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: 7/7/26

Name of the Baby B/O RAJESWARI 28-06-2026 0 Y 0 M 9 D (M)
Dr. PADMAPRIYA EKAMBARAM

UHID No: .....

Gender: .....

Ward: 6th Floor

Room No: 603

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 7/7/26	Date: 7/7/26
Time:	Time: 11AM	Time: 12:07

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

Rainbow Children's Hospital

GUC-00093183 IP18-00036351
Baby B/O RAJESWARI
28-06-2026 0 Y 0 M 9 D (M)
Dr. PADMAPRIYA EKAMBARAM

UH

SCHARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	INTIM E	OUT TIME	NAME & SIGNATUR E	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing	7/7/26	11am					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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BY RAINBOW HOSPITALS
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Name: .....

UHID No: GDC-00093183 IP18-00093531
Baby B/O RAJESWARI
28-06-2026 0 Y 0 M 9 D (M)
Dr. PADMAPRIYA EKAMBARAM
..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

	Date	Time	From	To	Signature of Nurse

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
7/7/26	SBR / Albumin /	26021620 ~~172311~~	[illegible]
7/7/26.	SBR	21652	[illegible]
7/7/26	SBR	1703	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Double Surface Phototherapy	4.30pm	7/7/26 9am	1723165	Clayy 017159
7/7	SSPT	9.50am	7/7/26 2pm	23293	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 7/7/26 Time: 11am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sheela			

Rainbow Children's Hospital | BirthRight

GUC-00093183 IP184000358S1
Baby B/O RAJESWARI
28-06-2026 0 Y 0 M 9 D (M)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

UHID- . FLOOR- NAME OF CONSULT

6th floor.

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		27/06/26 at 11-30AM.			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

D.wt → 2.648 kg.

reddy

Rainbow Children's Hospital

BirthRight by Rainbow

21620

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 : IP18-00036351 **Admit Date** : 06-Jul-2026 **Admit Time** : 03:50 PM **UHID** : GUC-00093183

Patient Details :

Patient Name	: Baby B/O RAJESWARI	**Age**	: 0 Y 0 M 8 D
Guardian	: Mr MURUGESAN	**DOB**	: 28-06-2026 02:14 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 19/39, SASTRI ST, CHENNAI Gunidy North Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9444678698
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-NICU-FCR 331-1 **Ward Name** : 3F-NICU 4

Room No : CRDL-NICU-FCR 331-1 **Admission Type** : First Visit

Contact Details :

Name	: Mr MURUGESAN	**Relationship**	: Father
Contact Address	: 19/39, SASTRI ST, CHENNAI Gunidy North Chennai Tamil Nadu INDIA 600015	**Phone No**	: / 8778273695

Signature

Doctor Details :

Doctor Name	: Dr. PADMAPRIYA EKAMBARAM	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**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
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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O RAJESWARI**	**Age :**	**0 Y 0 M 8 D**
IP No:	**IP18-00036351**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**3F-NICU 4/CRDL-NICU-FCR 331-1**

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 [illegible] 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: B/o Rajeswari
Relationship: father
Date: 06/07/2026 Time: 03:50 pm
Witness Name: A. Sivasankari
Wittness Signature:

Patient Address:
19/39, SASTRI ST, CHENNAI Gunidy
North Chennai Tamil Nadu INDIA
600015

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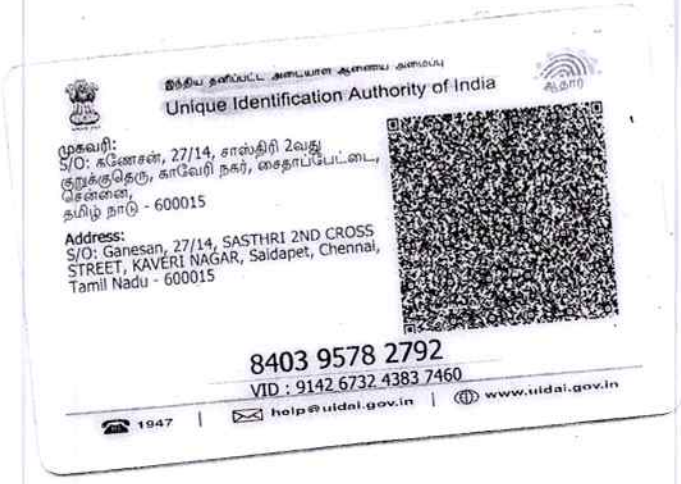
BILLING POLICY

- 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 Ppoint of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : B/o Rajeswari	UHID Number : AUC-00093183
Self/Attendant Name : G. Murugesan.	Relation : Father
Self/ Attendant Signature : Phone Number : 9444678698.	Name & Signature of Financial Counselor A. Sr



