Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		6:00 am	602778				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

GUC-00094435 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

UHID No: ..... Consultant: ..... Dept: .....

Date of A[dmission]: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/26	7AM	OT	MICU	
29/7/26	1:30 Am	MICU	7th floor	01 of 2

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
29/7/26	Cord Sample	~~26~~ 24255	
29/7/26	RBS	(427)	
30/7/26	SBL, NBS	~~26~~ 24474	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/7/26	D.A.C	(1)	0001235212	602778

ANY OTHER INFORMATION:

Date: 31/7/26 Time: 6:00 Pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
602778			

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DISCHARGE TRACKING SHEET

QUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. PADMAPRIYA EKAMBARAM

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	31/7/26 @ 12:00pm		Dy.		
	INTIME	OUT TIME			
Arrangement of File by Nursing	31/7/26 @ 12pm		Dy.		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

T.Wt-> 2.750kg
HC-> 33.5cm
Length -> 45cm

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM

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BED SIDE CHECK LIST FOR NURSES

Date:	29/7	30/7	31/7						
Doctor's Orders	yes	Yes	Yes						
Carried out or not	yes	Yes	Yes						
Bed Side									
Structured Handover done	yes	Yes	Yes						
IV Site	NA	NA	NA						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	yes	Yes	Yes						
Eye Care	yes	Yes	Yes						
Mouth Care	yes	Yes	Yes						
Sterillum Bottle, Stethoscope	yes	Yes	Yes						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NO	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	V.ABM²	Harini	Jency						
Signature :			0959						
Date & Time:	29/7 @8pm	30/7 8pm							
Hand Over Taken By Name :	Harini	Jency							
Signature :									
Date & Time:	30/7	31/7							

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 : IP18-00036666 **Admit Date** : 29-Jul-2026 **Admit Time** : 06:58 AM **UHID** : GUC-00094438

Patient Details :

Patient Name	: Baby B/O NARMADHA	**Age**	: 0 D
Guardian	: AJITH	**DOB**	: 29-07-2026 06:13 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO:27,BALAMURUGAN GARDEN,1ST MAIN ROAD,THORAIPAKKAM Oggiamthoraipakkam Kanchipuram Tamil Nadu INDIA 600097	**Phone No**	: 9087890013/ 9941282258
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : AJITH **Relationship** : Father

Contact Address : NO:27,BALAMURUGAN GARDEN,1ST MAIN ROAD,THORAIPAKKAM Oggiamthoraipakkam Kanchipuram Tamil Nadu INDIA 600097 **Phone No** : 9087890013

Signature

Doctor Details :

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

Referral Doctor : self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O NARMADHA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036666**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-2**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care 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: AJITH
Relationship: FATHER
Date: 29/6/26 Time: 06:58Am
Witness Name: P. Thamarai Selvan
Witness Signature:

Patient Address:

NO:27,BALAMURUGAN GARDEN,1ST MAIN ROAD,THORAIPAKKAM
Oggiamthoraipakkam Kanchipuram
Tamil Nadu INDIA 600097

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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...ATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mrs Narmadha

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

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

NICU Consultant : Dr. Padmapriya Referring Consultant : Dr. Lalitha

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

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

BIRTH INFORMATION

Name : B/o Narmadha.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 29/7/26 Time of Birth : 5:13 am

Place of Birth : RGH OT guindy.

Mother's Blood Group : O Positive

Birth Weight (gms) : 3.063 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+2.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27 Ht : 152 Wt : 64 BMI : ..... Married Life : ..... LMP : 18/10/25 EDD : 17/8/26

Conception : Spontaneous or with Rx. : spontaneous

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

Last Scans Details : 15/7/26 Fetal cephalic AFI - (N) MVP 6.1cm NT 4 anomaly (N) ..... TT Immunization and Iron / Folic Acid : EFW - 2.6 kg 21/6 doppler (N)

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) : .....

