GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 2 D (F)
Dr. PADMAPRIYA EKAMBARAM

BirthRight Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	8.00 Am	8.10 Am	Sunil Consultant				
Activity Sheet update by Pharmacy							

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY RECORD FOR BILLING

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Name: B/O Noorul Majitha

UHID No: 94383 IP No: 36650 Consultant: Dr. padmapriya Dept: LDR

Date of Admission: 28/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/7/26	12:30 pm	LDR	6th floor	Sivakala

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/7/26	Blood Grouping	24144	
28/7/26	RBS	26024/84	
28/7/26	RBS	2602424	
29/7/26.	RBS.	24329	
29/7/26	RBS	24329	
29/7/26	RBS.	24361	
30/7/26	RBS	24361	
30/7/26	RBS	24362	
30/7/26	RBS	24362	
30/7/26	SBR, NBS	24382	
30/7/26.	DAE	1734764.	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/7/26	~~E.A.E~~	~~1~~	~~D34764~~	~~Sul~~

ANY OTHER INFORMATION:

Date: 30/7/26 Time: 8pm Prepared By: Sul

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sul			

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GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		30/7/26 at 9.10 AM			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

T.wt - 2.491 kg
Hc - 34 cm
L - 45 cm

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036650 **Admit Date** : 28-Jul-2026 **Admit Time** : 07:35 AM **UHID** : GUC-00094383

Patient Details :

Patient Name	: Baby B/O NOORUL MAJITHA	**Age**	: 0 D
Guardian	: Mr MOHAMED REYAS	**DOB**	: 28-07-2026 06:38 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:B6-12A,VGN FAIRNT MOUNT, EKATTUTHANAGAL Alandur North Chennai Tamil Nadu INDIA 600032	**Phone No**	: 9894959609/ 8754234917
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE713-2 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE713-2 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMED REYAS **Relationship** : Father

Contact Address : NO:B6-12A,VGN FAIRNT MOUNT,EKATTUTHANAGAL Alandur North Chennai Tamil Nadu INDIA 600032 **Phone No** : 9894959609

Signature

Doctor Details :

Doctor Name : Dr. PADMAPRIYA EKAMBARAM **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr.. Aishwarya Parthasarathy **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O NOORUL MAJITHA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP18-00036650**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-2**

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:.....)

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: Mohamed Reyas
Relationship: Father
Date: 28/7/2026 Time: 9:13 AM
Witness Name: Pavithra
Witness Signature:

Patient Address:
NO:B6-12A,VGN FAIRNT MOUNT,
EKATTUTHANAGAL Alandur North
Chennai Tamil Nadu INDIA 600032

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 Noorul majitha	UHID Number : GUC-00094383
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature : Phone Number : 9894959609	Name & Signature of Financial Counselor

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART 6th baby

Date	Time	RBS (mg/dl)	IVF %	Signature
28/7/26	9am	54 mg/dl.	Dr. prasanna	
28/7/26	5pm	66 mg/dl.	–	
29/7/26	2 ~~pm~~ am	81 mg/dl	–	
29/7/26	8 am	77 mg/dl.	–	
29/7/26	~~8pm~~ ~~4pm~~	78 mg/dl.	–	
29/7/26.	10pm.	77 mg/dl.	–	
30/7/26	4 am	85 mg/dl.	–	
30/7/26.	10 am.			

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : NOORUL Age : 32Y. Father's Name : ..... Age : .....

Date of Birth : 28/7/26 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 - NOORUL

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 28/7/26 Time of Birth : 6.38AM

Place of Birth : RCH - LDR

Mother's Blood Group : B+Ve.

Birth Weight (gms) : 2.655kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+3

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32Y. Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : 14/8/26.

Conception : Spontaneous or with Rx. : Spontaneous.

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

Last Scans Details : .....

..... 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 : 23.5 Hrs ☐ 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

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 : .....

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
9/10	9/10.	

TOTAL

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:

Baby born thorough
Normal vaginal delivery
↓
cried immediately after birth
↓
Requires routine steps of resuscitation.

NIPT → Low risk

Antenatal scans.

