
Baby B/O SOWJANYA CHUNDU
13-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 at 1230 AM	14/7/26 at 6AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmapriya	Dr. poorna	Observation
From Unit	**To Unit**	**Information to Attendant**
LDR	7th 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 file	—	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	(1)
2.	Baby Pamper	(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
Staff Nurse	Dr. poorna

Patient & Clinical Records Received by : Sandya

Date & Time of Patient Received : 6AM

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