CHR. HTN

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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

(Anemia, SLE, Jaundice, CHD, Heart Disease) 1.31 → 1.52 kk

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: 3 P: 1 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
2022/ blighted ovum						
9/2021/ postpartum eclampsia.						

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : prev LSCS

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

Baby cried at birth

(N) SpO2 transition.

Inj vitamin K 1 mg IM.

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 : 153/Min RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 94 %

Anthropometry : Birth Weight : 3.063kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 61% ile SGA : ..... LGA : .....

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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 :	B/L choana patent. No cleft.
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	?
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : -2A ~~B~~, IV Discharge :	(N)
GENITILIA :	Labia / Hymen : Testicles/penis : b/L testis palpable Anus : patent ; tip mec stained	
HERNIAL ORIFICES	free	
TRUNK and SPINE :	- continuous	
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 : 53/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 : 99% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 153/min BP : ..... Precordial Activity : .....

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

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

Abdomen : Soft

Shape : ..... Hernia orifice : .....

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

Palpable masses : ..... Umbilical Cord : 2A IV

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

Meconium passed : X

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry / tone / activity N

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. PADMAPRIYA EKAMBARAM

Any Congenital Anomalies : —

Diagnosis : Teem / 37+2 / AGA / 3.063kg / Gestation thrombocytopenia in mother (plt - 1.51 lakhs) / Chr. HTN in mother.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : [signature] Dr. Pogitta 155??

Name :

Date & Time :

Consultant : for Dr. Padmapriya

Signature : [signature] 155??

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 :

Plan during ward follow up : (1) DBF Q 2H / warmth
(2) To check CBG after 1 hour of life
(3) To do pulse ox screen at 24 hours (4 limb SpO2)
(4) To do NLBS, OAE, SSR
(5) Vaccination - today

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B. Dr. Padmapriya	
	Δ: Term (37+2) / AGA / 3.063kgs / gestational thrombocytopenia in mother / Chronic HTN in mother / OBstmp.	
M/B	O+ Alive baby male baby born to a O+ve mother via Sub-LSCS. B+ve	
	Baby received CRT < 3sec warm peripheries PP well felt warm peripheries	
	RS: clear CNS: NFND	CVS: S1S2 + / no murmur PA: SAFNT
		Adv 1) DBF On / warmth 2) Pulse ox screen at 24hr 3) SBR / OAE / NBS / CBC at 48hr 4) vaccination today
		E. Padmapriya. 44268

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B. Dr. LUCY VIGNESH	
30/7/26 10:00 AM	A: Term(37+2)/AGA/ 3.063kgs / OB resp. (gestational thrombocytopenia / chronic HTN) (Elective LSCS)	
M / O+ve B / B+ve	Baby received	
	CRT < 3sec	Bwt: 3063kgs
	Warm peripheries	Pwt: 3022 kgs
urine ✓	PP-well fed	Δ: 41g ↓
meconium ✓		%: 1.3%
	vitals: stable	
vaccination ✓		
	RS: clear	CNS: NFND
	CVS: S1/S2 ⊕ (no murmur	CVS: S1/S2 ⊕ (no murmur
		Adv
		1) DBF - O2H / warmth
		2) monitor vitals
		3) vaccinate - today
		4) SBr/OAE/NBS today at CBC 31/7/26 - 6:00AM
		5) 4 limb SpO2 - 30/7/26 6:00AM
	R. Padmapriya 44268	

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Dr. PADMAPRIYA EKAMBARAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/R · Dr. Lucky Vinitha	
31/7/26 9:45AM	Δ : Term (37+2) / AGA / 3.063g / OBS chp (gestational thrombocytopenia /	Chronic HTN / Elective LSCS
M/B	OT: urine ✓ meconium ✓ vaccination ✓	BT: Baby jaundice? CRT <3sec warm peripheries PP well felt
		PWT : 3063gs BWT : 3022gs Δ 41g % : 1.3%
	vitals : stable	
	RS: CEAE	CVS: S1S2 ⊕ / No murmur
	CNS: Ⓝ tone / cry / activity	PA: soft / NT
		Adv
		1) DBF - COM / warmth
	SBR → 11.8 mg/dl	2) monitor vitals
		3) To trace for SBR / OAE / NBS / CBC reports
	(<15.5) ↓ fit for discharge	
	NOT in phototherapy range	Luckyjot 203377
	OBS chp / Gestational thrombocytopenia ⊕	
	Rx on 8th August.	E. Padmapriya 44268

