ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
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GUC-00094117 IP18-00036547
Name: Baby B/O PINKI MALIK
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S
UHID:

IP No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	5:55 pm	OT	MICU	
20/7/26	10:10 pm	MICU	4th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/7/26	Cord blood grouping	26023376	
20/7/26	RBS	23387	
21/7/26	RBS	23421	
21/7/26	RBS	23471	
21/7/26	RBS	2350	
22/7/26	RBS	26023526	
22/7/26	NBS, Sbili	26023539	
22/7/26	O.A.C	1731232	

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: 29/2/26 Time: 29 Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

UHID- FLOOR- NAME OF CONSULTAI

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary	22 FEB 26				
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
20/7/26	8pm	68 Single	DBF	
21/7/26	4AM	74mg/dl	DBF2r	
21/7/26	12PM	70mg/dl	DBF	
		↑ Stop		
21/7/26	6.30pm	70mg/dl.		Baluni/020688
22/7/26	2am	65mg/dl		

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

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 : IP18-00036547 **Admit Date** : 20-Jul-2026 **Admit Time** : 05:07 PM **UHID** : GUC-00094117

Patient Details :

Patient Name	: Baby B/O PINKI MALIK	**Age**	: 0 D
Guardian	: Mr SUNIL KIRAN MALLIK	**DOB**	: 20-07-2026 04:53 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 402, 4TH FLOOR, 11TH TOWER, SHRIRAM PARK 63, Old Perungalathur Kanchipuram Tamil Nadu INDIA 600063	**Phone No**	: 9776330711/ 7987865110
		E-mail	: SUNILKIRAN8@OUTLOOK.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-FSW405-1 **Ward Name** : 4F-FOUR SHARING

Room No : CRDL-FSW405-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SUNIL KIRAN MALLIK **Relationship** : Father

Contact Address : 402, 4TH FLOOR, 11TH TOWER, SHRIRAM PARK 63, Old Perungalathur Kanchipuram Tamil Nadu INDIA 600063 **Phone No** :

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O PINKI MALIK**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036547**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**4F-FOUR SHARING/CRDL-FSW405-1**

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 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: Sunil Kumar Mallick

Relationship: Father

Date: 20/07/2026 Time: 5.07

Witness Name: Jagvitha

Witness Signature:

Patient Address:

402, 4TH FLOOR, 11TH TOWER,
SHRIRAM PARK 63, Old Perungalathur
Kanchipuram Tamil Nadu INDIA
600063

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 : Bho·pinki malik	UHID Number : GUC-0009417
Self/Attendant Name : Smt kiran malik	Relation : Father
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0Y0M0D0H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. PINKI MALIK. Age : 26 Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Giridhar Referring Consultant : Dr. Mattiangi

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

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

BIRTH INFORMATION

Name : B/O Pinki Malik

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 20/7/2026 Time of Birth : 4:53 PM

Place of Birth : RCH OT, Guindy

Mother's Blood Group : A-POSITIVE

Birth Weight (gms) : 2.630kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26 Ht : 156 Wt : 83.6 BMI : 33 Married Life : 5Y LMP : 5/11/25 EDD : 12/8/26.

Conception : Spontaneous or with Rx. : spontaneous conception

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

Last Scans Details : 16/7 – (36+1) Cephalic, PL-ant, SDP 6.7, AFI 19.9, EFW 2594g

5/2 NT: WNL; ETC low risk. TT Immunization and Iron / Folic Acid : doppler (N).

31/3 - anomalies n/o

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

PPROM : Duration : 12hours ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : NPL

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 :

Baby cried at birth.

Inj vitamin K 1mg IM given

CN SpO_2 transition

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 : 164/min RR : 52/min NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 99%

Anthropometry : Birth Weight : 0.630kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 30%ile SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	caput ⊕ AF ↔
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 :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2A, 1V.
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	b/l testis palpable 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 : 52/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 : 164/min BP : .....

Femoral Pulses : felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen : soft

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : patent

Umbilical Cord : 2A, 1V

First urine passed : X

Meconium passed : X

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

State of wakefulness : .....

Prechtle Score : .....

cry/tone - N

activity - N

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Late PT/ 36+5/ AGA/ Boy/ 2·63kg/ PPROM.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Arjitha 15/xx

Name : .....

Date & Time : .....

