GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

LOOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing			Reny 01/1/26				
Activity Sheet update by Pharmacy							

GUC-00094143
Baby B/O NIVEDHA
21-07-2026
Dr. GIRIDHAR S
IP18-00036564
0 Y 0 M 0 D 1 H (M)

ACTIVITY RECORD FOR BILLI

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Name: B/O Nivedha

UHID No: 9HH3 IP No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	5pm	LDR	609	

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
21/7/26	Blood grouping	26023484	[illegible]
21/7/26	PBS	26023494	[illegible]
21/7/26	PBS	26023016	[illegible]
23/7/26	SBR/ NBS.	23655.	[illegible]
23/7/26	OAE	1731726.	[illegible]

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: 23/7/26 Time: 1am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Remy 017179			

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

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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		31/7/26 at 11 AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

HC - 35 Cm
L - 48 Cm
T-WT - 2.953 kg
Review 5 days with SBR Reports.

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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BED SIDE CHECK LIST FOR NURSES

Date:	21/7/26	22/7/26	23/7/26						
Doctor's Orders	Dr. Giridhar	Dr. Giridhar	Dr. Giridhar						
Carried out or not	Yes	Yes	Yes						
Bed Side									
Structured Handover done	✓	✓	✓						
IV Site	X	X	X						
Central Lines	X	X	X						
Arterial Lines	X	X	X						
Feeding Catheter	X	X	X						
Urinary Catheter	X	X	X						
Skin Care	✓	✓	✓						
Eye Care	✓	✓	✓						
Mouth Care	✓	✓	✓						
Sterillum Bottle, Stethoscope	X	X	X						
Suction Bottle (Should be clean & empty)	X	X	X						
Intubation Tray	X	X	X						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	X	X	X						
Ventilator Tubing,(Any Water, Blood)	X	X	X						
Humidification	✓	✓	✓						
Check all Infusion (Labelling,Correct Preparation)	✓	X	X						
Chest Physio & Neb	X	X	X						
Handed Over By Name :	Sathya	Sathya	Sathya						
Signature :	Battery	Battery	Battery						
Date & Time:	21/7/26 8PM	22/7/26 8AM	23/7/26 2PM						
Hand Over Taken By Name :	Sathya	Sathya							
Signature :									
Date & Time:	21/7/26 8PM	22/7/26 8AM							

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036564 **Admit Date** : 21-Jul-2026 **Admit Time** : 03:01 PM **UHID** : GUC-00094143

Patient Details :

Patient Name	: Baby B/O NIVEDHA	**Age**	: 0 D
Guardian	: Mr VIGNESH	**DOB**	: 21-07-2026 02:11 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 115 gsn resdiency 4th cross noble rsdency dk Bannerghata Road Bangalore Karnataka INDIA 560076	**Phone No**	: 9566045509
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT609-1 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT609-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VIGNESH **Relationship** : Father

Contact Address : 115 gsn resdiency 4th cross noble rsdency dk Bannerghata Road Bangalore Karnataka INDIA 560076 **Phone No** : / 9566045509

Signature

Doctor Details :

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

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O NIVEDHA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036564**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT609-1**

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 c[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:.....K.....)
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: K

Name: Vignesh
Relationship: Father
Date: 21/07/2026 Time: 3.05 pm .
Witness Name: Siva Sankari
Witness Signature:

Patient Address:
115 gsn resdiency 4th cross noble rsdency dk Bannerghata Road Bangalore Karnataka INDIA 560076

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BILLING POLICY

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

DECLARATION

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

Patient Name : B/o Nivedha.	UHID Number : GUC-00094143
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature : Phone Number : 9566045509.	Name & Signature of Financial Counselor

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Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

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...AL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. NIVEDHA Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

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

BIRTH INFORMATION

Name : B/O NIVEDHA

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 21/7/26 Time of Birth : 2.11 Pm

Place of Birth : RCH LDR

Mother's Blood Group : B+ve

Birth Weight (gms) : 3.207kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38 w + 5D.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28Y Ht : 150cm Wt : 82.6kg BMI : ..... Married Life : 4 LMP : 22/10/25 EDD : 29/7/26.

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

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

Last Scans Details : 27/6/26 SUOG, Cephalic, placenta - Posterior, Liquor (N)
SDP-6.3, AFI-15.1 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 / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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

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

Infection : H/O. Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	Sponta	4Y,	3kg,		ADH	
G2	PP -	Spontaneous				

PERINATAL HISTORY

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

Duration of Labour KAVD.