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.063 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/7/26	6 AM	Inj VITAMIN K	1 Mg	IM		P1	SG
30/7/26	3 PM	Inj HEP-B	0.5ml	IM		AA	FS
30/7/26	3 PM	Inj BCG	0.05ml	I/D		AA	FS
30/7/26	3 PM	ORS Drops	2 drops	2 drops PO		AA	FS

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

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29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

C

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

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

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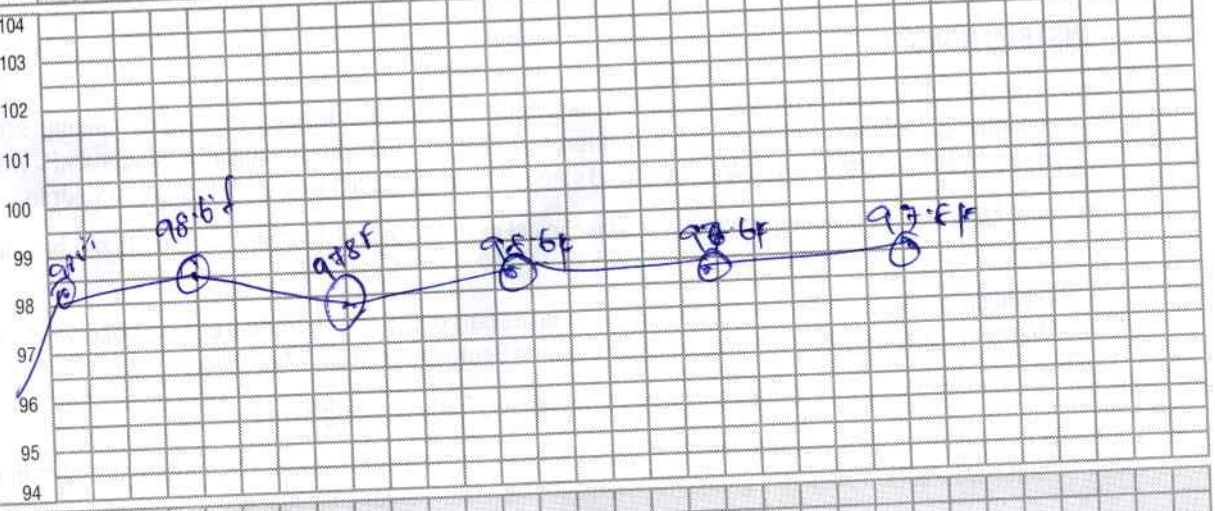
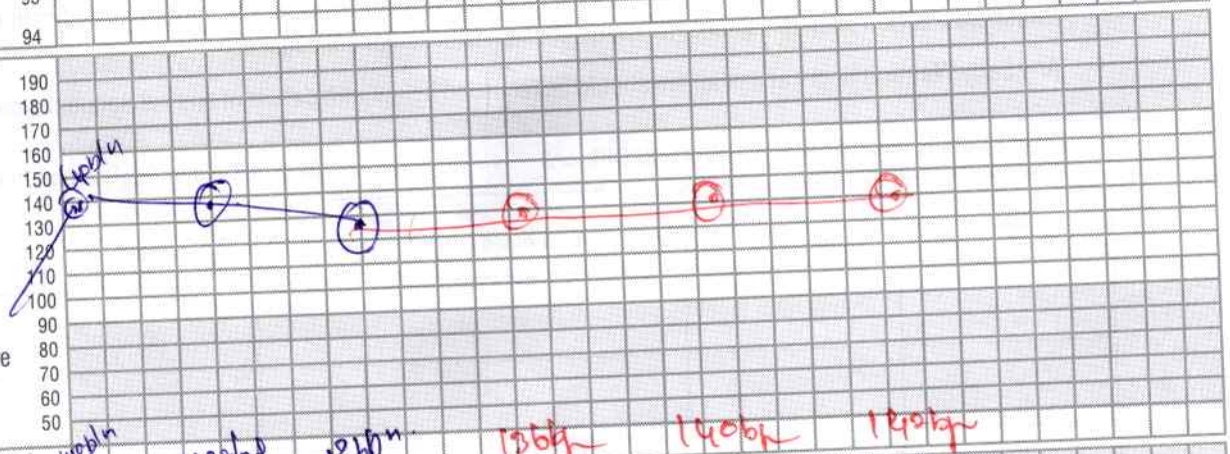
EARLY WARNING SCORE: CHILDREN'S UNIT

