GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		21-7-26 6 AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Your Right to a Safe Delivery

Name: GUC-00094054 IP18-00036523
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H M)
Dr. PADMAPRIYA EKAMBARAM

UHID No: .....

Date of Admissi .....

Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/7/26	8.15pm	LDR	7th floor	

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
19/7	Blood grouping	26023251	
19/7	RBS	26023258	
2017/26	RBS	26023277	
2017/26	RBS	26023277	
2017/26	RBS	26023324	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7/26	OAE	(1)	1730496	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 20/7/26 Time: 6pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Patient Name: DHARANI PRIYA UHID No: 94054 Bed Category: 709

AT-ADMISSION DESK:

- Explain about admission process
- Welcome Kit

SERVICES IN WARD:

- Explain about room facility like how to use the patient COT, Nursing Bell, important contact details.
- Room cleaning and wash room cleaning will be done regularly.
- Patient bed sheet & clothes will be changed every day morning.
- If patient got shifted to OT, please enquire with nursing station to get further updates
- Wash room hot water will be available round the clock
- For patient food please reach to Dietician / F&B Call @ (2203)
- Don't keep waste in the sink or other drains
- Food for the patient strictly as per the advice in-house dietician
- No outside food is allowed for patients
- Fruit juices, coconut water, salads, are available in canteen
- Patients' Rights & Reasonability explain to the family.
- Only 2 attender's allowed inside the room with patient.

BILLING:

- Take billing update on daily basis at ground floor IP Billing Department (09:00AM to 06:00PM) and if any Query please reach to billing manager/IP Manager (+916379905271) (on same time.)
- If any insurance query and corporate information, please reach to ground floor insurance/ corporate desk.
- For Insurance patient give documents after admission.
- Please carry attender pass at the time of visiting patient.
- VISITING HOURS for Pediatrics (12PM -1PM & 4PM -5PM)
- VISITING HOURS for OBG (08AM -09AM & 4PM -5PM)
- Explain about concern department contact details, which mentioned bedside chart.

MANAGEMENT TEAM:

- Team will meet everyday morning to look after the patient welfare and collect patient feedback on hospital services & MOD (+91 6379905263) available round the clock.
- Please give your valuable feedback before leaving the hospital at the time of discharge, it would be helpful to improve our services.

THANK YOU AND GET WELL SOON

Signature of patient/ patient Attendance

Signature of the Introducer

Children's Hospital | Birthright

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	21/7/2026 @ 12:00pm				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

21/7/26

T.WT: 2.681kg

HC: 33 cm

LC: 49 cm

Thalesh Sun - 8

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
15/7/26	4:30	86 mg/dl	6th hourly	Dani 10/20
19/7/26	10.30pm	99 mg/dl	@6 H	
20/7/26	4.30 AM	89 mg/dl	@6 H	
20/7/26	10:30am	71 mg/dl	@6H	
		Stop		

Rainbow Children's Hospital

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 : IP18-00036529 **Admit Date** : 19-Jul-2026 **Admit Time** : 03:46 PM **UHID** : GUC-00094054

Patient Details :

Patient Name	: Baby B/O DHARANI PRIYA	**Age**	: 0 D
Guardian	: Mr YOKESHWARRAJ	**DOB**	: 19-07-2026 01:43 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.11/7, LAKSHMI NAGAR, 10TH CROSS STREET, Porur Kanchipuram Tamil Nadu INDIA 600116	**Phone No**	: 9940620275/ 9566093924
		E-mail	: YOKESHH98@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT-709-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT-709-1 **Admission Type** : First Visit

Contact Details :

Name : Mr YOKESHWARRAJ **Relationship** : Father

Contact Address : NO.11/7, LAKSHMI NAGAR, 10TH CROSS STREET, Porur Kanchipuram Tamil Nadu INDIA 600116 **Phone No** : 9940620275

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O DHARANI PRIYA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP18-00036529**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT-709-1**

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 [redacted] 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.
(R[redacted]eivers 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: Mr. Yokeshwar Raj
Relationship: father
Date: 19/07/2026 Time: 03:46 Pm
Witness Name: A. Sivasankari
Witness Signature:

Patient Address:
NO.11/7, LAKSHMI NAGAR, 10TH CROSS STREET, Porur Kanchipuram Tamil Nadu INDIA 600116

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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 Dharani Priya	UHID Number : CUC-0009405A
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

SUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Dharani Priya Age : 28Y Father's Name : Yokeshwar Raj 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 Dharani Priya.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 19/7/26 Time of Birth : 1.43 PM

Place of Birth : LDR, RCH

Mother's Blood Group : B+ve.

