GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 17 D (F)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		27/7/22 @ 6PM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

UHID No: ..... nt: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19.07.2026	12:15 pm	ER	HDU	
21/7/26	2.30pm	HDU	713	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Suchitra	20/7/26	1730252	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE:

Date	Procedure	Quantity	Order No.	Signature
18.07.2026.	Iv placement	(1)	1729572	
18.07.2026.	Chest x ray	(1)	9731	
19/07	Neb	(2)	1729619.	
19/07/26	NU	(2)	1729659	
19/7/26	Neb	3	1729740	
19/7/26	Neb	1	1729812	
20/7/26	Neb	4	1729928	
20/7/26	Neb	3.	1730109	
20/7/26	physiotherapy	1	1730180	
20/7/26	physiotherapy	1	1730294	
20/7/26	2D Echo Consultation	1	9808	
20/7/26	Neb	(1)	1730414	
21/7/26	Neb	(4)	1730593	
21/7/26	Neb	(3)	1730798	

ANY OTHER INFORMATION: Neb TOTAL - 24

Date: ..... Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

ACTIVITY RECORD FOR BILLING

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

UHID No: GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-05-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

Date of Admission: ....

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	physiotherapy	(1)	1730448	R. Sowmya
22/7/26	Nebulization	(3)	1731096	
22/7/26	Nebulization with O_2	(2)	1731531	
22/7/26	physio	(1)	1731531	
22/7/26	physiotherapy	(1)	1731627	
22/7/26	Nebulization O_2	(2)	1731732	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 22/7/26 Time: 6pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 16 D (F)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	23/7/26 at				
	INTIME	OUT TIME			
Arrangement of File by Nursing		23/7/26 at	Sumel 607353		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00094038 IP18-0003
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

Rainbow® Children's Hospital
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BED SIDE CHECK LIST FOR NURSES

	N	M	E	N	M	E	N	M	E
Date:	19/7/26	19/7/26	19/7/26	19/7/26	20/7	20/7	20/7	21/7	21/7
Doctor's Orders	Yes	yes	yes	Yes	yes	Yes	Yes	yes	yes
Carried out or not	Yes	Notes	carried out	carried out	carried out	carried out	carried out	carried	carried
Bed Side									
Structured Handover done	Yes	yes	yes	Yes	yes	yes	Yes	yes	yes
IV Site	Yes	yes	yes	Yes	yes	yes	Yes	yes	yes
Central Lines	No	NO	NO	NO	NO	NO	NO	NO	NO
Arterial Lines	No	NO	NO	No	NO	NO	NO	NO	NO
Feeding Catheter	No	NO	NO	No	NO	NO	NO	NO	NO
Urinary Catheter	No	NO	NO	No	NO	NO	NO	NO	NO
Skin Care	Yes	yes	yes	yes	yes	yes	Yes	yes	yes
Eye Care	Yes	yes	yes	yes	yes	yes	Yes	yes	yes
Mouth Care	Yes	yes	yes	Yes	yes	yes	Yes	yes	yes
Sterillum Bottle, Stethoscope	Yes	yes	yes	yes	yes	yes	Yes	yes	yes
Suction Bottle (Should be clean & empty)	Yes	yes	yes	yes	yes	yes	Yes	yes	yes
Intubation Tray	No	NO	NO	No	NO	NO	NO	yes	yes
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	No	NO	yes	yes	NO	NO	NO	NO	NO
Ventilator Tubing,(Any Water, Blood)	No	NO	NO	No	NO	NO	NO	NO	NO
Humidification	Yes	NO	NO	No	NO	NO	NO	NO	NO
Check all Infusion (Labelling,Correct Preparation)	Yes	yes	yes	yes	yes	yes	yes	yes	yes
Chest Physio & Neb	Yes	yes	yes	Yes	yes	yes	yes	yes	yes
Handed Over By Name :	Vishnu	Sharmila devi	Speys	Vishnu	Speys	VINO	Akila	Steffi	Sharmila devi
Signature :	[illegible] 02151	[illegible]	[illegible]	[illegible] 02151	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date & Time:	19/7/26 @ 8am	19/7/26	19/7/26 8pm	20/7/26 @ 8am	20/7/26 8pm	20/7/26 @8pm	21/7 @8	21/7/26 2pm	21/7/26 8
Hand Over Taken By Name :	Sharmila	Speys	Vishnu	Speys	VINO	Akila	Steffi	Sharmila devi	[illegible]
Signature :	[illegible]	[illegible]	[illegible] 02151	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date & Time:	19/7/26 8AM	19/7/26 2pm	19/7/26 @8pm	20/7/26 8AM	20/7/26 @2pm	20/7 8pm	21/7 8am	21/7/26 2pm	21/7/26 8am