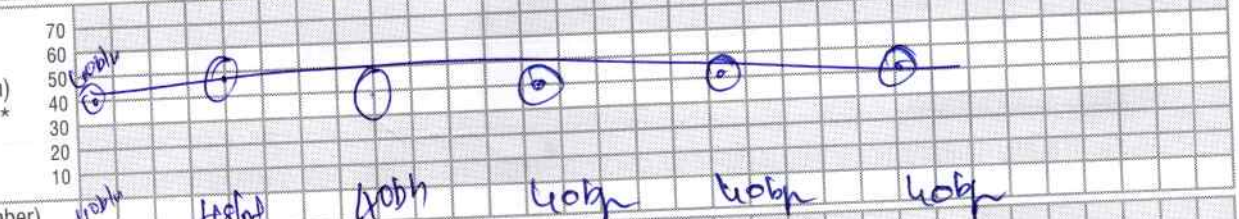
Date: 29/7/26 Time: 6.43 am | 8am | 4pm | 8pm | 12am | 4am

Doctor/Nurse/Family Concern?





Heart Rate (Number) 140bpm | 138bpm | 136bpm | 136bpm | 140bpm | 140bpm



Resp Rate (Number)	40bpm	48bpm	40bpm	40bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	98%	100%	100%	100%	100%	100%
Conscious Level: Normal / Altered						
GCS *	Alert	Alert	Alert	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		SI	K	K	K	K

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/7/26 Time: 8pm 8pm 4pm 8pm 12pm 4pm

Doctor/Nurse/Family Concern? 8 12

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.1F 97.6F 97.8F 98.6F 98.6F 98.6F

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) 140/min 140bpm 130bpm 140bpm 142bpm 146bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 40/min 42bpm 40bpm 40bpm 42bpm 40bpm

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)		98%	99%	100%	99%	100%	100%
Conscious Level	Normal / Altered					
GCS *		Alert	Alert	Alert	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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : 1

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

29/7		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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am	—	—	—	—	—	Birth	—	—	✓	—	—
	07:00 am											
Total Intake :	—					**Total Output :**	—					

Total 24 hrs. Intake		Total 24 hrs. Output	Urine passed

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FLUID CHART

Sheet No. : (2)

RWt: 3.022kg

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

29/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am		DBF								No	
	09:00 am										IV	
	10:00 am		DBF								line	
	11:00 am										NO	
	12:00 pm		DBF				✓				IV	
	01:00 pm										line	
Total Intake :		3 times DBF				**Total Output :**				Nil.		
	02:00 pm											
	03:00 pm	DBF								30ml	No	
	04:00 pm											
	05:00 pm	DBF									IV	
	06:00 pm									20ml		
	07:00 pm	DBF									line	
Total Intake :		3 times DBF				**Total Output :**				50ml.		
	08:00 pm											
	09:00 pm	DBF					✓				No	
	10:00 pm									30ml		
	11:00 pm	DBF									IV	
	12:00 am											
	01:00 am	DBF									line	
Total Intake :		DBF 3 times				**Total Output :**				30ml		
	02:00 am						✓					
	03:00 am	DBF								30ml	No	
	04:00 am											
	05:00 am	DBF									IV	
	06:00 am									30ml		
	07:00 am	DBF					✓				line	
Total Intake :		DBF 3 times				**Total Output :**				60ml		