Birth Weight (gms) : 2.8 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+1 day

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28Y Ht : 153cm Wt : 74.4kg BMI : ..... Married Life : .....

LMP : 13/10/25 EDD : 1/8/26.

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

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

Last Scans Details : 27/6/26 SLUG, cephalic, Placenta, Posterior, EFW = 2369 Liquor (N), AFI - 19.3 FH good.

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 : on OHA

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? .....

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

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) NVD.

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

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

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

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 :

Patient Sticker

History of Present Illness:

Baby cried immediately after birth

HR - 156 bpm

SpO_2 - 97 %

CRT < 3sec.

Activity, tone - good.

APGAR - 8/10 @ 1min
9/10 @ 5min

Pallor (+)

Inj. Vitamin K 0.1ml (1mg) IM given

Investigation details in previous Hospital :

-

Feeding History :

Patient Sticker

Past History :

—

Family History :

—

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.6°C HR : 152 ppm RR : ..... NIBP : ..... CFT : less

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 97%

Anthropometry : Birth Weight : 2.6kg 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 :

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

(N)

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 2A&T Intact
Discharge : NO

(N)

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

(N)

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

(N)

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

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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 : 99.1 Auscultation : ..... Breath Sounds : B/L AEA Added Sounds : .....

Cardiovascular System :

HR : 156 bpm BP : ..... Precordial Activity : —

Femoral Pulses : + Murmurs : .....

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

Abdomen : N

Shape : ..... Hernia orifice : + patent

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

Palpable masses : ..... Umbilical Cord : 2 Art + 1 Ven

Abdominal girth : ..... 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 : .....

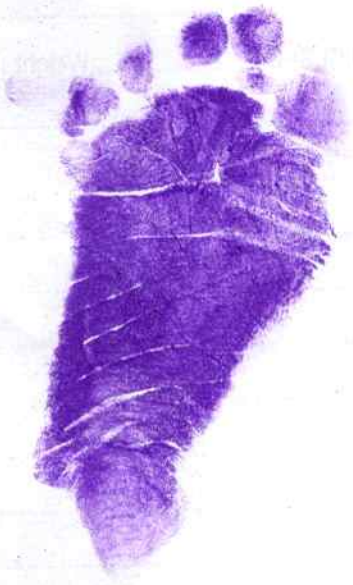
Patient Sticker

Any Congenital Anomalies : NO

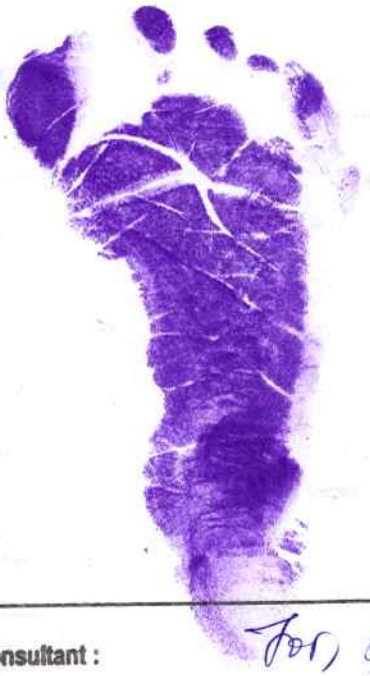
Diagnosis : Term (38+1) / AGA / Boy / 2-[illegible] kg / Infant of Diabetic Mother.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : 137223

Name : Dr Prasanna

Date & Time : 19/2/26

Consultant :

For, Dr GIRIDHAR

Signature : 137223

Name :

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 : .....

.....

.....

.....

.....

.....

Advice

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

- CBG 9/6H till 72Hs
- Provide warmth care for baby
- Birth vaccine @ 24Hr
- NBS OAE @ 48H
- To initiate Exclusively DBF
- watch for warning signs

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

.....

.....