NT Scan → ~~Normal~~ → FTS - Low risk
↳ Agenesis of Ductus venosus & Intrahepatic entry of umbilical vein

Anomaly scan → Agenesis of Ductus venosus & Intrahepatic entry of U.V
Normal 'c' curve + Normal portal venous system

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family Hist-

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention if baby has Respiratory distress : RR : 50 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 : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 150 BP : Precordial Activity : (-)

Femoral Pulses : (+) Murmurs : (-)

Other Peripheral Pulses : (+) Signs of Cardiac Failure : (-) .

Abdomen : (N)

Shape :

Palpation :

Palpable masses :

Abdominal girth :

Hernia orifice :

Anal Patency : (+)

Umbilical Cord : 2A (+) 1V (+)

First urine passed : —

Meconium passed : —

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : (N)

Prechtle Score :

Nerves : (N)

Motor System :

Passive Tone : (N)

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

G

VITALS : Temperatu

Color of the extremities .

Jaundice :

Anthropometry : Birth Weight :

Ponderal Index :

Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : D - Term | AGA | Girl | B.Wt - 2.655kg |

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : 103944

Name : Dr. PERINBANDSAN

Date & Time : 28/7/26 | 7AM.

Consultant :

Signature : E. Padmapriya.

Name : PADMAPRIYA ELAMBARAM

Date & Time : 28/7/26 @ 3.30pm.

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

1) DBF - OSM / month

.....

2) Vaccination at 2 MOL

.....

3) 4 mth vaccine at 2 MOL

.....

4) SBP/OAE/ NBS at 6 MOL

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/20 3.30pm.	S/B Dr. padmapriya.	
	~~G2P1A0~~,	
	G3P1A1L1/Live/Female/Term/AGA/B.wt - 2.655kg.	
	Baby received Pink at air Sucking good. Cry, Tone, Activity - good. No congenital anamolies.	
	O/E	
	~~Afebrile~~ CVS - S1S2 (+) RS - B/L AE (+) P/A - Soft	
	Adv: - warmth - Direct Breast Feed 2H - vaccination today. - NBS, OAE, SBR at 48hrs	E. Padmapriya. 44268

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 10:15 AM	S/B. Dr. Lucky Vignesh	
M/B Here	Δ: Term (37+3d) / AGA / 2655 kgs / girl /	
	Baby reviewed.	
	CRT < 3sec	BWt: 2655 kgs
	warm peripheries	TWt: 2548 kgs
	Urine / Meconium ✓ RR well felt	Δ: 107 kgs
		%: 4.03 %
	Vaccination done vitals stable	
	CVS: S1 S2 ⊕ / No murmur	PA: Soft NT, normal
	CNS: NFND	RS: clear
		Adv
		1) DBF Q2H / Warm
		2) Monitor vitals
		3) NBS / OAE / SBr at 48 hol ↓ 30/7/26 6:30 AM
	Luckyvigh 20337	[signature] 44268

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

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0Y0M2D (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

Date & Time	Progress Notes	Doctor's Order
30/7/26	S/B. Dr. LUCKY VIGNESH	
9:30AM	Δ: Term (37+3) / AGA / 2.655kgs / girl	
	Baby remind	
	CRT < 3sec	
	Warm peripheries	BWt: 2.655kgs
	PP well felt	PWt: 2491kgs
		Δ: 164grams
	urine ✓	%: 6.1%
	meconium ✓	vitals: stable
	vaccinated ✓	
	RS: clear	CVS: S1/S2⊕ / No murmur
	PA: Soft NT	CNS: NFND
		Adv
	SBr ✓ (12.9)	
	OAE } today	1.) DBF-Q2H / Warmth
	NBS }	2) monitor vitals
		3) Plan for discharge
	R date:	today
		↓
		Not in range

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.655 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/7/26	7AM	VITAMIN-K	1mg	IM		SP	MD
28/7/26	4:30PM	I/ BCG	0.05ml	ID	Cal		
28/7/26	4:30PM	I/ HEPB	0.5ml	IM			
28/7/26	4:30PM	OPV Drops	2drops	Oral	Cal		