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

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
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 :

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Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

Hist

Baby cried immediately after birth.

HR - 160 bpm
SpO_2 - aa-1.
CRT < 3sec Pink.
APGAR - 8/10 @ 1min
9/10 @ 5min.

INJ. VITK 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 : 35.5°C HR : 160 bpm RR : ..... NIBP : ..... CFT : <3sec

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 99 %

Anthropometry : Birth Weight : 3.207 kg 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 :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : – 2 Arteries Discharge : – NO	
GENITILIA :	~~Labia / Hymen~~ : Testicles/penis : Anus :	N
HERNIAL ORIFICES		N
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 : RA

Spo2 : aaf. Auscultation : BILATERAL Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 140 bpm BP : ..... Precordial Activity : –

Femoral Pulses : + Murmurs : –

Other Peripheral Pulses : + Signs of Cardiac Failure : –

Abdomen :

Shape : N Hernia orifice : .....

Palpation : ..... Anal Patency : .....

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : P

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

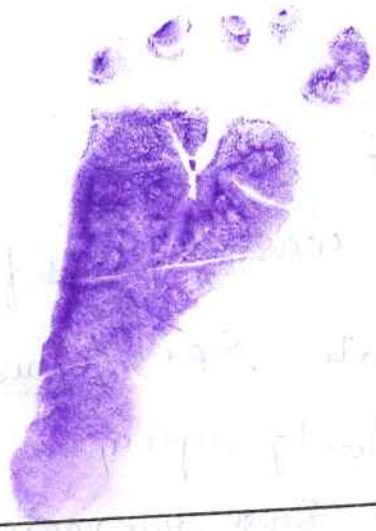
Patient Sticker

Any Congenital Anomalies : no

Diagnosis : Term (38+5) / AGA / Boy / 3.2 kg / well baby

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor : Dr Prasanna

Signature : .....

Name : 137223

Date & Time : .....

Consultant : for

Signature : .....

Name : 13/7223

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

Advice

- Provide warmth care for baby
- To initiate EBF Exclusively
- To Do Bloodgrouping.
- To give Biofe dose vaccine @ 24H
- NBS, OAE @ 48H.
- CBG profiled 9th H. for 24H
- watch for warning Signs

.....

.....

.....

.....

.....

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

.....

.....

13/12/23
Dr Prasanna

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

.....

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Baby B/O NIVEDHA
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Dr. GIRIDHAR S

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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STAT / ONCE ONLY DRUGS

Weight: 3.207kg kgs

Name: .....

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/7/26	2.36 PM	INJ. VITK	0.1ml	IM		SA	SP
22/7/26	D:WPM	I; HEP-B	(1mg) 0.5ml	IM			
22/7/26	12:00PM	I; BCG	0.05ml	ID			
22/7/26	12:00PM	OPV DROPS	2 drops	Oral			

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0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

(1)

No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/7/26 Time:	5.13pm	4pm	8pm	12am	4 am
Doctor/Nurse/Family Concern?					
Temperature (°F)	98°F	98°F	98.2°F	97.6°F	97.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Note: BP does not score in early warning scoring					
Heart Rate (Number)	142	140bpm	140bpm	142bpm	136bpm
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	40	50bpm	42bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild	Alert	Alert	Alert	Alert	Alert
Receiving O_2 (l/min) O_2 Saturations (%)	RA 100%	100%	100%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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.

RA - 98%.
RL - 97%.
LU - 98%.
LL - 99%.

Patient Sticker

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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-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/26 Time: 8am 12pm 4pm 8pm 12Am 4am

Doctor/Nurse/Family Concern?