19/12/23

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0Y0M0D4H (M)
Dr. PADMAPRIYA EKAMBARAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Luckyvirinem	
20/7/26 9:40PM		
	Δ: Term (38+1) / AGA / Boy / 2.873kgs / RDM / Primi / NVD (GDM-OHA)	
M / B+ve	Baby received	
B / B+ve	C/T/A good	Bwt : 2873 gs
	feeding well	TWt : 2785kgs
urine ✓		Δ: 88g
meconium ✓	vitals : stable	% 3.06%
	RS: clear	CVS: S1 S2 ⊕ / No murmur
	CNS: NFND	PA: soft NT
		Adv
		1) DBF on demand / warmth
Vaccination ✓		2) Post ductal SpO2 -> at 24 hrs
		3) NBS, OAE, SBr] Tomorrow at 21/7/26 at 12:00PM.
	Luckyvirinegh 203377	4) CBG q 6th hrly (prefeed)
		E. Padmapriya. 44268

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

Patient Sticker

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 10:30 AM	S/B: Dr. [illegible]	
	Δ: Term (38H) / AGA 2.873 kgs / [illegible] / Primi NVD	
M / BHL	Baby sound	
B / BHL	(N) C/TTA	
	feeding well Q2H (DBF)	
	urine ✓	
	meconium ✓	
	pink in air	BWt : 2.873 kgs
	warm peripheries	TWt : 2.681 kgs
	vaccination ✓ / CRT < 3 sec	Δ : 192 kgs
		% : 6.6%
	RS: clear	CVS: S1/S2 ⊕ / No murmur
	PA: soft NT	CNS: (N) tone / cry / activity.
		Adv :
	4 limb SpO2 – Normal	1) DBF Q2H / warmth
		2) NBS / OAE / SBr → today at 12 PM
		3) CBG (Q6H) – stopped. ↓ values good
	[signature] 203377	
		K. Padmapriya 44268

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

Patient Sticker

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It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: ....

Weight: 2.873 kg kgs

Sheet No: ①

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
19/7/26	1.50PM	INJ. VIT K	1mg	IM	[signature] 137221	SA	SP
			(0.1ml)			[signature]	
20/7	10AM	Inj BCG	0.05ml	ID		[signature]	VA
20/7	10AM	Inj HepB	0.5ml	IM	[signature] 203377	[signature]	VA
20/7	10AM	OPV drops	2 drops	P.O.		[signature]	VA

