Rainbow Children's Hospital

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. PADMAPRIYA EKAMBARAM

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		11.45					
Activity Sheet update by Pharmacy							

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

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ACTIVITY RECORD FOR BILLING

Name: B/o Mahalakshmi

UHID No: 94394 IP No: 36654 Consultant: Dr. Padmapriya Dept: .....

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	2.30 pm	LDR	706	

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	26024181	
28/7/26	RBS	26024180	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 29/7/26 Time: 11 am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	29/7/26 at 11AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		29/7/26 11AM	Simadri 42303		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 16 H (F)
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BED SIDE CHECK LIST FOR NURSES

Date:	29/7								
Doctor's Orders	Yes								
Carried out or not	Yes								
Bed Side									
Structured Handover done	Yes								
IV Site	NA								
Central Lines	NA								
Arterial Lines	NA								
Feeding Catheter	NA								
Urinary Catheter	NA								
Skin Care	Yes								
Eye Care	Yes								
Mouth Care	Yes								
Sterillum Bottle, Stethoscope	Yes								
Suction Bottle (Should be clean & empty)	Yes								
Intubation Tray	NA								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA								
Ventilator Tubing,(Any Water, Blood)	NA								
Humidification	NA								
Check all Infusion (Labelling,Correct Preparation)	NA								
Chest Physio & Neb	NA								
Handed Over By Name :	Sruf								
Signature :	Sf								
Date & Time:	29/7 8AM								
Hand Over Taken By Name :									
Signature :									
Date & Time:									

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 : IP18-00036654 **Admit Date** : 28-Jul-2026 **Admit Time** : 12:48 PM **UHID** : GUC-00094394

Patient Details :

Patient Name	: Baby B/O S.P. MAHALAKSHMI	**Age**	: 0 D
Guardian	: Mr K. BOOBALAN	**DOB**	: 28-07-2026 11:41 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 35/13 PILLAYAR KOVIL STREET SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9095363509
		E-mail	: balansaec@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT706-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT706-1 **Admission Type** : First Visit

Contact Details :

Name : Mr K. BOOBALAN **Relationship** : Father

Contact Address : 35/13 PILLAYAR KOVIL STREET SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015 **Phone No** : 8072344312

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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O S.P. MAHALAKSHMI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036654**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT706-1**

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.
(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: Boobalan
Relationship: Father
Date: 28/07/2026 Time: 12.49 pm
Witness Name: [illegible]
Witness Signature:

Patient Address:
35/13 PILLAYAR KOVIL STREET
SAIDAPET Saidapet West(mer with sdp) Chennai Tamil Nadu INDIA 600015

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BILLING POLICY

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

DECLARATION

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

Patient Name : B/o S.P. Mahalakshmi	UHID Number : GUC-00094394
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : 9095363509	

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 1 H (F)
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Patient St

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Mahalakshmi Age : 32yrs Father's Name : ..... Age : .....

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

NICU Consultant : Dr. padma priya Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : Bo Mahalakshmi

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 28/7/26 Time of Birth : 11:41 AM

Place of Birth : RLH, Guindy

Mother's Blood Group : B positive

Birth Weight (gms) : 2.896 kgs Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+3 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 7yrs LMP : 25/10/25 EDD : 1/8/26

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

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

Last Scans Details : SLUG - 36+3 weeks, cephalic, PI - Antenor, 14/7 AFI - 17.6 Dopplers - (N) Efw - 2.95 kg

TT Immunization and Iron / Folic Acid : taken

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 32yrs

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?

On 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: 5 P: 2 A: 2 L: 2

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1.	♂		2.4kg		Ant H	
2.	♂		2.8kg		Ant H	

I & IV — Dmc miscarriage

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

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

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

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

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

Hist

baby cried @ birth
↓
2½ hrs IV inj IM given
↓
No distress
↓
Shifted to mother side
for routine care.

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 150/min RR : 58/min NIBP : ..... CFT : <3secs

Color of the extremities : Pink

Jaundice : ..... Pallor : ..... SpO2 : 96-1.

Anthropometry : Birth Weight : ..... Length : ..... HC : ..... Present Weight : 2.896 kgs

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)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : Discharge :	N
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	Patent N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	N 2UA, 1UV
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	N Patent, Meconium Started
HERNIAL ORIFICES		N
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	N

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 58/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 96 % Auscultation : BILAT (+) Breath Sounds : NVBS Added Sounds : .....

Cardiovascular System :

HR : 150/min BP : .....

Femoral Pulses : felt

Other Peripheral Pulses : felt

Precordial Activity : NAD

Murmurs : No

Signs of Cardiac Failure : No

Abdomen : (N)

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : (N)

Anal Patency : Patent

Umbilical Cord : 2UA, 1UV

First urine passed : Not passed

Meconium passed : Not passed

Nervous System : Higher intellectual functions (Sensorium) : (N) tone

State of wakefulness : .....

Prechtle Score : .....

Nerves : (N)

.....

.....

.....