Consultant :

Signature : for Dr. Giridhar Arjitha 15/xx

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 Q2H / warmth

(2) To check RBS after 1 hour (post feed) if Hb Q6H profile RBS monitoring

(3) To do pulse ox monitoring (4 limbs SpO_2)

(4) To do OAE, NBS, BBR at ~~48~~ HOL

(5) Vaccination tomorrow

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.630 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
20/7/26	5PM	Inj VITAMIN K	1 Mg	IM.			
21/7/26	11AM	Inj BCG	0.1 ml	ID			
21/7/26	11AM	OPV	2 drops	PO.			
21/7/26	11AM	Inj Hep B	0.5 ml	IM			

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

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Baby B/O PINKI MALIK
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Dr. GIRIDHAR S

I/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/7/26 Time:		5pm	8pm	12AM	4AM
Doctor/Nurse/Family Concern?					
Temperature (°F)	104 103 102 101 100 99 98 97 96 95 94	98°F	98.4°F	98.2°F	97.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	150b/m	144	140b/m	136b/m
Note: BP does not score in early warning scoring					
Heart Rate (Number)		150b/m	144	140b/m	136b/m
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10	50	44		
Resp Rate (Number)		50br/m	44br	42br/m	40br/m
Resp Distress: Mod/ Severe / None / Mild		✓	—	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		98%	99%	98%	99%
Conscious Level: Normal / Altered		—		✓	✓
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		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

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)

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Dr. GIRIDHAR S

(2)

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

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

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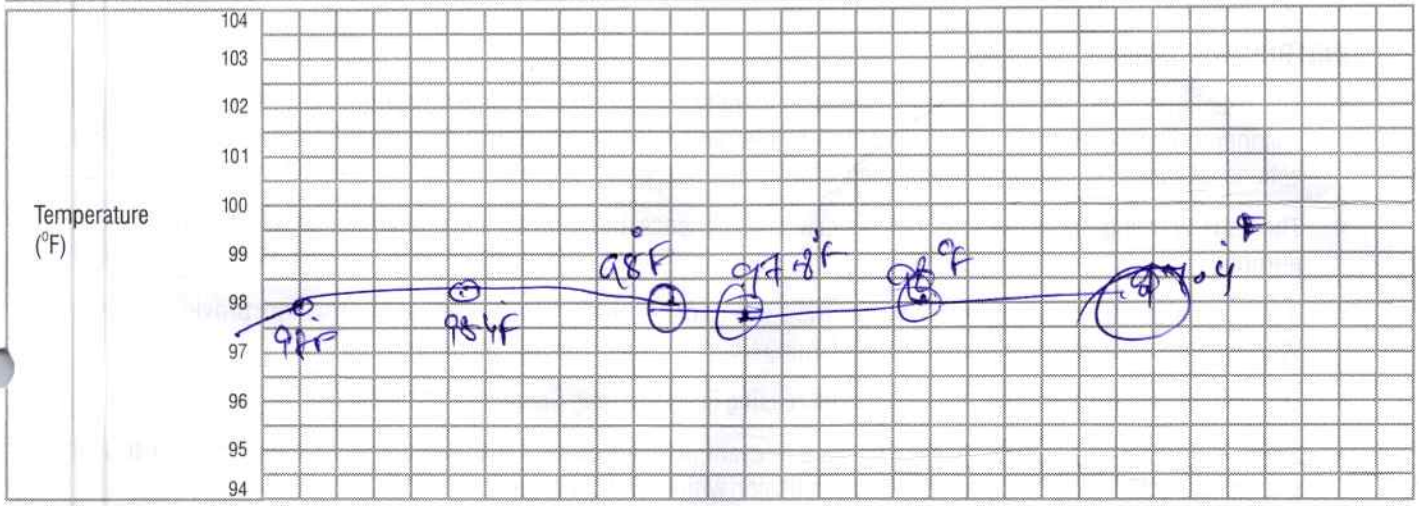
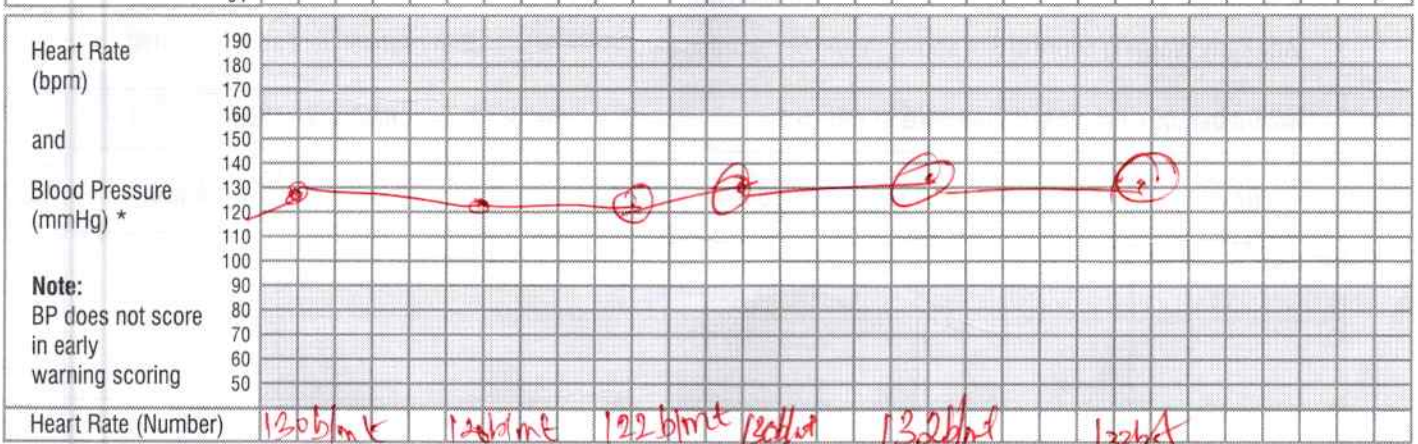
EARLY WARNING SCORE: CHILDREN'S UNIT