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

.H/ FRM / CLINICAL / 124

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

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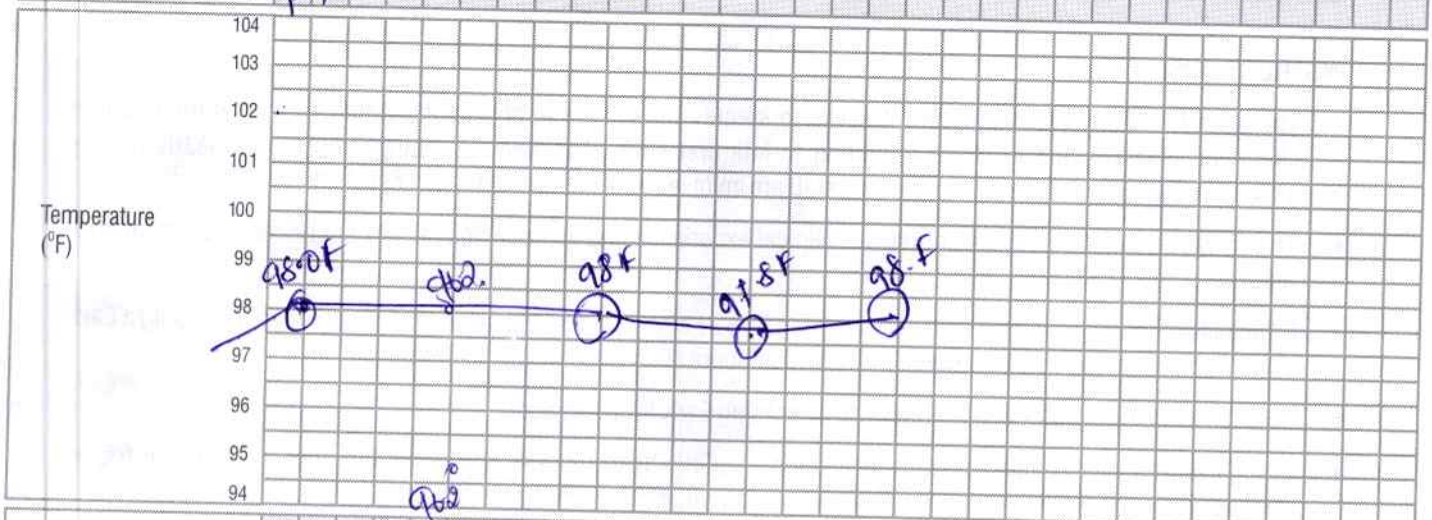
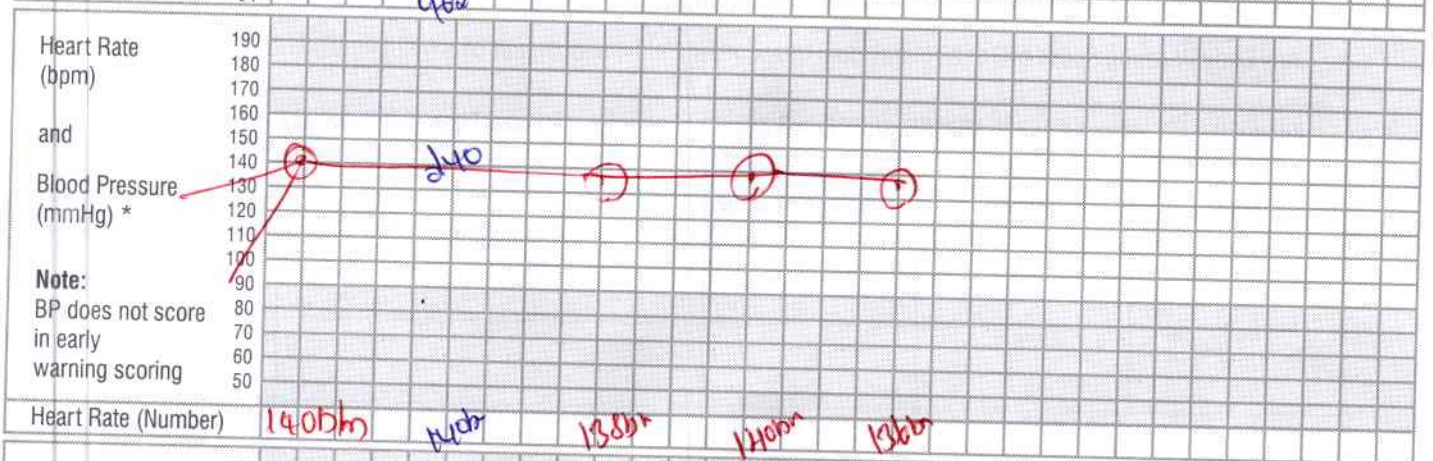
EARLY WARNING SCORE: CHILDREN'S UNIT

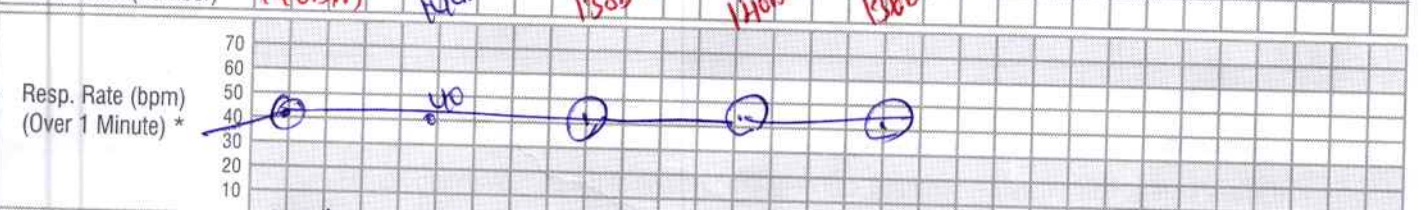
Date: 19/7/26 Time: 3:30 PM 7PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?