Doc. No. : RCH/ FRM / GENERAL / 088

GUC-00094038
Baby JOSHNAA SREE IP18-00036523
08-08-2026 0 Y 1 M 15 D
Dr. KARTHIK NARAYANAN R (F)

Rainbow® Children's Hospital
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) SIDE CHECK LIST FOR NURSES

Date:	21/7	22/7							
Doctor's Orders	YES	yes							
Carried out or not	YES	yes							
Bed Side									
Structured Handover done	YES	yes							
IV Site	YES	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	YES	yes							
Eye Care	YES	yes							
Mouth Care	YES	yes							
Sterillum Bottle, Stethoscope	YES	yes							
Suction Bottle (Should be clean & empty)	NA	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	YES	yes							
Handed Over By Name :									
Signature :									
Date & Time:	21/7/26	22/7/26 8am							
Hand Over Taken By Name :									
Signature :									
Date & Time:									

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036523 **Admit Date** : 18-Jul-2026 **Admit Time** : 11:28 PM **UHID** : GUC-00094038

Patient Details :

Patient Name	: Baby JOSHNAA SREE	**Age**	: 0 Y 1 M 12 D
Guardian	: Mrs MEENA	**DOB**	: 06-06-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLOT NO 04 2ND FLOOR VENKAT KRISH APPARTMENT SASTHRI NAGAR 11TH CROOS STREET Adyar Chennai Tamil Nadu INDIA 600020	**Phone No**	: 9600586622
		E-mail	: n@m.m

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : 0F-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mrs MEENA **Relationship** : MOTHER

Contact Address : FLOT NO 04 2ND FLOOR VENKAT KRISH APPARTMENT SASTHRI NAGAR 11TH CROOS STREET Adyar Chennai Tamil Nadu INDIA 600020 **Phone No** : 9600586622

Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : PRASHANTH HOSPITAL **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby JOSHNAA SREE**	**Age :**	**0 Y 1 M 12 D**
IP No:	**IP18-00036523**	**Sex:**	**Female**
Consultant:	**Dr. KARTHIK NARAYANAN R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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: S. Jerusha

Name: > S. Jerusha
Relationship: > Father
Date: 18-07-2026 Time: 11:28
Witness Name: Bruin
Witness Signature:

Patient Address:

FLOT NO 04 2ND FLOOR VENKAT KRISH APPARTMENT SASTHRI NAGAR 11TH CROOS STREET Adyar Chennai Tamil Nadu INDIA 600020

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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 TPAI 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 :- JOSHNAA SREE	UHID Number : 94038
Self/Attendant Name : - Surya	Relation :- Father
Self/ Attendant Signature :-	Name & Signature of Financial Counselor
Phone Number :- 9600586622	