Total 24 hrs. Intake	DBF – 12 Feeds	Total 24 hrs. Output	Urine – 5 times Motion – 4 times

4 Limb Saturation
@ 6:20am

RA	LA
SpO2 - 100% pulse - 136bpm	SpO2 : 98% pulse : 114bpm
SpO2 : 100% pulse: 144bpm	SpO2 : 98% pulse : 146bpm
RL	LL

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 17 H (M)
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FLUID CHART

Sheet No. : 3

T. wt: 2.874g

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.

30/9/26		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	DBF								30	NO	
	10:00 am						✓				IV	
	11:00 am	DBF										
	12:00 pm									30	Line	
	01:00 pm	DBF										
Total Intake : 3times DBF						Total Output : 60ml						
	02:00 pm											
	03:00 pm	DBF									NO	
	04:00 pm										IV	
	05:00 pm	DBF									line	
	06:00 pm											
	07:00 pm	DBF										
Total Intake : 3Time DBF						Total Output : Nil						
	08:00 pm										NO	
	09:00 pm	DBF										
	10:00 pm									30ml	IV	
	11:00 pm	DBF										
	12:00 am										Li	
	01:00 am	DBF										
Total Intake : 3 Amrg DBF						Total Output : 30ml						
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am						✓					
	05:00 am	DBF									IV	
	06:00 am									30ml		
	07:00 am	DBF									Li	
Total Intake : 3 Amrg DBF						Total Output : 30ml						

Total 24 hrs. Intake	DBF - 12	Total 24 hrs. Output	Urine - 4 MOTION - 2

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NB / Term	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ....
	Surgery / Procedure: —	Post OP Day: —

Section	Item	29/7 M	29/7/26 E	29/7/26 N	30/7 M	30/7 E	30/7 N
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
	Diet:	DBF	DBF	DBF	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA	NA	NA	NA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6°F	97.8 F	98.6F	98.1F	97.6°F	98.6F
	Res:	48/mt	40bm	40bpm	40b/m	42bt	40bpm
	SpO2:	100%	100% RA	100%	99%	99%	100%
	Pulse:	138/mt	136bm	126bpm	128bm	140bm	140bpm
	BP:	—	—	—	—	—	—
	LOC:	Alert	Alert	Alert	Alert	Alert	Alert
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Normal	Normal	Normal	Normal	Normal	normal
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	
	Handed Over By Name :	Shalini	E.Shiny	Abirami	Hasini	[illegible]	K.Abirami
	Signature / ID :	[signature]	[signature]	600-7	[signature]	[signature]	607778
	Date:	29/7/26	29/7/26	29/7/26	30/7	30/7/26	30/7/26
	Time:	10AM	7:30	7:30pm	1:30pm	5:30pm	7:30pm
	Taken Over By Name :	E.Shiny	K.Abirami	Hasini	[illegible]	K.Abirami	Dory
	Signature / ID :	[signature]	600780	[signature]	[signature]	607778	[signature]
	Date:	29/7/26	29/7/26	30/7	30/7/26	30/7/26	31/7/26
	Time:	8:00	8pm	8Am	1:30pm.	8pm	8am