Heart Rate (Number)	140/m	140/m	138/m	140/m	136/m



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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

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

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

A 98.0F | 1 98.0F | 2 97.8°F | 3 97.6F | 4 98.1F | 5 97.8F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	136bpm	136bpm	130bpm	146bpm	149bpm	150bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	40pm	40pm	40bpm	42bpm	48bpm	48bpm
Resp Distress (Mod/ Severe / None / Mild)	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	99%	97%	100%	6L	RA	RA
O_2 Saturations (%)	RA	RA	RA	97%	99%	100%
Conscious Level (Normal / Altered)	Alert	Alert	Alert	Alert	Alert	Alert
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	✓	✓	P.B	[illegible]	[illegible]	[illegible]

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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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-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

R.wt - 2-826 kg

Sheet No. : 1

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

19/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm						✓			✓	1	
	03:00 pm	DBF									2	
	04:00 pm											
	05:00 pm	DBF									NO	
	06:00 pm	DBF								✓	NO	
	07:00 pm											
Total Intake :	2 DBF.					**Total Output :**	Passed u/M					
	08:00 pm											
	09:00 pm	DBF									No	
	10:00 pm									30ml	IV site	
	11:00 pm	DBF									NO Pb	
	12:00 am											
	01:00 am	DBF										
Total Intake :	2 hrs DBF					**Total Output :**	30ml					
	02:00 am											
	03:00 am	DBF									No	
	04:00 am						✓			30ml	IV site	
	05:00 am	DBF									NOII	
	06:00 am											
	07:00 am	DBF										
Total Intake :	8 hrs DBF					**Total Output :**	30ml					

Total 24 hrs. Intake	9 hrs. DBF	Total 24 hrs. Output	U - 1 M - 2

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 16 H (M)
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FLUID CHART

T.wt - 2.785 kg

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.

20/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							V.A
	08:00 am										No	V.A
	09:00 am	DBF								—		V.A
	10:00 am										±V	V.A
	11:00 am	DBF					✓			✓		V.A
	12:00 pm										Clot	V.A
	01:00 pm	DBF										V.A
Total Intake : 3 times DBF						Total Output : U - 1 M-1						
	02:00 pm	DBF									No	P.V
	03:00 pm						✓			30ml		P.V
	04:00 pm	DBF									IV	P.V
	05:00 pm											P.V
	06:00 pm	DBF								30ml	line	P.V
	07:00 pm						✓					P.V
Total Intake : DBF 3 times						Total Output : 60ml						
	08:00 pm	DBF										AA
	09:00 pm										No	AA
	10:00 pm	DBF					✓			30ml	IV	AA
	11:00 pm											AA
	12:00 am	DBF					✓				line	AA
	01:00 am									30ml		AA
Total Intake : 3 Time						Total Output : 60ml						
	02:00 am	DBF										AA
	03:00 am	~~DBF~~	~~15ml~~								No	AA
	04:00 am	DBF									IV	AA
	05:00 am									30ml		AA
	06:00 am	DBF									line	AA
	07:00 am											AA
Total Intake : 3 time						Total Output : 30ml						

Total 24 hrs. Intake	12 Time - DBF ~~MMS Gold - 15ml~~	Total 24 hrs. Output	Urine - 6 Motion - 5

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0Y0M0D4H (M)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 19/7/26

Goals

- ☐ Maintain Airway and Oxy...
- ☐ 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	1.30 pm	Maintain good Nutritional Status	2 pm	Provided DBF @2nd day - Encouraged to give feed	Maintained hydration	child Status	01:33:40
Night	7.30pm	- Assess the Baby General condition - provide warmth Care to baby	12 Am	- Assessed the Baby General condition - Provided warmth care to baby	Provided warmth Care to baby	Baby temperature maintained	

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 16 H (M)
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: 20/7/2026

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	8 AM	Maintain good Nutritional Status	9 AM	provided DBF Daily. encouraged to Suck feed	Maintained hydration	Re-assessment was done	20/7/26
Afternoon	2 PM	Assess the Baby condition Encourage DBF	4 PM	Assessed the Baby condition Encouraged DBF	Maintain warmth & Intake output	Re-assessment done	20/7/26
Night	8 PM	Assess the Baby condition Encourage DBF	10 PM	Assessed the Baby condition Encouraged DBF	Maintain warmth & Intake output	Re-assessment done.	20/7/26