GUC-00094038 IP 18.000
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

Rainbow® Children's Hospital
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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
19/7 12:30 AM	00.00	Neb. Budecort		
19/7 1AM	01.00	Neb. Cleanet.		
19/7 5AM	02.00	Neb. cleanet		
19/7 7:30 AM	03.00	Neb. Cleanet		
19/7 26 9AM	04.00	Neb - cleared		
19/7 11.20 PM	05.00	Neb - Adrenalin		
12pm	06.00	Neb - Budecort		
5pm	07.00	Neb - 3% Nacl — (1)		
9pm	08.00	Neb - 3% Nacl — (1)		
20/7 12am	09.00	Neb. Budecort — 1		
1am	10.00	Neb 3% nacl — 1		
5am	11.00	Neb 3% nacl — 1		
9am	12.00	3% Nacl Neb - 1		
12pm	13.00	Neb budecort — 1		
1pm	14.00	Neb - 3% Nacl — 1		
5pm	15.00	Neb - 3% Nacl — (1)		
9pm	16.00	Neb - 3% nacl — (1)		
21/7 12am	17.00	Neb. Budecort (1)		
1am	18.00	Neb 3% nacl (1)		
5am	19.00	Neb - 3% Nacl — (1)		
9AM	20.00	neb. 3% nacl — (1)		
12PM	21.00	neb. budecort — (1)		
1PM	22.00	neb. 3% Nacl — (1)		
22/7 12AM	23.00	Neb - Budecort — (1)		

(2)

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

Ref. No. F/INPR/12

Patient Name : GUC-00094038 IP18-00036523 Baby JOSHNAA SREE 06-06-2026 0 Y 1 M 15 D (F) Dr. KARTHIK NARAYANAN R

Registration No.

NEBULISATION CHART (6)

Date	Time	Drug	Nurse	Parents Signature
22/7/26	00.00 1AM	Neb:- 3% NACL (1)	[signature]	[signature]
	1.00 7AM	Neb. 3% NaCl (1)	[signature]	[signature]
	2.00 2AM	Neb:- Budecort (1)	[signature]	[signature]
	3.00 1AM	Neb 3% NACL (1)	[signature]	[signature]
	4.00 4AM	Neb 3% NAC (1)	[signature]	[signature]
	5.00 12:30pm	Neb. Budecort c̄ O2 (1)	P. [signature]	[signature]
	6.00 4pm	Neb. 3% NAC (1)	[signature]	[signature]
23/7/26	7.00 12AM	Neb:- Budecort (1)	[signature]	[signature]
	8.00 2AM	Neb 3% NACL (1)	[signature]	[signature]
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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CROSS CONSULTATION FORM

Doctor Name: Dr. Suchitra Date: 20/7/26 Time: 1.45pm

Diagnosis: Acute Bronchiolitis.

Hospital: RCH

Referred for: ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

V/B DR. SUCHITRA

Referral for (R) clavicle #

Thanks for the referral

O/E Bump felt on (R) clavicle
No tenderness
Moving (R) UL freely including full on head abduction.
(Normal delivery)

XR - c/o Healing clavicular # c plenty of callus (R)

Adv
- No acute intervention of concerns
- Review SOS
- Healing well.

Consultant :

Name: DR. SUCHITRA Signature: Date & Time: 20/7/26 1.45pm

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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CROSS CONSULTATION FORM

Doctor Name: Dr Girinath Date: 20/7/26 Time: 1700

Diagnosis: .....

Hospital: .....

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

IVC collapsing 50% in inspiration
PFO mainly shuting L->R.
Trivial TR. No significant gradient. No PAH.
No MR/AR.
Good biventricular systolic fn.
Intact IVC.
Confluent PA's. Gradient in LPA 15mm Hg (physiological)
FS - 34%
EF - 66%
All pulmonary vein into LA.
No PDA. (L) Arch.

Imp:- Structurally Normal heart
Good biventricular systolic fn.

Consultant :

Name: Dr Girinath Signature: Date & Time: 20/7/26

1700

GUC-00094038 IP18 0003
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital
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CROSS CONSULTATION FORM

Doctor Name : Sowmambikaa (PT) Date : 20/07/26 Time : 1:10 pm

Diagnosis :

Hospital : RCH

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: R Sowmy

Findings and Recommendations :

S/B Sowmambikaa (PT)

20/07/26
1st visit
1:10 pm

A- Acute bronchiolitis / (R) clavicle fracture

o/o. child is awake, irritable
cry (+), On O_2 1 lit.

vitals
SPO_2: 100%.
HR: 186 bpm.