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING CARE RECORD

Date: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Promote adequate Nutrition. DBF	8:30am	→ Assess the Baby condition → provided DBF Q2H. → Maintain I/O chart → Monitor weight Daily	→ Maintain good Nutrition	Reassessment was done	[signature]
Afternoon	1.30pm	- Assess the Baby General condition - Provided Paracetamol / warmth care given to baby as per Doctor's order	2pm	- Assessed the Baby general condition - Provided paracetamol / warmth care as per doctor's order given to baby	Provided Paracetamol, warmth care as per doctor's order and given to baby	Baby temperature maintained	[signature]
Night	8pm	Assess the baby general condition provided warmth	9pm	Assessed the baby general condition provided warmth	maintain good nutrition	Re-assessment was done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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Date: 30/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Assess the baby Nutritional Support and vitals are maintain.		Improve the baby feeding position.	Evaluate the Baby condition & vitals are maintain.	Re-assessment is done	30/7/26
Afternoon	1:30 pm	Assess the Baby Nutritional Support and vitals are Maintain.	4pm	Improve the Baby feeding Position.	Evaluate the Baby condition & vitals are maintain	Re assessment is done.	02/29
Night	8pm	Assess the baby Nutritional Support and vitals are maintain	9pm	Improve the baby feeding position	Evaluate the baby condition & vitals are maintain	Re-assessment is done	30/7/26

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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NURSES NOTES

Date/Time		Signature
29/7/26	Baby Shifting Notes	
6:13 AM	⇒ Alive Sigle Boy Baby delivered	
	@ 6:13 Am with Birth weight 3.063 kg.	
	⇒ Baby cried immediately, Cord	
	Clamp delyd.	
	⇒ Inj Vit k Img Im given. Rowite case	
	given.	
7 Am	→ Baby Shifted to MIW and Baby	
	handover to MIW staff.	
7.30 am	Bany received. OT to MIW Bany	
	action is good Crying is weak	
	Bany genera condition is good Bany	
	file handing over to morning	
	duty staff. to be followed doctors	
	order.	
	Morning Notes ON 29/7/26	
7.30 Am	Report Received From Night Duty	
	Staff to Morning duty. Baby Activity	
	are good. No IV line	

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NURSES NOTES

Date/Time	← Continuous 29/7/26 →	Signature
29/7/26.	Vital sign Checked & Recorded	
	Vital sign are stable	
	Baby Meconium Not passed.	
8AM	Baby DBF taking well. No vomiting.	
	Baby vaccination Not done —	Sharlee 29/07/26
	RBS checked 7g mg/dl enforced	
	Dr- Poojitha She advice CBG Stop	
10AM	The chart Maintain	
11:30AM	Baby Activity are good	
11:30AM	Baby shifted to 7th floor ward —	Shal 29/07/26
	Receiving Notes	
11:30AM	Baby details, Handover taken from LDR staff. Baby active and	
	Alert, Baby Vitals are stable.	
	today Vaccine plan, U/passed, M/Not	
	passed, SBR/NBS/OAE aft 48Hrs →	Singh 29/7/26
12PM	Baby Vital signs checked and	
	recorded. Vitals are stable,	
	maintained Bodheat, DBF only →	Sf 29/7/26

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	1:30pm	Baby details Hand over given to Evening Duty Staff. →	[signature]
		Evening duty On 29/7/26	
	1.30pm.	Baby details handing Over taken from Morning duty staff. Baby active and good. Baby urine and motion passed. Baby is on Q2H EBF. Baby taking feed well. No vomiting →	[signature]
	2pm	Baby sleeping well. No vomiting. Provided kangaroo care to baby. Baby urine and motion passed. →	[signature]
	4pm	Vital signs Checked and Recorded. →	[signature]
		Maintain Intake and Output Chart. Baby sleeping well →	[signature]
	6PM	baby feeding latch score Mai L – 2 A – 2 T – 2 C – 1 H – 1 TOTAL score – 8	
	7.30PM	baby H.D. stable and baby details handover given to Night duty staff Nurse →	[signature] 02187