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0Y0M0D4H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission notes on 19/7/26	
19/7/26	1:45pm	→ Baby delivery on 19/7/26 at 1:43pm	
		Normal delivery ... baby boy	
		at birth immediately clinically	
		well cord clamping done	
		Baby handling at pediatrician	
		Baby routine care given	
		Baby vitals are clinical &	
		recorded, Inj Vit-K given.	
		... as per doctor order.	
		→ Baby generation is good	
		cord blood sended to lab	
		for Blood grouping	
		B - 19/7/26 at 1:43 pm	
		A - Boy	
		B - 1:43pm	
		4 - 8/10, 9/10	
		→ Baby vitals are recorded	
		Baby under warmer	
	3.30 pm	→ DBF as provided Baby	
		tolerated well after ... of CBG	
	4.30 pm	→ CBG checked 86 mg/dl.	
		→ Doctor Prasanna sir advice	
		to check CBG 6thly till	
		72 hours of life, urine & ...	
		passed.	
		→ DBF as provided orderly	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Baby tolerated well	015346
19/7	4pm	→ Baby Motion passed diaphy Cleaned	015346
	7.30pm	Baby handing over to night duty staff to be followed doctors order.	
	8.15pm	Baby shifted to motor side Baby handing over to 7th floor staff Baby passed urine. IBF 6th hourly to be followed	
		Receiving notes Dt. 19/7/24	
	8.15pm	Baby received from LDR to 7th floor. Baby death handing taken from Sr. Sowmya Baby active and good. Baby urine and motion passed → vital signs checked and recorded vaccine due. NBS, Sr. bilirubin, ORF after 48 hours. Baby is on Q2H NBF. feed taking well →	
20/7/24	12pm	vital sign checked and recorded.	
	2am	Baby sleeping well. provided warmth care to baby →	
	4am	Maintain Intake and output chart vital sign checked and recorded →	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	6AM	Morning care is given. Weight checked and Recorded ⟶	
	7:30AM	Baby details handing over to morning duty staff ⟶ MORNING DUTY	
	7:30PM	Baby details handing over taken from night duty staff baby was stable active and alert, vitals are stable. Baby U/M passed, today vaccine plan, EBBF NBS done at 48Hrly. EBF only, RBS Q.6Hrly ⟶	
20/7/26	8AM	Baby vital signs checked and recorded. Vitals are stable. Maintained I/o chart. U/M passed, EBF Q2Hrly ⟶	607
	10AM	Baby today vaccine Explain to attender for Dr. Lucky sir, BCG 0.1ml ID, Hep-B 0.5ml IM, OPV drops plo given as per order ⟶	607 3r3.
20/7/26	12:00pm	Baby vitals are monitoring and reported. Vitals are stable. Baby feeding is well and latching audible sound. ⟶	607
	1:pm	L - 1 A - 2 T - 1 C - 2 H - 2 8 ⟶	

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
26/7/26	1.30pm	Baby details handing over given to morning duty to the evening duty staff.	→ Manju 60726
		Evening duty	
26/7/26	7.30PM	Baby details handovers taken over from morning to evening duty staff. Baby vitals stable, vaccine done, NBS, SBR, O.A.E @ 12.00pm,	→ P. Kavitha 60726
	2.00pm	Baby talking DBF, Sucking is good	→ P. Kavitha 60726
	4.00pm	Baby vitals checked and Recorded.	→ P. Kavitha 60726
	7.00pm	Baby Intake/output Maintained	→ P. Kavitha 60726
	7.30pm	Baby details handovers given to Night duty Staff	→ P. Kavitha 60726
		Night duty Notes.	
26/7/26	7.30pm	Baby details handing Over taken from Evening duty Staff. Bed Side Assessment done. Conscious & Oriented. Baby Crying well. Baby alert & Active. Breast feeding Sucking good.	Manju

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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19-07-2026 0 Y 0 M 0 D 4 H (M)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Dharani priya. Mother's Name: W/o. Dharani priya

Date of Birth: 19/7/26 Time of Birth: 1:43pm Gender: ☐ Male ☐ Female

Birth Weight: 2.873 Kgs HC: 38 cm Lenght: 41 cm

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

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

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 3:00PM

GUC-00086061 IP18-00036524
Mrs DHARANI PRIYA
06-09-1997 28 Y 10 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.0 F °C HR: 140 /Min RR: 40bpm /Min BP: - SpO_2: 100%.