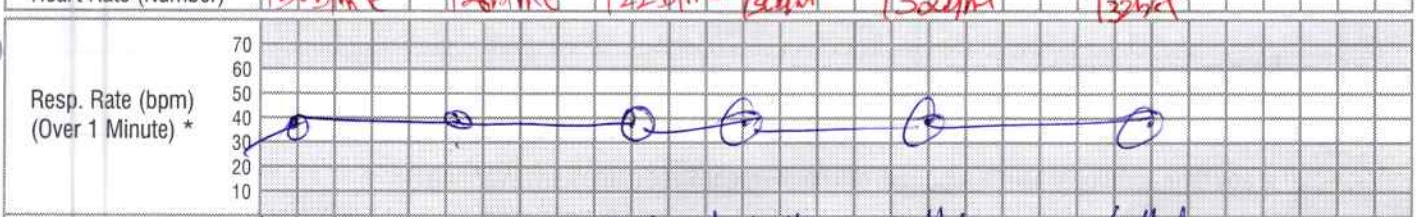
Date: 21/7/26 Time: 8am. 12pm. 4pm 8pm. 12am 4am.

Doctor/Nurse/Family Concern?





Heart Rate (Number): 130 b/mt | 128 b/mt | 122 b/mt | 128 b/mt | 132 b/mt | 132 b/mt



Resp Rate (Number): 40 b/mt | 40 b/mt | 38 b/mt | 42 b/mt | 38 b/mt | 40 b/mt

Resp Distress	Mod/ Severe					
	None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		99%	99%	99-1	99%	98%	99%
Conscious Level	Normal	✓	✓	✓	✓	✓	✓
	Altered						
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		RS	RS	VB	PM	PM	PM

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

(1)

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FLUID CHART

Sheet No. : .....

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

20/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	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		←			on admission				→		
	06:00 pm	DBF									NOIV	RW
	07:00 pm										UNO	RW
Total Intake :		DBF				**Total Output :**					Not passed	
	08:00 pm	DBF									NO	RW
	09:00 pm										IV	RW
	10:00 pm	DBF								✓		RW
	11:00 pm										NO	SM
	12:00 am	DBF									IV	SM
	01:00 am									✓	UNE	SM
Total Intake :		3 fills DBF				**Total Output :**					2 fill UNE	
	02:00 am	DBF					motion				NO	SM
	03:00 am										IV	SM
	04:00 am										UNE	SM
	05:00 am	DBF								✓		SM
	06:00 am						Loose motion				NO IV UN	SM
	07:00 am	DBF										
Total Intake :		3 fills DBF				**Total Output :**					UNE UNE	

Total 24 hrs. Intake	7 fills DBF	Total 24 hrs. Output	3 fill UNE

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : 22

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.