O/E: child is afebrile, cough (+),
grunting (+)
B/L AE (+) distress (+)
Normal tone, cry & activity.

Rx:
- Mild chest PT given in ant. & post. aspect of lung. (percussion & Vibrations).

R. Sowmy.

Consultant :

Name : R. Sowmambikaa Signature : R. Sowmy Date & Time :

20/07/26

2nd visit

3.50 pm

S/B Sowmambika (PT)

A: Acute Bronchiolitis / (R) clavicle fracture

C/O: cold & cough.

O/O: child is conscious, awake.

On O_2 - 1 lit.

Vitals:

SPO_2: 85 %.

HR: 125 bpm.

O/E: Afebrile, (N) tone, activity & cry

AE (+) B/L.

Cough (+)

R_x: Mild chest PT given to ant. & post. aspect of lung (percussion & vibration)

R. Sowmy.

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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

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Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name: R. Soumambikaa (PT) Date: 21/7/26 Time: 11 AM

Diagnosis: .....

Hospital: RCH

Referred for: ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

21/7/26
1st visit
11:00 am

S/B Soumambikaa (PT)

Δ: Acute Bronchiolitis / (R) clavicle fracture.

c/o cold & cough.

o/o: child is conscious, looking around
on O_2 - 1 lit.

vitals
SpO_2: 100% on RA
HR: 130 bpm

O/E: Afebrile, (R) arm, activity & ~~play~~ done.
cough (+)

Rx:
Mild chest PT given to ant. & post. aspect.
(percussion).

R. Soumy

Consultant :

Name: Soumambikaa Signature: R Soumy Date & Time: 21/7/26 @ 11:00 AM

S/B Sowmambikaa (PT)

21/7/26
2nd visit
4:50 pm

Δ: Acute Bronchiolitis

c/o cold & cough

o/o: child is conscious, awake on O_2 support.

O/E: (N) tone, activity & cry; vitals stable.

cough (+)

Rx: - Mild chest PT given to ant. & post. aspect.
(percussion & vibration)

- Parent education

R. Sowmy.

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 16 D (F)
Dr. KARTHIK NARAYANAN R

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CROSS CONSULTATION FORM

Doctor Name: K. Thirisha (PT) Date: 22/7/26 Time: 12:40 pm

Diagnosis: .....

Hospital: RCH

Referred for: ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

physiotherapy report Signature: K. Thirisha

Findings and Recommendations :

22/7/26. 1st visit 12:40 pm.

S/B Thirisha (PT)

Δ - Acute Bronchiolitis (RT) clavicle #

O/O : child is awake, consious on Room air. IV line (+) at (R) side of hand

O/E : Cough (+), non-productive
Cog (+)
AVOB (N) ; Tone (N)

Rx : Chest physio given along with postural drainage - Percussion & Vibration

- K. Thirisha

Consultant :

Name: K. Thirisha (PT) Signature: K. Thirisha Date & Time: 22/7/26.

22/7/26.
4:10 pm
2nd visit

8/B Thirisha (PT)

Δ - Acute Bronchiolitis (RT) clinic #

O/E : State - Conscious, awake, crying
on Room air
IV line @ at (R) side of hand

O/E : Cough (+), non-productive
WOB (N)
Tone (N)

Rx : Chest physio given along c postural drainage
- Percussion & Vibration

Dr Thirisha

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ GUC-00094038 IP18-00036523 _____
Baby JOSHNAA SREE
UHID ID: _____ 06-06-2026 0 Y 1 M 12 D (F) _____
Dr. KARTHIK NARAYANAN R

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: Baby Joshnaa Sree Age/Sex 43 days/F

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Cough x 2 days
lethargy x 1 day.