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☐ ~~No~~ Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		NIGHT DUTY	
29/7/26	7:30pm	Baby details handing over taken from evening duty staff: Baby on OBF, tomorrow vaccine no other complaints	60770
	8:00pm	vitals were checked and recorded maintain T/O chart	60770
	10:00pm	L - 2 A - 2 T - 2 C - 1 H - 1/8 need to be hypothermia	60770
30/7/26	12:00am	vitals were checked and recorded maintain T/O chart	60770
	2:00am	Baby taken feed well no other complaints baby on mother side	60774
	4:00am	L - 2 A - 2 T - 2 C - 1 H - 1/8 need to be hypothermia	
		vitals were checked and recorded	60770

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. PADMAPRIYA EKAMBARAM

(3)

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
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☐ No Known Drug Allergies
☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	6:00Am	Baby morning care was given weight was checked four limb deaeration was checked	60724
	7:00 Am	maintain I/O chart and recorded	60724
	7:30Am	baby details handing over given by morning duty staff	60724
		Morning Duty	
30/7	7:30am	Baby details casefile handing over taken from Night duty Staff. Baby today vaccine plan and last RBS checked 79 RBS stop and today weight checked 2.874 kg and SB, NBS after 48 hrs planned Baby activity is good and well sleeping is good.	60798
	8:30am	Baby vitals are monitoring and reported, vitals are stable. Baby U/M is passed.	60798
	10:30Am	Dr. padmapriya mam come and seen assessed the Baby condition DBF Q2Hrly, SBR/NBS /DAF at 6AM. today vaccine plan. →	60783

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ... Nil ...

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26	12pm	Baby vitals are stable, maintained I/O chart, No other complaints. →	[signature] 60737
	1:30pm	Baby details Hand over given to Evening Duty staff. →	[signature] 60737
		Evening duty Notes	
30/7/26.	1.30pm.	Baby details handing over taken from Morning duty Staff. Bed side Assessment done. Conscious & Oriented. Baby active & Alert. Crying well, Sucking good. Breast feeding. No IV line, ID Band (+). →	[signature]
	2pm	vitals sign checked & Recorded. vitals are stable. I/O chart monitored. Baby urine & motion Passed. No any Other complaints. →	[signature]
	3pm.	Baby Tomorrow plan. SBR, NBS, OAE @ 6Am. Today vaccination done. Dr. Deepak. Sir. Explain the Attender side. →	[signature]
	4pm.	Baby vitals sign checked & Recorded - vitals are stable. I/O Chart monitored. No any other complaints. Baby DBF Q2 hourly Continue. Breast feeding Sucking good. →	[signature]
	6pm.	Baby vitals are stable. I/O Chart monitored - Q2 hourly DBF continue	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

(C)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/7/26	DATE 29/7 (N)	DATE 29/7 (E)	DATE 29/7 (N)	DATE 30/7 (M)
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1	P				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2				
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

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

Intervention:						
Bed in low position		—	✓	✓	✓	✓
Call device within reach		—	✓	✓	✓	✓
Wheels Locked		—	✓	✓	✓	✓
Room free of clutter		—	✓	✓	✓	✓
Adequate lighting		—	✓	✓	✓	✓
Wheel chair support		—	—	NA		—
Other Intervention(s) Specify		—	—	NA	✗	—
Nurse's Name:		Thanu	Shalini	Kani	Vani	Hari
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		29/7/26	29/7/2	29/7/26	29/7	30/7
Time:		6:13 am	8am	2pm	8pm	8pm

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

GUC-00094438
Baby B/O NARMADHA
29-07-2026
Dr. PADMAPRIYA EKAMBARAM
IP18-00036866
0Y0M0D6H (M)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 30/7	DATE 30/7	DATE 31/7	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3	3	3	3		
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4			4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2			2		
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		14	14	16		

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	X	X		
Other Intervention(s) Specify		X	X	X		
Nurse's Name:						
Signature:						
Date:		30/7	30/7	31/7		
Time:		2pm	8pm	8am.		

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

☐F IP No. : .....

					29/7/26	29/7	29/7	N 29/7
Mobility	1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly 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.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name				

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM
F/HW/BRD-Q/NSG/04

Patient Name : .....