21/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										NO	
	09:00 am						Mob on			✓		
	10:00 am	DBF	✓				paper					
	11:00 am									✓		
	12:00 pm										Pain	
	01:00 pm	DBF	✓									
Total Intake : 2 times DBF						Total Output : 2 times urine passed						
	02:00 pm	DBF									NO	Bali
	03:00 pm									✓		Bali
	04:00 pm	DBF										Bali
	05:00 pm										Pain	Bali
	06:00 pm	DBF								✓		Bali
	07:00 pm	DBF									Pain	Bali
Total Intake : 4 times DBF.						Total Output : 2 times urine passed						
	08:00 pm										NO	NGS
	09:00 pm	DBF										NGS
	10:00 pm						mother			✓	Pain	NGS
	11:00 pm	DBF										NGS
	12:00 am										Pain	NGS
	01:00 am	DBF										NGS
Total Intake : 3 times DBF						Total Output : 1 time urine						
	02:00 am										NO	NGS
	03:00 am	DBF										NGS
	04:00 am										Pain	NGS
	05:00 am	DBF								✓		NGS
	06:00 am										Pain	NGS
	07:00 am	DBF										NGS
Total Intake : 3 times DBF						Total Output : 1 time urine						

Total 24 hrs. Intake	12 times DBF....	Total 24 hrs. Output	6 times urine.

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR G

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NURSING CARE RECORD

Date: 20/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6 pm	Promote adequate nutrition	6.30 pm	* Assisst Feeding * Monitor intake and output * Maintain ~~weight~~ weight	Maintained Good nutritional status to some extend	Reassessment done	
Night	8pm	Promote adequate Nutrition.	8pm	⇒ Assisst Feeding * Monitor intake and output ⇒ maintain weight.	Maintained Good nutritional Status to some extend.	Reassessment done	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

NURSING CARE RECORD

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BirthRight
BY RAINBOW HOSPITALS
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Date: 21/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9a 7am	→ To maintain good nutritional status		→ Assessed the nutritional status of the baby → Monitored vital signs → maintained the chart → ~~Admitted~~ Encouraged to give frequent DBF to the baby	→ Improving & maintaining good nutritional status	Baby was stable Reassessment was done	RSN 09749
Afternoon	2pm	Mo Improve activity tolerance.	3pm	→ Assess the Baby's condition → Encourage DBF @ 2hourly.	Improved - Childs activity	Reassessment done.	Baby 02 681
Night	8pm	Assess the baby vitals Maintain Hygiene Encourage DBF		Assessed the child monitored vitals Encourage DBF	Child is stable	Reassessment done.	02

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0Y0M0D0H (M)
Dr. GIRIDHAR S

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby shifting Note	
20/7/26	5:00 pm	A single alive baby boy delivered @ 4:53 pm with birth weight of 2.630 kg. Baby cried immediately after delivery. Immediate cord clamping done. Baby shifted for routine care. Vitamin K injection given. Baby vital signs are stable.	Sgotam
	5:55 pm	Baby shifted to NICU for further care.	Sgotam
		Receiving Notes	
	6pm	Baby Received from OT to NICU. Baby care Handing over taken from OT staff. Monitored vitals and Recorded. Maintained I/O. DBF given Urine/Meconium Not passed. Vaccination Not Done	Sree 0/6/20
	7pm	DBF given. Baby well and active. Baby Motherside. Vaccine Not done.	Sree 0/6/20
	7.30pm	Patient care Handing over given to Night duty staff	Sree 0/6/20
20/7/26	7:30pm	=> Night duty <= Baby report Hand over.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

N91

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/20		Taken from ocury duty	
		OBHTT. Baby is active crying	
		colour mottling Normal.	
	8PM	=> CBG: 62mg/dl IIT to	
		LDR Position mal. Advice to	
		6th hourly followed Orals	
		carry out	=> [illegible]/01746
	9PM	=> Baby passed motion	
		Not passed urine	=> [illegible]/011746
	10PM	=> Baby shift to	
		crib handed over to	
		4th Floor OBHTT	=> [illegible]/011746
		← Receiving Notes →	
20/7	10.50pm	The child details handing	
		over taken from LDR staff	
		to 4th floor staff. Pt. Baby is	[illegible]
		conscious & alive.	
21/7	12Am.	Vital signs are checked &	
		recorded. vital are stable.	
		CR/PP. / CRT FT / LTT / [illegible]	[illegible]
	2Am.	The Baby taking DBF orally &	
		tolerating well. voiding freely. Has	[illegible]
		passed urine & motion.	
	4Am	Vital signs are checked and	
		recorded. vital are stable. CR / PP / CRT FT / FT / [illegible]	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