இந்திய தனித்துவ அடையாள ஆணைய அரசு
Unique Identification Authority of India

முகவரி:
S/O: கணேசன், 27/14, சாஸ்திரி 2வது குறுக்குதெரு, காவேரி நகர், சைதாப்பேட்டை, சென்னை, தமிழ் நாடு - 600015

Address:
S/O: Ganesan, 27/14, SASTHRI 2ND CROSS STREET, KAVERI NAGAR, Saidapet, Chennai, Tamil Nadu - 600015

8403 9578 2792
VID : 9142 6732 4383 7460

1947 | help@uidai.gov.in | www.uidai.gov.in

Government of India

Murugesan G
பிறந்த தேதி/DOB: 25/04/1987
ஆண்/ MALE

Issue Date: 04/12/2013

8403 9578 2792
VID : 9142 6732 4383 7460

Baby B/O RAJESWARI
28-06-2026 0 Y 0 M 8 D (M)
Dr. PADMAPRIYA EKAMBARAM

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/O Rajeshwari Age : ..... Father's Name : ..... Age : .....

Date of Birth : 28/6/26 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 Rajeshwari

Gender : ☑ M ☐ F Blood Group : B+ve

Date of Birth : 28/6/26 Time of Birth : .....

Place of Birth : Rey group

Mother's Blood Group : O+ve

Birth Weight (gms) : 2980 gms Length (cms) : 46 cm

OFC (cms) : .....

Estimated Gesth Age : 37+5/7 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : IVF conception

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

Last Scans Details : .....

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 34yrs.

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O. Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1					Miscarriage at 8 weeks (MTP)	
G2	3½ yrs.	IVF conception		male	Booked & managed	

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : Fetal tachycardia

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Cho yellow discoloration of eyes & skin

↑ SBR – 22

Patient Sticker

History of Present Illness:

No H/o reduced urine output

No H/o dehydration / No H/o Abdominal distension

No other specific Complaints

Investigation details in previous Hospital :

—

Feeding History :

BBF @2H | formula feeds – if needed to be added for hydration

↓

feeding well.

Patient Sticker

Past History :

-

Family History :

-

Socio Economic History :

-

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Retracts ⊕ upto bases

At open.

VITALS : Temperature : 96.8 F HR : 144/min RR : 32/min NIBP : ..... CFT : .....

Color of the extremities : pink ⊕

Jaundice : Retracts ⊕ Pallor : - SpO2 : 100 % @ RA

Anthropometry : Birth Weight : 46 cm Length : 2.952 kg HC : 34 cm Present Weight : 2.59

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

Patient Sticker

HEAD TO TOE EXAMINATION

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

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 32/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 : 100% @RA Auscultation : BILAT Breath Sounds : No added sounds Added Sounds : .....

Cardiovascular System :

HR : 144/min BP : ..... Precordial Activity : N

Femoral Pulses : ..... Murmurs : .....

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

Abdomen : Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : SOFT NT / NO added sounds Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

Abdominal girth : ..... Meconium passed : .....

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

State of wakefulness : N

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : N

Active Tone : .....

Neonatal Reflexes : N

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

Moro's : ..... DTR : ++

ATNR : ..... Skull and Spine : .....

Patient Sticker

Any Congenital Anomalies : .....

Δ- Term (37+5/7) / Boy / 2.952 / Neonatal Jaundice /

Diagnosis : ..... O.B.Scan

.....

FOOT PRINTS

Left Side :	Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : 7/7/26, 1:00 AM.

Consultant :

Signature : .....

Name : PADMAPRIYA EKAMBARAM

Date & Time : 7/7/26 @ 10 am.

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

   ..... on whose name the patient is being referred.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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28-06-2026 0 Y 0 M 8 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B. Dr. [illegible]	
7/7/26 9:20 AM	Δ: Term (37+5/7) / Boy / 2.952 / OBsetup / Neonatal Jaundice	
	Baby [illegible]	
	(D8 of life) No other complaints	
	Urine passing	Bwt : 2952g
		Pwt : 2.648g
	Pink in air	Δ : 304 gms
	Ictrus+	% : 10.2%
	PP well felt	
	Warm peripheries	
	Vitals : stable	
	RS : clear	CVS : S1 S2 (+) / No murmur
	PA : soft, NT, no mass	CNS : (+) tone / cry / activity
		Advice
		1) DBF. OSM / warmth
	Lactopin	2) monitor vitals
	20377	3) DSPT to continue
	OP' 10pm 11PM. 6am	4) trace for SBr reports
	22.4 → 20.8 → 17.9	2pm.
	Conj 0.6 0.6 - 0.6	To [illegible] 2pm SBR
	Unconj 19.9 18.1 - 14.5	& discharge.
	Alb - 3.9	E. Padmapriya
	B/A - 5.	44268

Patient Sticker

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00053183 IP16-00058331
Baby B/O RAJESWARI
28-06-2026 0 Y 0 M 8 D (M)
Dr. PADMAPRIYA EKAMBARAM

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

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

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7/26 Time: 5pm 8pm 12am 4am

Doctor/Nurse/Family Concern?