Motor System : (N)

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

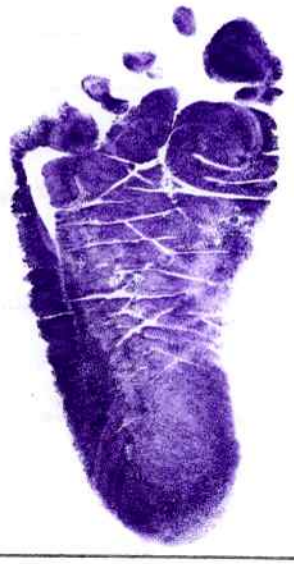
GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

No congenital anomalies noted

Diagnosis : Term / 38+3 / AGA / Girl / 2.896kg / NVD.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : Dr. Gaurav

Name : Dr. Rakshita

Date & Time : 28/7/26 @ 12pm

Consultant :

Signature : E-Padmapriya.

Name : PADMAPRIYA EKAMBARAM

Date & Time : 28/7/26 @ 3pm.

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 :

Warmth care

DBF F/b burping

Danger signs explained

OAE, NBS, vaccination

4 limb saturation

CBG monitoring — post feed 1 hr

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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Patien

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 3 pm	S/B Dr. Padmapriya.	
	A live girl baby delivered by NVD to 32yrs old B+ve G3P2 mother.	
	Baby cried at birth	
	No obvious external congenital anomalies	
	- urine / mec / NIL.	
	Imp - Term (38+3) / AGA / GIRL / 2.896 kg / NVD	
		Rx
		1) Warmth
		2) Early feeding - DBF
		3) Vaccination tomorrow
		4) W/P urine + meconium.
		5) Monitor vitals.
		E. Padmapriya. 44268

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

30

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B · Dr. Lucky/Sireesha	
29/7/26 4:50 AM	Δ: Term (38+3) / AGA / 2.896 kgs / NVD / Girl	
M/ B+ve, B/ O+ve		
	urine, meconium] ✓	BWt: 2.896 kgs
		TWt: 2.705 kgs
		Δ: 191 g
	vaccination	%: 6.5%
	Baby received	
	Normal cry/tone/Activity	
	CRT < 3 sec	
	PP - well felt	
	warm peripheries	
	RS: clear	CNS: AF/S.2⊕ Normal
	CVS: NFND	PA: Soft/NT, no organomegaly
		Adv
		1) PBF (OD)/ warmth
		2) Monitor vitals
		3) SBR/OAE/ NBS → at 30/7/26 (11 AM)
		4) vaccination today
	Luckypriya 20337	[signature] 44268

30

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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

Patient

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Baby B/O S.P. MAHALAKSHMI
28-07-2026 0Y0M0D1H (F)
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.890 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/7/26	11.45 AM	Inj vit K	1 mg	IM		SP	SD

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

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient S

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: 11:50am 1pm 4pm 8pm 12A 4Am

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98F 98F 97.8F 98.6F 98.6F 97.4F

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)

144 138 138bpm 146bpm 146bpm 146bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)

44 40 Hum 42bpm 42bpm 42bpm

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

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.

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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-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 6

RWt - 2865kg.

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											
	09:00 am											
	10:00 am											
	11:00 am		—			admission					—	
	12:00 pm		DBF								NO PV	
	01:00 pm										IV site	
Total Intake : 1 time DBF						Total Output : Urine / motion not passed						
	02:00 pm											
	03:00 pm	DBF								✓	NO	
	04:00 pm											
	05:00 pm	DBF					✓			30ml	IV	
	06:00 pm										site	
	07:00 pm	DBF										
Total Intake : 3 nos DBF						Total Output : 30ml						
	08:00 pm											
	09:00 pm	DBF									NO	P.U
	10:00 pm											P.U
	11:00 pm	DBF								30ml	IV	P.U
	12:00 am											P.U
	01:00 am										line	P.U
Total Intake : 2 nos of DBF						Total Output : 30 ml						
	02:00 am											
	03:00 am	DBF									NO	P.U
	04:00 am											P.U
	05:00 am	DBF								30ml	IV	P.U
	06:00 am											P.U
	07:00 am										line	P.U
Total Intake : 2 nos of DBF						Total Output : 60ml						

Total 24 hrs. Intake	DBF - 8 times

Total 24 hrs. Output	Urine - 5 Motion - 1

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

Pa

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	28/7/26 11.41 am	ADMISSION NOTES: Baby admission on 28/7/26. Baby Normal vaginal Delivery. Baby cried Immediately. Immediate cord clamping done. Baby received Dr. Rakshitha Neonatologist cord blood collected. Baby received from warmer. Vitals are checked & recorded. Baby urine & motion not passed. Baby not vaccinated. B - Alive, Girl A - 8/10 9/10 B - 2.896kg D - 28/7/26 @ 11.41 am	S/N prasanna 01b808
	12.15 pm	Direct breast feeding given. Baby sucking well. Baby mother side	S/N prasanna 01b808
	1.30 pm	RBS checked. RBS - 72 mg/dl Informed to Dr. prasanna advised to 6th hrly CBG monitoring.	S/N prasanna 01b808
	2.30 pm	Baby shifted to ward. Baby details, files handed over given to 7th floor staff.	S/N prasanna 01b808