N°1

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		confin nots.	
21/6	6Am	Pt's clot cord maily. Baby care was done. Baby co-operated well.	nurse/01281
	7:30am	The child details handed over given to morning duty staff	nurse/01281
21/7/26	7:30Am	Morning Duty note on 21/7/26	
		Baby details taken over from night duty staff nurse using ISBAR method. On assessment baby is conscious, alert and active, afebrile. Baby is on DBF every 2nd hourly, urine and motion passed	020749
	8am	Vitals checked and recorded all are hemodynamically stable	020749
		Op ++ / PP ++ / CRT <3 sec	
	10Am	Baby taken DBF, latching well, sucking and feeding well	020749
	10:30am	vaccination given by Dr. Yuvaraj BCG, Inj Hep-B, OPV - zero dose as per ordered	
	11:30Am	Dr. Giridhar Sir came and seen informed about the baby condition, advice	020749

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies ..... NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Admission notes →	
21/7/26		Baby admitted as per the doctor's order	
	12pm	Vitals checked and recorded. All are haemodynamically stable	
		CP / PP / CRT ++ / ++ / <3sec	
	1PM	Strict I/O chart maintained	
	1:28pm	Baby details handed over to evening duty staff nurse	
		→ Evening duty Notes ←	
21/7.	1.30pm	Baby details handing over taken from morning duty staff. Baby is stable. No Issue →	Baby 020685.
	3pm.	Baby taking DBF. Sucking not well. Informed to Dr. Annapoorani mam. Advised to continue DBF & Inform 6pm CBG level →	Baby/020685
	4pm	Vital signs Checked and recorded Vitals are Stable CP / PP / CRT ++ / ++ / <3sec →	Baby 020685.
	6pm.	CBG Checked, CBG. Forgot Informed to Dr. Annapoorani mam. No chart maintained →	Baby/020685
	7.30pm	The child details handing over given to night duty staff →	Baby 020685

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

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

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BRADEN 'Q' SCALE

(for Paediatric use)

.. Gender : ☐ M ☐ F IP No. : .....

	1.	2.	3.	4.	Date :	E 20/7	N 2017	M/E 21/7	N 21/7
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 though 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 waking hours.		1	1	1	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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	Rima	[illegible]	[illegible]	[illegible]

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

0256 2 Ohm

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
20/7/26 @	20/7/26 @ 5:53pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Giridhar	Dr. Poojitha	For further observation

From Unit	To Unit	Information to Attendant
OT	NICU	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
1 Ip file	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	Dr. Poojitha

Patient & Clinical Records Received by : S/N. Tamilselvi 20/7/26

Date & Time of Patient Received : 20/7/26 at 6pm

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-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0 Y 0 M 0 D 0 H (M)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Pinki malik Mother's Name: Mrs. Pinki malik

Date of Birth: 20/7/26 Time of Birth: 11:53 p.m. Gender: ☐ Male ☐ Female

Birth Weight: 2.630 Kgs HC: 30 cm Lenght: 42 cm

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

Term / Pre-term / Post-term: term

Resuscitated: ☐ Yes ☒ No Blood Group: Mother: A+ve Baby: Awaited

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

GUC-00087030 IP18-00036535
Mrs PINKI MALIK
22-07-1999 26 Y 11 M 28 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Non progress of labour @ 2 c.m.

Physical Assessment of New Born:

Temp: 98°F °C HR: 140 /Min RR: 50 /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: Risna Signature: 607721 Date &Time: 20/7/26 @5pm

GUC-00094117 IP18-00036547
Baby B/O PINKI MALIK
20-07-2026 0Y0M0D6H (M)
Dr. GIRIDHAR S

PAT ...RM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	20/7/26 @ 5.7pm	20/7/26 @ 10pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR Giridhar.	Dr. Poojitha	For further management
From Unit	**To Unit**	**Information to Attendant**
LDR	4th	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
DP for	—	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/O Akuy/011 for	

Patient & Clinical Records Received by : Nurse 20/7/26 at 10.30pm

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