Temperature (°F): 97.4°F 97.6°F 96.4°F 97.5°F 97.2°F 97.4°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 134/m 138/m 140/m 140/m 138/m 145/m

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

Resp Rate (Number): 38/m 37/m 40/m 40/m 42/m 45/m

Resp Distress	Mod/ Severe / None / Mild	-	-	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		RA 98%	RA 99%	98%	98.1%	98.1%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		MK	MK	MK	MK	MK

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

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GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

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FLUID CHART

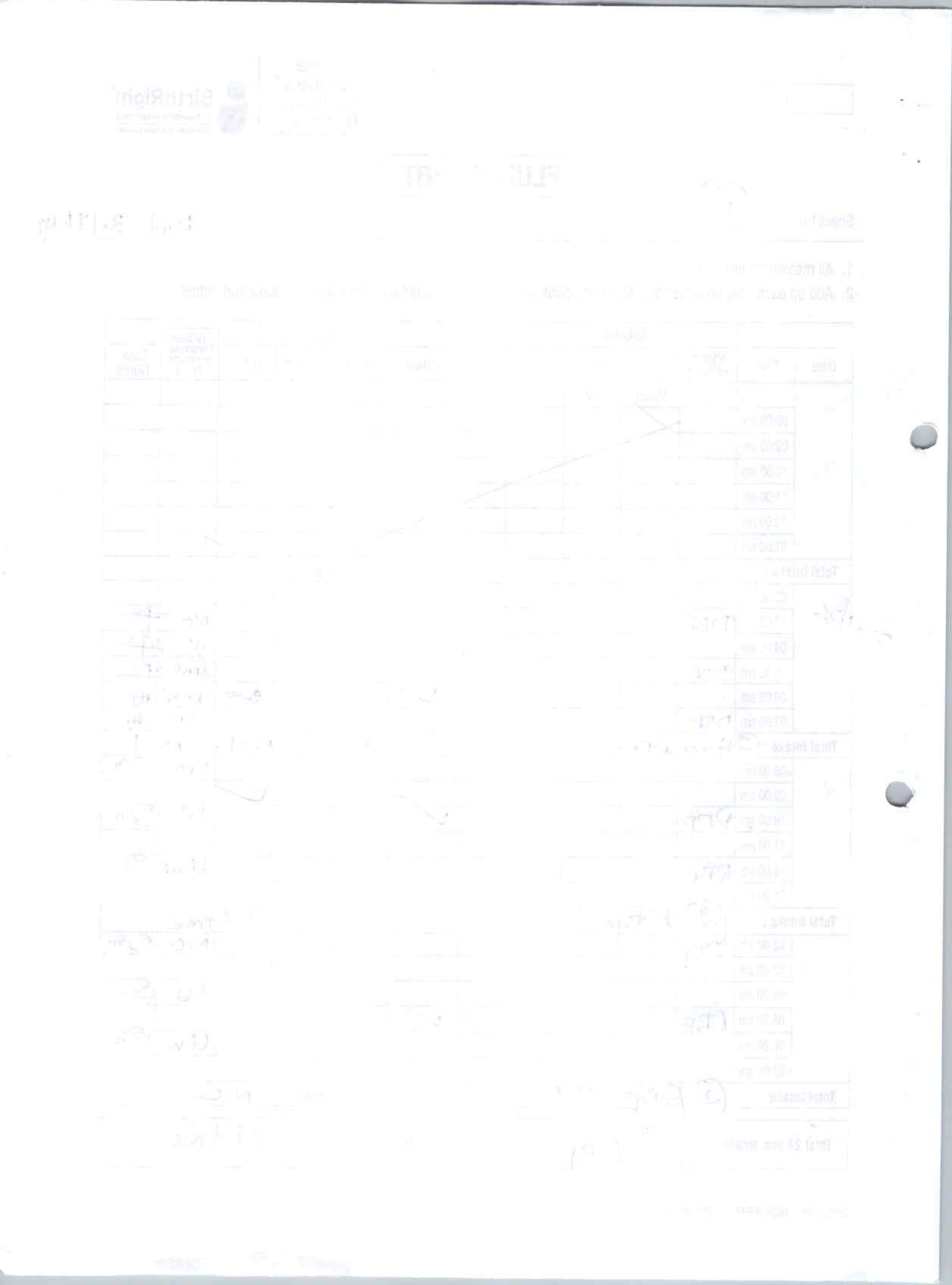
Sheet No. : 1

R.wt - 3.176 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.