History of present illness :

A 43 days old infant came with complaints of cough x 2 days
lethargy x 1 day.
Refusal of feed for 1 day.
Urine output - good.

Evaluated and treated at outside hospital.
Admitted on. 16/7/24. at prashanth hospital.
Treated with 3% NaCl & Budecort nebulizations
on day 2 of admission child developed distress
post feed. Started on 2L O_2 and hence reffered to
RCH for further management.

Chest xray = healed clavicle #

Patient Sticker

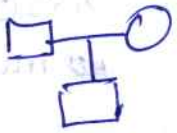
Past History : (Including details of any previous investigation or treatment)

-

Birth & Neonatal History:

NVD | Term | B.wt 3.36kg | no NICU stay.

Family Chart



Birth & Socio Economic History:

About Father : -

About Mother : 2nd degree consanguineous marriage.

Any additional Information : -

Developmental History :

Recognizes mother, coos.

Immunization History :

Vaccination due on 18/7/25.

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs) 8.89kg (Centile _____)

On Examination :

Temperature : 98.4F Pulse Rate : 150/min B.P. _____ SPO2 99% C2L O2

Resp.rate and type of breathing : 50/min

Rash -

Lymphadenopathy -

Oedema : -

Allergies (if any): -

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+)

Any addes sounds : conducted sounds (+)

Relevant data from outside (Chest X-Ray, ABG,etc.,)

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur : murmur. (+)

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection : (N)

Palpation : soft, non tender

Ausculation :

Spine : External Genitelia :

Relevant data from outside (CT, USG etc.,)

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute bronchiolitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CRP
chest xray
Resp Biofire

Planned Management

Neb Budecort
Neb 3+ NACL
Nasoclear Nasal Drops.
IV Fluids

Signature of the Doctor: 18/7/24

Name of the Doctor: Dr. Chandralega

Date & Time: 18/7/24

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

NOTE: * To be completed by a Doctor within (24) hours of admission.

1. Anticipated Date of Discharge: .....

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

   ☐ Needs Assistance In:

			Remarks
☐ Medication	☐ Yes	☐ No	.....
☐ Bathing	☐ Yes	☐ No	.....
☐ Eating	☐ Yes	☐ No	.....
☐ Walking	☐ Yes	☐ No	.....
☐ Dressing	☐ Yes	☐ No	.....
☐ Toileting	☐ Yes	☐ No	.....

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: .....

   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00094038 IP18-0003
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARA ANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 1.AM.	S/B Dr-Chandirakala.	
	" child reviewed.	
	Complaints:	
	- Resp. distress	
	- cough, sneezing.	
	F - on IV fluids @2ml/hr.	
	on direct breast feeds.	
	R - B/L AE⊕, conducted sounds⊕.	
	RR - 40/min, SpO2 - 99-1. @ 2LO2	
	Sub costal & Intercostal retractions⊕	
	I - no fever	
	CRP < 5	
	C - RBWF, CRT < 2 secs	
	H - Hb - 13.7	
	M - 138 | 5.2 / 102 | 23	
	A - Soft, no organomegaly.	
	N - ⓝ cry, Tone, Activity	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- W/F Resp distress, desaturation,	
	- continue Nebulizations as per chart	
	- continue IV Fluids	
	- Direct breast feed Q3H if no distress	
	- Inform (SOS)	
	SIP 19/7/20	
19/7/20 7.30 AM	S/B Dr. Chandrasekaran.	
	child received	
	sleeping	
	Resp. distress (+)	
	cough, sneezing (+)	
	RR - 45/min	
	SpO_2 - 99% RA.	
	Subcostal & intercostal retractions (+)	
	WOB ↑↑.	
	B/L AE (+), conducted sounds (+)	
	Adv:	
	- Neb 3% NaCl 4ml stat.	
	SIP 19/7/20	