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☐ No Score: 13 (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. Indhumathy 01888 Signature: SI 01888 Date &Time: 19/7/26

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/7 (E)	DATE 19/7 (N)	DATE 20/7 (M)	DATE 20/7 (E)	DATE 20/7 (N)
Age	Less than 3 years old						
	3 to less than 7 years old	4	4	4	4	4	4
	7 to less than 13 years old	3					
	13 years old and above	2					
Gender	Male	1					
	Female	2	2	2	2	2	2
Diagnosis	Neurological Diagnosis	1					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	4 / 3					
	Psych / Behavioral Disorders						
	Other Diagnosis	2					
Cognitive Impairments	Not aware of Limitations	1	1	1	1	1	1
	Forget Limitations	3					
	Oriented to own ability	2					
	History of Falls or Infant-Toddler Placed in Bed	1	1	1	1	1	1
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	4 / 3	3	3	3	3	3
	Patient Placed in Bed						
	Outpatient Area	2					
Response to Surgery / Sedation Anesthesia	Within 24 hours	1	1	1	1	1	1
	Within 48 hours	3					
	More than 48 hours/ None	2					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	1	1	1	1	1	1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	3					
	Other Medications / None	2					
		1	1	1	1	1	1
	Total		13	13	13	13	13

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

Bed in low position						
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✓	✓	✓	✓	✓
Other Intervention(s) Specify		–	NA	✗	✗	✗
		–	NA	✗	✗	✗
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		19/7	19/7/[illegible]	20/7	20/7	20/7
Time:		2pm	8pm	8am	2pm	8pm

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE M

PARAMETER	CRITERIA	SCORE	DATE 2/7	DATE	DATE	DATE	DATE
Age	Less than 3 years old	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				
	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				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1				
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3				
	Patient Placed in Bed	2					
	Outpatient Area	1	1				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1				
	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				
	Total		13				

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

Bed in low position		✓				
Call device within reach		✓				
Wheels Locked		✓				
Room free of clutter		✓				
Adequate lighting		✓				
Wheel chair support		X				
Other Intervention(s) Specify		X				
Nurse's Name:		SF				
Signature:		SF				
Date:		2/7				
Time:		8AM				

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

Age..... Date: No. :

(1) 19/7/26

					19/7 E	19/7 N	20/7 M.	20/7 E
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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	A	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

..... Gender : ☐ M ☐ F IP No. : .....

					Date : 21/4 N	21/7 N		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	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 waking hours.	4	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
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		
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		
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		
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		
				TOTAL SCORE	24	28		
				Evaluator's Name				

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

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0Y0M0D4H (M)
Dr. PADMAPRIYA EKAMBARAM

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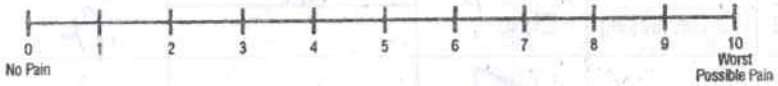
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	019345
19/7/26	7PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
20/7/26	1AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
20/7/26	7AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
20/7	1PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
20/7/26	7PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
21/7/26	1AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
21/7/26	7AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
21/7	1PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

GUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

Part - I.

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

Identified Education Needs:

1. Diagnosis
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		
19/7	2pm	2	Explain about treatment and Care	Mother	no	Oral	Wil	Yes	Good	Sig 21/7
20/7	8Am	Yes	Health education about DBF Q2Hrly	mother	NO	Oral	None	yes	Good,	Sig 20/7
20/7	2pm	yes	Explian about breastfeeding	Mother	No	oral	None	yes	good	Sig 20/7
21/7	8Am	Yes	Explain about DBF Q2Hrly.	mother	no	oral	None	yes	Good	Sig 21/7

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

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SUC-00094054 IP18-00036529
Baby B/O DHARANI PRIYA
19-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission: 19/7/26 @ 3.46pm	Date & Time of Transfer Order: 19/7/26 @ 8.15pm
Treating Consultant Name: Dr. Padmapriya Ekambaram	Transfer Ordered by: Dr padmapriya	Reason for Transfer: further management
From Unit: LDR	To Unit: 4th floor	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: 8 p file	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 cap - 1	
2.	Bath Dam - 1	
3.	Baby dam - 1 Boy	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sabeluan	Dr. padmapriya.

Patient & Clinical Records Received by : Shalini 0212026

Date & Time of Patient Received : 19/7/26 @ 8.25pm

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