		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 :						
21/7/26	02:00 pm											
	03:00 pm	DBF									NO	
	04:00 pm										IV line	
	05:00 pm	DBF										
	06:00 pm						✓				NO IV line	
	07:00 pm	DBF										
Total Intake :		3 times DBF.				Total Output :		N 9 1. M - 1				
	08:00 pm										NO	
	09:00 pm									✓		
	10:00 pm	DBF					✓				IV	
	11:00 pm											
	12:00 am	DBF									Line	
	01:00 am											
Total Intake :		2 DBF				Total Output :		1 time				
	02:00 am	DBF									NO	
	03:00 am											
	04:00 am										IV	
	05:00 am	DBF					✓					
	06:00 am										Line	
	07:00 am											
Total Intake :		2 DBF				Total Output :		NIL				

Total 24 hrs. Intake	7 DBF	Total 24 hrs. Output	1 time



GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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

22/8/26

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										NO	
	09:00 am	DBF								✓	IV	
	10:00 am										UD	
	11:00 am	DBF										
	12:00 pm											
	01:00 pm	DBF										
Total Intake :		3-DBF				**Total Output :**				U-1		
	02:00 pm											
	03:00 pm	DBF								✓	NO	Pulse
	04:00 pm										NF	
	05:00 pm	DBF				∞	✓				IVN	Pulse
	06:00 pm									✓		
	07:00 pm	DBF										
Total Intake :		(3) time. DBF				**Total Output :**				2time.		
	08:00 pm										NO	Sh
	09:00 pm	DBF					✓			✓	IV	Sh
	10:00 pm											
	11:00 pm	DBF									UN	Sh
	12:00 am									✓		
	01:00 am											
Total Intake :		(2) DBF				**Total Output :**				2time.		
	02:00 am	DBF									NO	Sh
	03:00 am											
	04:00 am	DBF									U	Sh
	05:00 am						✓			✓	time	Sh
	06:00 am	DBF										
	07:00 am											
Total Intake :		(3) DBF				**Total Output :**				1time		

Total 24 hrs. Intake	11 time DBF	Total 24 hrs. Output	6 time.

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

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NURSING CARE RECORD

Date: 21/7/26

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	3pm	maintain good nutritional status		- monitor vital signs - To give EBF - keep baby warm - maintain Hygiene	maintained good nutritional status	Reassessment is done	Shipra
Night	8pm	Promote Cleanliness and Comforts		Assess oralcare daily bath • maintain hand hygiene	maintain intake & output charts	Reassessment done	2m

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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

Goals

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

Date: 22/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	maintain good nutritional and status.	10 AM	monitor vitals .. encourage DBF and nares . MONITOR I/O.	The Baby had mother Feed tolerating.	The Baby. intake well.	
Afternoon	2pm	maintain good nutritional. status.	2.30 pm	maintained good nutritional. status.	Engaging. Oral Intake.	Reassessment done	
Night	8pm	prevent infection	10 pm	Strictly maintain hand hygiene practice with aseptic Technique	prevented infection	Reassessment done	

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

(C.)

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
21/7/26	2.11pm	B/O Nivedha GA - 38w+5d	
		A single baby delivered by	
		Kiwi assisted vaginal delivery	
		Baby cried at birth. Delayed	
		cord clamping done. Dr. Prasanna	
		received the baby, kept	
		in warmer cleaning done.	
		vital signs checked & recorded.	
		vitals are stable. Baby warmth	
		pinkish colour. NG tube	
		passed mucus cleared. Baby	
		urine & motion not passed at	
		birth. Inj. vit K given and	
		blood collected for blood	
		grouping sent to lab as per	
		doctor order.	
		Date - 21/07/2026	
		Time - 2.11pm	
		sex - Boy	
		weight - 3.207 kgs.	
		APGAR - 8/10, 9/10.	S/N Pooja
	3pm	DBF given to baby sucking	
		good - placed the baby on	
		mother side. vaccination not done.	S/N Pooja
	3.30pm	CBG checked as per doctor	
		order 64mg/dl informed to (next page)	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21-7-26		Dr. prasanna advice to continue	
continue		6th hly monitoring vitals carried out	
	11pm	Baby vital signs checked & recorded. placed the baby	
		on mother side. vaccination	
		not done.	
	5pm	Baby shifted to ward	
		as per dr/s orders. Baby	
		care hand over given to	
		6th floor.	
	5:10pm	Baby was received from LDR	
		to 6th Floor. ID-band checked	
		receiving wt. checked wt. 3.176kg.	
		ID chart given to Baby's attender →	
	6pm	Baby taking feed & no	
		vomiting. DBF encouraged.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/9 (Need supervision)	
		Baby passed motion only	
		passed urine not passed →	
	7pm	maintained Intake and	
		output chart →	
	7.30pm	Hand over given to Evening	
		Night duty staff →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night Duty	
21/8/26	7:30 pm	Baby details handover taken from evening duty staff	[signature]
		Baby active and alerts	
		Baby RBS 6th hourly is normal after stop.	
	8pm	Baby taken DBF 2nd hourly urine passed	
		Baby vital signs checked & Recorde. CP 146 / PR 64 / C87 43	[signature]
	10pm	Baby passed Motion	
		Baby taken DBF 2nd hours	
		L – 2 RBS 73 mg/dl stopped	
		A – 2	
		T – 2	
		C – 2	
		H – 1/9 (need Supervision)	
22/8/26	12am	Baby vitals checked and recorded	[signature]
	2am	Baby taken DBF taking well feeds Baby sleeping comfortable	
	4am	Baby cry felt well vitals checked and recorded baby taken DBF totally well feeds	[signature]
	6am	Baby Morning care given weight checked and recorded	
	7:30am	Hand over given to Morning duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
09/7/26	.	Morning duty notes.	
	7:30am	Baby details Handing over taken from Night duty SIN. IV line, DBF and hourly. Vaccine due.	
	8am	Baby details Handing over taken checked and recorded Baby had mother FEED C -2 A -2 T -2 C -2 H -1 needs supervision.	PP ++ / CP ++ / CRT <2 sec →
	10am		
	11am	Dr. Giridhar Sir came and Saw the baby's general condition Tomorrow plan - SBR / NBS	→
	12pm	Baby vitals are checked and recorded. Vitals are stabled. CP ++ / PP ++ / CRT <2sec	→
	1pm	Maintained I/O chart for the baby	→
	1:30pm	baby details are handing over given to Evening duty staff	→