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

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Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/7/26 Time:	8AM	12PM	4PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	98F	98F	97.1F	98.1F	97.6F	97.5F
Heart Rate (bpm) and Blood Pressure (mmHg) *	148bpm	140bpm	138bpm	136bpm	140bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *	50bpm	38bpm	42bpm	40bpm	38bpm	38bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	99%	99%	98%	99%
Conscious Level: Normal / Altered	Alert	Alert	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

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

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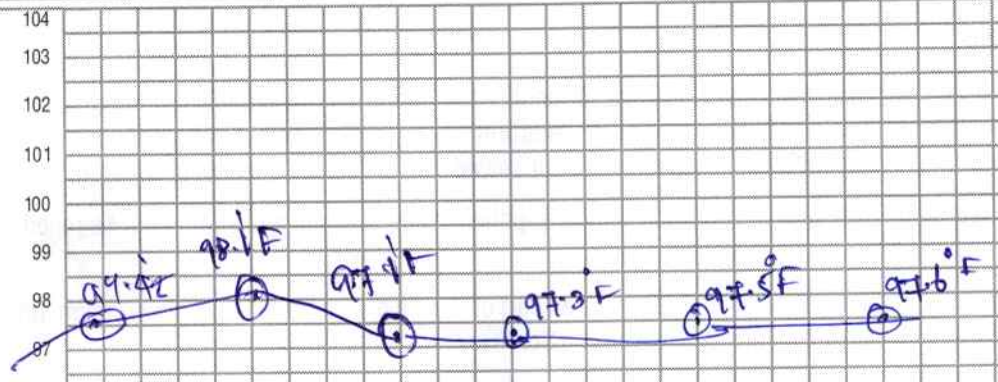
EARLY WARNING SCORE: CHILDREN'S UNIT

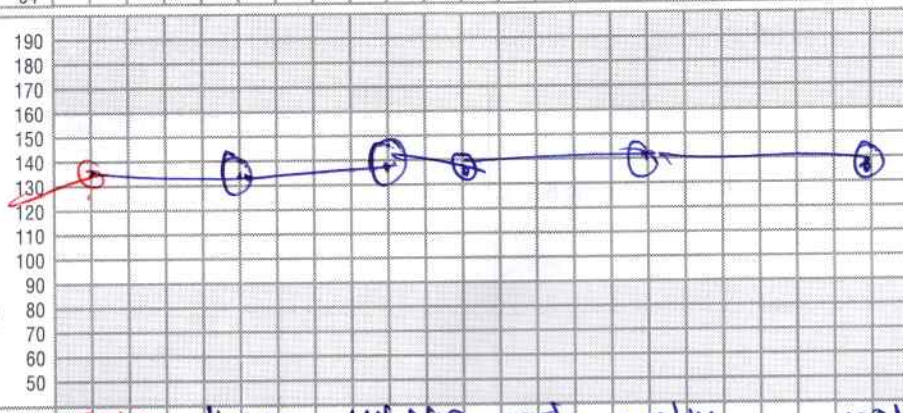
Date: 29/7/26 Time:	8pm.	12AM	4PM	8pm	12am	4am
Doctor/Nurse/Family Concern?						

Temperature (°F)



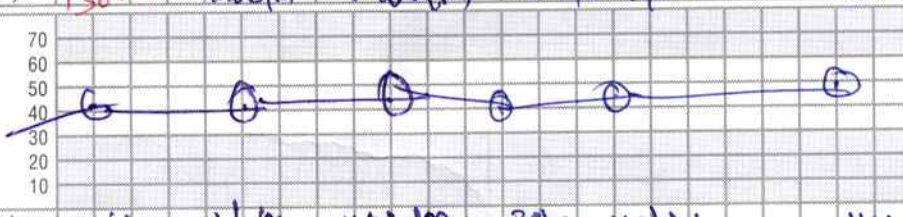
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	138bpm	146b/m	146b/m	135b/m	140b/m	138b/m

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



Resp Rate (Number)	42bpm	46b/m	40b/m	38bpm	42b/m	46b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA
O_2 Saturations (%)	99%	100%	99%	98%	98%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	RU					