GUC-00004038 IP18-000
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

(9)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 8.30am.	S/B Dr. Chandralaga.	
	D - Acute Bronchiolitis.	
	Child remained Distress settled.	
	F - On IV Fluids 12 ml/hr. On DBF @3H if no distress.	
	R - B/L AE (+), equal, RR - 36/min SpO2 - 99 on 2 LO2	
	I - no fever spikes CRP < 5.	
	C - BP - 97/63 mm Hg. PR - 160/min. CRT < 3 secs, PPWF	
	H - Hb - 13.7.	
	M - 138 / 5.2 / 102 / 23	

Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	A - Soft, non tender no organomegaly	
	N - (N) cry, Tone, Activity.	
	Adv: - monitor vitals - IV Fluids @ 12ml/hr. - Neb 3% NaCl Q4H 4ml - Neb Budecort 0.5ml Q12H. - Nasoclear nasal drops 2° Q4H - W/F Distress, desaturations - Inform (SOS)	
	EVP 19/7/26	
19/7/26 9.30am	S/B Dr. Kavitha	
	Δ - Bronchiolitis - 1st episode.	
	Cough (+) Distress (+) - mild Feeding - accepting now. Lethargy ↓ed (Activity - improved)	
	(D3) of illness.	

GUC-00094038 IP18-0003
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

(3)

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E - Asleep	
	PPWR, pulse volume - good	
	CRT < 2 sec.	
	Vitals - HR - 153/min	
	RR - 50/min	
	SpO2 - 100% @ 2 l/min O2 via nasal prong	
	CXR - RS - SCR (+)	
	(R) clavicle fracture healed.	
	No cardiomegaly	B/L AE (+)
	B/L NVBS (+)	
	B/L crepts (+) R > L	
	CVS - S1S2 (+)	
	Murmur (+) - ? continuous	
	P/A - Soft.	
	Hepatomegaly (+) - 3cm	
	CNS - GF	
	Tone (N)	
		Advice
		IVF 0.9% - DNS - taper if intake good.
		Neb 3% Nacl -
		Neb Budecort
		Nasoclear drops
		Monitor vitals
		s/e resp distress / hypoxia.
		To get Birth summary
		Ortho review

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	S/B Dr Karthik	
11am	Distress ↑ed post feed / HR - 160/min / RR - 55/min.	
	Continue neb. 3% Nacl qxh.	
	Neb. Budecort q12h.	
	Add - Domperidone -	
	Dexa - 0.5mg stat iv	
	Neb - Adrenaline stat.	
	◦ ECHO screening	
	◦ Ortho opinion tomorrow. - (R) clavicle healed #	
	Observe for 2-3 hrs & update	
	Positioning.	
		[signature] NRU
19/7/26	S/B Dr. Kavitha	
1.30pm		
	Distress better.	
	O/E - Alert	
	Feeding well	
	PPWF, Pulse vol - good	
	CRT <3secs	
	RR - 50/min	
	SpO_2 - 100% c̄ 2l/min O_2	
	HR - 158/min	

GUC-00094038 IP18-0(
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

(4)

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

Date & Time	Progress Notes	Doctor's Order
	RS - No head bobbing	
	SSR ⊕, SCR ⊕	
	B/L NVBS ⊕	
	No added sounds	
	CNS - AF	
	Tone Ⓝ	
	CVS - S1S2 ⊕, murmur ⊕	
		Advice
		Cont - Neb. 3% Nacl /
		Neb - Budecort
		W/f ↑e in distress /
		Hypoxia.
		[signature] 17878
19/7/26 6 PM	S/B - Dr Yuvaraj	
	Child reviewed.	
	alert, active, afebrile.	
	Vitals : RR - 30/min	SpO2 - 100% on 2L O2
	BP - 94/70 mmHg	
	HR - 145/min.	
	mild SCR ⊕	
	RS - b/l AE ⊕, NVBS	
	Adv. - Continue same	
	- Monitor vitals	
		[signature]