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/7 (E)	DATE 21/7 (N)	DATE 22/7 (M)	DATE 22/7 (B)	DATE 22/7 (N)
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

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

Intervention:					
Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	✗	✗	✗	NA	✗
Other Intervention(s) Specify	✗	✗	✗	NA	✗
Nurse's Name:	Pooja	Sneha	[illegible]	[illegible]	S. Nisha
Signature:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	21/7	21/7	22/7	22/7	22/7
Time:	3pm	8pm	10 Am	2pm	8pm

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

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

: ☐M ☐F IP No. : .....

					E	N	M	B
					: 21/7	21/7	21/7	22/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3pm 4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name				

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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
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		
21/7/26	3pm	Yes	Educate about fall risk safety needs (pt cradles)	mother	No learning barrier	Oral	None	Yes	Good	[signature]
22/7/26	10AM	Yes	explained about personal hygiene.	Mother	Nil	Verbal	Nil	Yes	—	[signature]
23/7/26	3PM	Yes	educate about Infection control program	mother	Nil	verbal	Nil	Yes	Good	[signature]

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

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 1 H (M)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
21/7/26	3.30pm	64 mg/dl	100 - pressamin	
21/7/26	10pm	73 mg/dl	Dc. pracen	
		↓ stop		

Docu. No. : RCH /FRM / CLINICAL / 185

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

Treating Consultant Name: Dr. Giridhar	Date & Time of Admission: 21/6/26	Date & Time of Transfer Order: 21/6/26 at 5pm
From Unit: CDR	Transfer Ordered by: Dr. Prasanna	Reason for Transfer: Baby care
Number of Sheets in Clinical File: Baby's DP bill	To Unit: 609	Information to Attendant: Yes ☑ No ☐
	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	1
2.	Baby Diapers	1
3.	Baby dress	1
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Dr. Prasanna

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja S 21/6/26	Dr. Prasanna

Patient & Clinical Records Received by : M. Mallika 607784

Date & Time of Patient Received : 21/7/26 @ 5:10 PM

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

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

GUC-00094143 IP18-00036564
Baby B/O NIVEDHA
21-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 21/07/26 Time of Birth: 2.11 pm Gender: ☑ Male ☐ Female

Birth Weight: 3.207 Kgs HC: 36 cm Lenght: 47.5 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: B+ve. Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 3Dr.

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN
A
IDEN

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

Indication: Poor maternal effort

Physical Assessment of New Born:

Temp: 36.5 °C HR: 142 /Min RR: 40 /Min BP: — SpO_2: 100%

Pain Score: — (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: Jobi C J Signature: Date &Time: 21/7/26

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