Age..... Gen

	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.	Date :	M 30/7	E 30/7	N 30/7	M 31/7
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 walking hours.		1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
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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	Hari			

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

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital
It takes a lot to beat the Rats.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

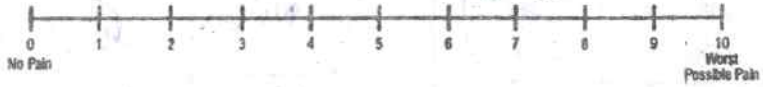
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/7/26	6:13 Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]
29/7/26	9Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	Shalini 014072
29/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
29/7/26	8PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[signature]
30/7/26	2Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[signature]
30/7/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 607918
30/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 021245
30/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature] 607228
31/7/26	2pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[signature] 607221
31/7/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	nil	[signature]

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.

(P.T.O)

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 drawn 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-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

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Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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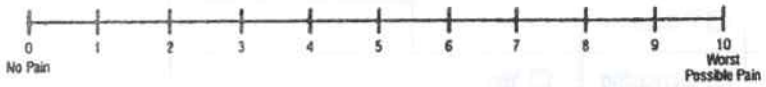
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ 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 drawn 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-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: ..... 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. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
29/7	8pm	yes	educate about the breastfeeding technique	mother	no learning	oral	none	understand	good	[signature]
30/7	8pm	yes	Explain about the feeding position	Mother	NO learning Barrier	oral	None	understanding	good	[signature]
31/7	8am	yes	Explained about the Breast feeding	Mother	nil	oral	None	Yes	good	[signature]

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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PATIENT TRANSFER FORM

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission: 29/7/26	Date & Time of Transfer Order: 29/7/26 @ 7AM
Treating Consultant Name: Dr. padmapriya.	Transfer Ordered by: Dr. poojitha	Reason for Transfer: For Further management
From Unit: OT	To Unit: NICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1 IP 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 wipes	1 packet
2.	Baby Diaper	1 packet
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Govan	Dr. poojitha

Patient & Clinical Records Received by : M. Devi

Date & Time of Patient Received : 29/7/26 at 7.00 am

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

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

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Narmadha Mother's Name: Mrs. Narmadha.

Date of Birth: 29/7/26 Time of Birth: 6:13 am Gender: ☑ Male ☐ Female

Birth Weight: 3.063 Kgs HC: @ 32 cm Lenght: 46 cm

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

Term / Pre-term / Post-term: Term Blood Group: Mother: O+ve. Baby:

Resuscitated: ☐ Yes ☑ No

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

GUC-00094432 IP18-00036662
Mrs NARMADHA
26-09-1998 27 Y 10 M 3 D (F)
Dr. SULTHANA NASEEMA BANU M

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

Indication:

Physical Assessment of New Born:

Temp: 98.4 °C HR: 140 b /Min RR: 40 b /Min BP: — SpO_2: 98%

Pain Score: 0/10 (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: Thanuja Signature: Date &Time: 29/7/26 @ 6:13 AM

Docu. No. : RCH /FRM / CLINICAL / 144

Rainbow's Children's Hospital

BirthRight

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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PATIENT TRANSFER FORM

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM

Date & Time of Admission	Date & Time of Transfer Order
29/7/26 at 6:58 AM	29/7/26 at 10:20 AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Padmapriya	Dr. Padmapriya	further treatment
From Unit	**To Unit**	**Information to Attendant**
NICU	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**
op file	-	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	1
2.	Baby pampers	1
3.	Baby Dress Set	Male.
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 2940h	Dr. Padmapriya

Patient & Clinical Records Received by : Sumathi 60383

Date & Time of Patient Received :

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

Unavailable Bed Nurse not Available Available Bed not ready

GUC-00094438 IP18-00036666
Baby B/O NARMADHA
29-07-2026 0Y0M0D6H (M)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/7/26	9³⁰Am	79mg/dl	Dr. Poojitha	29/07/26
			CBH Stop.	

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