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

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 1

28/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/7/26	08:00 am	3	DBF								NO	SA
	09:00 am										IV	SA
	10:00 am		DBF								line	SA
	11:00 am											SA
	12:00 pm											SA
	01:00 pm		DBF									
Total Intake : 3 Hmes						Total Output : Nil						
	02:00 pm						✓			✓		Pal M.
	03:00 pm		DBF								NO	
	04:00 pm											
	05:00 pm		DBF				✓				for	Pal M
	06:00 pm						✓			✓	line	Pal M
	07:00 pm		DBF									
Total Intake : 3 Hime DBF						Total Output : 1 Hime						
	08:00 pm											
	09:00 pm		DBF							✓	NO	
	10:00 pm											
	11:00 pm		DBF								IV	
	12:00 am											
	01:00 am		DBF							✓	line	
Total Intake : 3 times DBF						Total Output : 2 times urine Passed						
	02:00 am											
	03:00 am		DBF								NO	
	04:00 am											
	05:00 am	FF	30ml								IV	
	06:00 am						✓			✓	line	
	07:00 am											
Total Intake : 1 time DBF + 30ml						Total Output : 1 time urine Passed						

Total 24 hrs. Intake	7 times DBF + 30ml	Total 24 hrs. Output	4 times urine Passed

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : (2)

T.wt - 2.548 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.

29/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ motion	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	DBF								L	NO	
	09:00 am	FF	30ml								IV	
	10:00 am	DBF									live	
	11:00 am	FF	30ml				L					
	12:00 pm									L		
	01:00 pm	DBF										
Total Intake : 3 times DBF + 60ml.						Total Output : 2 times.						
	02:00 pm											
	03:00 pm	DBF								L	NO	
	04:00 pm						L				live	
	05:00 pm	DBF										
	06:00 pm									L	JPD.	
	07:00 pm	FFF DBF	10ml									
Total Intake : 3 times DBF + 10ml.						Total Output : 2 times.						
	08:00 pm	FF	10ml									
	09:00 pm	DBF									NO	
	10:00 pm						L			L	IV	
	11:00 pm	DBF										
	12:00 am	~~FF~~	~~10ml~~								live	
	01:00 am	DBF										
Total Intake : (3) - DBF + 10ml (FF)						Total Output : U-1 ; M-1						
	02:00 am	FF	10ml									
	03:00 am	DBF									NO	
	04:00 am											
	05:00 am	DBF					L			L	IV	
	06:00 am										live	
	07:00 am	DBF										
Total Intake : (3) - DBF + 10ml.						Total Output : U-1 ; M-1						

Total 24 hrs. Intake	(12) DBF + 90ml (FF)	Total 24 hrs. Output	U-6 ; M-4

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

UC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
8-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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

Date: 08/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	promote Adequate Nutrition for Leal Pig & delivery	8:30 Am	Assess Nutritional status - Assist with feeding if Needed Monitor weight	patient Baby was stable	good catching	S/N Akshaya 018057
Afternoon	2pm	* Assess the baby condition * Monitor vital sign * Medication as per drug chart order	*	Assessed the baby condition * Monitored vital sign * Medication as per drug chart order	* Baby vital are stable	* Reassessment	021813
Night	7.30 PM	maintain good nutritional Safety		Assessed the baby condition monitored vitals maintained I/O chart Provide DBF Q2H	maintained good nutritional Safety	* Reassessment Done	021813

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 18 H (F)
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: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Promote adequate nutrition for healing & recovery.	10 AM	The Baby BBF and hourly.	The Baby Need tolerating well.	The Baby urine out good	
Afternoon	2 PM	Prevent Falls and injury	4 PM.	Keep in low position call bell near the bed	Follow the instructions	precaution Falls and injury.	
Night	8 PM	Prevents Hospital acquired Infection.	10 PM	-> keep the baby warm and clean -> Use of aseptic technique for before touching baby.	Baby was kept clean and warm.	Baby clinically stabled.	