Temperature (°F)

On Admission 96.8F 97.6F 98.1F 97.2F 97.5F

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 146b/m 142b/m 135b/m 142b/m 142b/m

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

Resp Rate (Number) 44b/m 42b/m 40b/m 44b/m 42b/m

Resp Distress	Mod/ Severe None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)		RA 99%	RA 100%	RA 100%	100%
Conscious Level	Normal Altered				
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials					

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : (1)

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

6/7/26		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											
	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	on					Admission					
	06:00 pm	DBF								✓	NO	
	07:00 pm	DBF								✓	IV Site	
Total Intake :		(4) DBF				Total Output :		2 time				
	08:00 pm											
	09:00 pm	DBF					✓			✓	NO Swelling	
	10:00 pm									✓		
	11:00 pm										IV Swelling	
	12:00 am	DBF					✓			✓		
	01:00 am										line Swelling	
Total Intake :		(5) time DBF.				Total Output :		3 time.				
	02:00 am										NO Swelling	
	03:00 am	DBF					✓			✓		
	04:00 am										IV Swelling	
	05:00 am	DBF.					✓			✓		
	06:00 am						✓			✓	line Swelling	
	07:00 am	DBF										
Total Intake :		(3) time DBF.				Total Output :		3 time.				

Total 24 hrs. Intake	(7) time DBF	Total 24 hrs. Output	8 time.

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(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
6/7/26	4.30 pm	→ Baby received from OPD Baby complains of SBR → 29.4 mg/dl dspt started at 5pm and repeat sample S.BR / S.Albumen at 10pm. Vital signs checked and record. vitals are stable	Dee
	6pm	→ Baby take feed. tolerated well. DSPT and continue	Dee
	7pm	→ Baby B/o chart maintained & record.	Dee
	7.30 pm	→ Baby detail hand over given to night duty SIN Night duty 6/7/26	Dee
6/7/26	7.30pm	→ Patient handover taken by evening duty SIN → Patient clinically Stable	Remya
	8pm	→ checked vital Signs → Patient vitals is stable. CRT / CP / PP Less / ++ / ++ →	Remya
	10pm	→ SBR and albumin Sample Sent to Lab as per doctor advice →	Remya
7/7/26	12am	→ again checked Vitalsigns stable, → Patient vitals is Stable. CRT / CP / PP Less / ++ / ++ →	Remya

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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☐ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26		=> SBR and albumin Reports sent to DR. Padmapriya mam, doctor advice C/M 6am again need to take SBR →	Canyy
	4Am	=> again checked vitalsigns => Patient vitals is stable. CRT | of PP | <3sec | ++ | ++ →	Canyy 0707g
	6Am	=> Provide Morning care and checked baby weight →	Canyy 0707g
		=> DSPT continuesly going	Canyy 0707g
		=> Baby SBR sample is sended to Lab →	Pree on
	7Am	=> Maintained intake and output chart →	Praveen 02c
	7:30Am	=> Hand Over given from Morning duty staff. →	Praveen
		Morning duty notes	
7/7/26	7.30AM	→ Baby detail hand over taken from night duty s/n. Baby warm and active pink DBF only Q2 hrly	[illegible]
	8Am	→ Baby vital signs checked and record. vitals are stable	[illegible]

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

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Patient Sticker

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Baby B/O RAJESWARI
28-06-2026 0 Y 0 M 9 D (M)
Dr. PADMAPRIYA EKAMBARAM

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

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

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

				Date :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent though slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				Evaluator's Name				

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

INTERDISCIPLI LY EDUCATION RECORD

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Part - I.

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

Identified Education Needs:

1. Diagnosis
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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		
6/7	6pm	Yes	explained about feeding and position	patient	~~Nil~~	oral	Nil	Yes	good	Su
7/7	7Am	yes	explained about oxygen monitoring	patient mother	Nil	oral	Nil	Yes	Good	Sister

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

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Rajeshwari Mother's Name: B/o Rajeshwari

Date of Birth: 28/6/26 Time of Birth: 2.14 Pm Gender: ☑ Male ☐ Female

Birth Weight: 2.952 Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: ..... Baby: .....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.8 °C HR: 148 /Min RR: 48 /Min BP: — SpO_2: 100%

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

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** ..... (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: Anupriya Signature: [signature] Date &Time: 6/7/26 @ 4.30pm