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/7/26	Continue notes	Dr. Rakshitha saw the baby advised to CBG monitoring stop. Receiving Notes.	S/Nurse
	2.30pm	Handover Received from LDR Staff. Child PS active and oriented. DBF 3rd hourly. Vaccine due. RW+ 2.865kg. Tomorrow 4 Limb Saturation. →	
	3pm.	Dr. Padmapriya mam seen the Baby advised by warm. Early breast feeding, vaccine tomorrow, w/f urine + meconium, Monitor vitals.	Ph
	4pm	Vital Sign checked and Recorded. Baby wise and motion passed →	Ph.
	6pm	Maintain Intake and Output chart →	AS
	7.30pm	Parent clear handy over On Night duty Start →	AS
		NIGHT DUTY	
28/7/26	7:30pm	Baby details handy over taken from evening duty Staff Baby wear DBF. no other complaints vaccine wear done tomorrow 4 limb saturation CBG wear stop.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	5:00pm	Vital was checked and recorded maintain H. Chart baby feed well	607724
	10:00pm	L - 2 A - 2 T - 2 C - 1 H - 1/8 need to be Supervision	607724
29/7/26	12:00pm	vital was Checked and recorded maintain I/O chart no other complaints	607724
	2:00Am	2Am | Cp ++ | PP ++ | CRT <3 Sec.	607724
	4:00Pm	vital was checked and recorded maintain I/O chart no other Complaints	607724
	6:00Pm	morning Care was given weight was Checked and recorded	607724
	7:00pm	maintain I/O chart recorded	607724
	7:30pm	Baby delail handed over given by morning duty Staff	607724

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty	
29/4	7.30am	Baby details casefile handing over taken from night duty staff. Baby side RBS Stop and vaccination today plan and today weight check the baby 2.705 kg hrs after SBR, NBS, BF planned.	— THaasa BOTALS
	8 am	Baby vitals are monitoring and reported and vitals are stable. There is no clo of vomiting. c/m. is paed	— THaasa BOTALS
	10.am	Baby side next sleeping and continues monitoring I/O chart and baby activity is good.	— THasa BOTALS

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094394 IP18-00036654
Baby B/O S.P. MAH KSHMI
28-07-2026 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

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BRADEN 'Q' SCALE

(for Paediatric use)

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

	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.	M	E	N	M
Date :					28/7/26	28/7	29/7	29/7
Mobility					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 waking 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 life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					25	25	25	25
Evaluator's Name								

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

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M ☐ F

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI 04
28-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

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

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient Stic

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THE HUMPTY DUMPTY SCALE

M F N M

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			28/7	28/7	28/7	29/7	
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	4	4	4	A	
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3				
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	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	
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	1	1	1	
	Total		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	NA	✓	–	
Other Intervention(s) Specify		NA	NA	✓	–	
Nurse's Name:		S/Praveen	[illegible]	[illegible]	[illegible]	
Signature:		[signature]	[signature]	[signature]	[signature]	
Date:		28/7	28/7	28/7	29/7	
Time:			2PM	8PM	8AM	

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

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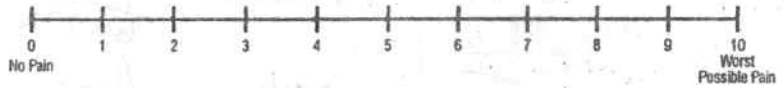
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/7/26	12pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	016808
28/7/26	6pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil.	
29/7/26	12AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	60776
29/7/26	6Am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	607718
29/7/26	1pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	Haar 607908
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0Y0M0D1H (F)
Dr. PADMAPRIYA EKAMBARAM

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Part - I.

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

Identified Education Needs:

1. Diagnosis — 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	12pm	yes	Educate & Inform about breast feeding position	mother	None	oral	None	Yes	good	
29/7	8Am	Yes	Explain about the breast feeding.	Mother	None	Oral	None	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

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

Pati

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 28/7/26 Time of Birth: 11.41 am. Gender: ☐ Male ☑ Female

Birth Weight: 2.896 Kgs HC: 34 cm Lenght: 44 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: 12.15 pm

GUC-00029905 IP18-00036641
Mrs S.P. MAHALAKSHMI
24-03-1994 32 Y 4 M 3 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 140 /Min RR: 44 /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/N parameswari Signature: 16808 Date &Time: 28/7/26@

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient

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Your Right to a Safe Delivery

RBS CHART

~~baby~~

Date	Time	RBS (mg/dl)	IVF %	Signature
28/7/26	1.30pm	72mg/dl	Dr. prasanna ↓ stop	0168

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

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00094394 IP18-00036654
Baby B/O S.P. MAHALAKSHMI
28-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
28/7/2026 @ 12.48 pm	28/7/26 @ 2.30 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. padmapriya	Dr. padmapriya	further mgt

From Unit	To Unit	Information to Attendant
LDR	4th 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.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N parameswari 016808	Dr. padmapriya

Patient & Clinical Records Received by : Sirem

Date & Time of Patient Received : 28/7/26 @ 2.30 pm

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

Unavailable Bed Nurse not Available Available Bed not ready