UC-00094383 IP18-00036650
aby B/O NOORUL MAJITHA
3-07-2026 0Y0M0D1H (F)
r. PADMAPRIYA EKAMBARAM

(1).

NURSES NOTES

Rainbow® Children's Hospital
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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
28/7/26	at 6.00 am	Normal delivery notes on Normal delivery done 28/7/26 at 6.38 am active girl baby at birth Immediately crying is wet Baby Cord Clamping and cut Baby handing over to paediatrician Baby rooting done given Inj. Vit K 0.1ml. given as per doctor order. Baby Cord clamping and cut Baby vital sound & neonatal Card blood sent to for Blood grouping Report due to be followed, Baby looking is pink active is pink is good BS - 28/7/26 at 6.38 am A - Girl B - 7lb 10.8oz H - 2.685kg	Devi 01 8 26
	7.30 am	Baby handing over to nursing duty staff to be followed doctor order.	Devi 01 8 26
28/7/26	7.45 am	Morning duty Notes. Baby details handed over taken from Night Duty staff. Baby active & alert. Vitals are checked & recorded. Direct breast feeding	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

JC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
-07-2026 0Y0M0D1H (F)
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 ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	continu	given. Baby sucking well.	
		Baby Urine & motion not	
		passed. Baby not vaccinated.	S/N parameswari 016808
	9am	Baby side / no complaints.	
		Baby kept in cradle.	
		Baby side mother side	
		RBS checked RBS - 54mg/dl	
		Informed to Dr. prasanna	
	10.30 Am	adviced to 6th hrly CBG monitoring	S/N parameswari 016808
		⇒ DBF was given to Baby	
		Cholostrum of milk is present	
		U/M Not passed vaccination	
		Not Done No complaints	Abalya 01808
	10pm	⇒ checked for vital signs	
		recorded Baby vital are	
		stable baby was stable mother	
		side U/M Not passed	Abalya 01808
	12:30 pm	⇒ Baby care handover	
		given to 6th floor staff nurse	
		CBG 6th hourly followed	Abalya 01808
28/7/26		receiving notes	
	12.30PM	Baby details handing over taken	
		from LDR SN. DBF and BW, urine,	
		motion not passed, inj. vit K done	
		RBS - 6th hourly	
	1.PM	maintained and cover recorded.	
	1.30PM	handing over given to evening staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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

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Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	2 Pm	Evening Duty Notes Baby details handing over taken from morning duty SN Baby is on RA, Baby activity on good. Baby colour is normal, Baby sucking is good, Baby vital sig are recorded →	
	4pm.	Baby had on DBF no vomiting sucking is good, →	
	6pm	Baby vital sign are recorded Flowchart monitored → Maintained intake and output chart. →	
	7.30 pm	Hand over given from night duty staff. →	
		Night Duty	
	7.30 pm	The Baby details handing over taken from evening duty staff. Baby is Conscious and alert. Patient is on room air. Baby is Pink in colour	02/8/26
	8pm	vital Sign are checked and recorded. vital Sign are Stable.	

CP	PP	CRT
++	++	<3Sec

02/8/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital
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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
28/7/26	10pm	Baby taking DBF Q2H. No complaints of vomitting. Baby feed tolerating well. L - 1 A - 2 T - 2 C - 2 H - 2 7 need Scaperdistor.	021893
29/7/26	12Am	Vital Sigs are checked and recorded vital Signs are Stable. CP ++ PP ++ CRT <3Sec	021893
	2Am	Baby taking DBF Q2H No complaints of vomitting Baby sleeping well. Baby is Stable	027893
	4Am	Vital Signs are checked and recorded vital Signs are checked and Stable Child is Stable CP ++ PP ++ CRT <3sec	021893

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 18 H (F)
Dr. PADMAPRIYA EKAMBARAM

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	4:30 ~~AM~~	Baby slept well Baby taking DBF Q2H. NO any other fresh complaints Baby is Stable.	Rani 02187
		I/o chart maintained	
	5 am	Baby's was crying continously. so Inform to NICU doctor.	
		Doctor advice to Give Nan-pro Formula milk to the Baby	
	5:10 am	Formula milk Nan-pro 30 ml is given to the Baby →	Jyothika 60774
	6 am	Maintained I/o chart for the Baby. Morning care given and Today weight checked →	Jyothika 60774
	7.30 Am	The Baby details handing over given to morning duty staff.	Rani 02187
29/7/26		Morning duty notes.	
	7.30AM	The Baby details Handing over taken from night duty S/N. No vomiting, ~~PBS~~ BM Normal.	
	8am	Vitals checked and recorded. Baby had mother FOOD.	
	10am	Baby taking Feed n/o vomiting. DBF & Nan Paused fully	
		L - 2	
		A - 2	

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 ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26		T - 2	
		C - 2	
		H - 1/9 closed supervision	Prave OSC
	10.30Am	Dr - [illegible] seen	
		the Baby, Advice from	
		To continue feed, Tomorrow @	
		6Am To do SBR, NBS, OAE	Prave OSC
	12pm	Baby vitals checked and	
		Recorded vitals Normal	Prave OSC
	1PM	maintained intake and	
		Output chart	Prave
	1.30pm	Handling over given to evening	
		dutys in	
	2PM	Baby had mother feed.	[illegible]
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/9 - Good supervision.	
	4PM	vitals checked and recorded	
	7PM	maintained I/O chart recorded	
	7.30PM	Handling over given to night	0[illegible]46
		duty.	
		Night Duty Notes	
	7:30pm	Baby details are handing over,	
		taken from Evening duty staff	
		Tommorrow plan - SBR / OAE / NBS.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Noorul majitha Mother's Name: Mrs. Noorul majitha

Date of Birth: 28/7/26 Time of Birth: 6.38 am Gender: ☐ Male ☐ Female

Birth Weight: 2.655 Kgs HC: 32 cm Lenght: 42 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: 'B' positive Baby: Awaited

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 8AM

GUC-00092396 IP18-00036639
Mrs NOORUL MAJITHA
18-09-1993 32 Y 10 M 10 D (F)
Dr. AISHWARYA PARTHASARATHY

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 138 b/Min RR: 40 /Min BP: — SpO_2: 99%

Pain Score: 0 (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. Parameswari Signature: 01808 Date &Time: 28/7/26 @ 8 Am

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094383 IP18-00036650
Baby B/O NOORUL MAJITHA
28-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

Gender : ☐ M ☐ F IP No. : .....

					M	E	N	H
				Date :	28/7	28/7	28/7	29/7
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 ...: Makes frequent through slight changes in body or extremity position independently.	...: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	2
				TOTAL SCORE	25	28	27	22
				Evaluator's Name				

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

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(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE (M) 28/4	DATE (E) 28/7	DATE (N) 28/7	DATE (M+E) 29/7	DATE (N) 29/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		NA	✗	✗	✗	✗
Other Intervention(s) Specify		NA	✗	✗	✗	✗
Nurse's Name:		S/N Paravi	Jogeshwari	Saras	Pavithra	[illegible]
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		28/7/26	28/7/26	28/7	29/7	29/7
Time:		8am	2pm	8pm	@ 8AM	@ 8pm

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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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 Newborn Plan
2. Treatment and Care
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		
28/7/26	8am	yes	Educate & Inform about breast feeding position	Mother	None	Oral	None	yes	good	
29/7/26	8Am	Feeding Position	Explained mother about feeding Position.	Mother	Nil	Oral	Nil	Yes	good	

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

PATIENT TRANSFER FORM

(1)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
B/O Noorul MRC 94383.	28/7/2026@	28/7/26@ 19:30PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. padmapriya	Dr. prasanna	further mgt
From Unit	**To Unit**	**Information to Attendant**
LDR	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
casesheet-	-	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Pampers	(1)
2.	wipes	(1)
3.	Baby dress / Dsyogerml	(1) (2)
4.	~~Vit~~ Inj. Hepatitis B	(1)
5.	Inj BCG vaccine.	(1)

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N parameshwar 01/6808	Dr. prasanna

Patient & Clinical Records Received by : Sathya

Date & Time of Patient Received : Sathya 28/7/26 at 19.30PM

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