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
19/1/26 3 AM	- ~~Recurrent~~ tachycardia (+)	
	- while asleep.	
	- CVS - S1S2@, pansystolic murmur (+)	
	↓	
	- Dead on ECHO on tomorrow noon	
	- Ortho opinion	
20/1/26 4.35 am	S/B Dr. Kavitha	
	Distress led	
	Tachycardia - settled.	
	Feeding - well	
	O/E - Asleep	
	PPWF, Pulse volume - good	
	CRT ≤ 3 secs	
	RR - 42/min	
	HR - 133/min	
	SpO2 - 98 %	~~O2~~ @ 2 l/min O2
	RS - minimal	SSR, SCR (+)
	B/L NVBS (+)	
	AE - equal	
	No added sounds	
	CVS - S1S2 (+), murmur (+).	
	CNS - AF	
	Tone (N)	

GUC-00094038 IP18-006
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan -
		T/C Nebs as charted.
		Positioning
		ECHO screening
		Ortho opinion.
		[signature]
20/7/26 7:30am	S/B Dr. Kavitha	
	Child reviewed	
	Distress Jed	
	No fever	
	Cough (+) Sneezing (+)	
	Feeding well - DBF + formula feeds.	
	U.O - 4ml/kg/hr	
	O/E - Asleep	
	PPWF, Pulse volume - good	
	CRT < 3secs	
	Vitals - RR - 45/min	
	HR - 150/min	
	SpO_2 - 100% [struck out] $\bar{c}$ 2l/min O_2	
	RS - Minimal SSR, SCR (+)	
	B/L NVBS (+) B/L AE (+)	
	No added sounds.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CVS - S1S2 (+)	
	murmur (+) - ? continuous	
	P/A - soft	
	CNS -	
	Tone / Activity (N).	
		ADVICE
		1) Stop IVF
		2) Continue Neb. 3% NaCl
		Neb. Budecort
		3) Pamperidone
		4) Saline drops.
		5) Add MUCOLITE DROPS
		TO get ECHO screening done
		. Ortho opinion (for
		loaded clavicle #)
		W/f Te in distress / hypoxia
		19/8/23

GUC-0009-1038 IP18-000
Baby JOSH NAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

(6)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/20 9 AM.	S/B Dr. Chandiraleega D- Acute Bronchiolitis child reviewed	
	F - On DBF & Nanpro Q3H	
	R - B/L AE (+), no added sounds mild SCR (+) RR - 39/min SpO2 - 99% on RA cough (+)	
	I - no fever spikes	
	C - BP - 89/50 mmHg PR - 140/min PPNT, CRT < 2 secs	S1S2 (+) murmur (+)
	H - Hb - 13.7	
	M - 138 | 5.2 102 | 23	
	A - soft, non tender liver palpable.	
	N - AF open (N) cry, Tone, Activity.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv:	
	- monitor vitals	
	- Neb Budecort 0.5mg Q12H	
	- 3% Nacl Neb 4ml Q4H	
	- Naso clear Nasal drops	
	- Domstal suspension 1ml Q8H	
	- ortho opinion on clavicle #	
	- screening ECHO.	
	- Inform (SOS)	
	[signature] 19/2/14.	
	S/B Dr chandirakeyan	
20/7/26 3:30pm	child reviewed	
	O2 tapered to 1L.	
	comfortable with 1L.	
	no Tachypnoea, distress	
	cough (+)	
	Hydration - PPWT, CRT<2secs	
	on DBF + Nanpro Q3H	
	O/E	
	Afebrile	
	CVS-S1S2(+) ? systolic murmur.	
	RS-B/L NVBE(+)	
	RR - 40/min	

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SpO_2 - 98% with 1L O_2	
	mild SCR (+)	
	WOB - (N)	
	P/A - soft	
		Adv
		- monitor vitals
		- W/F Distress / tachypnea / desaturation
	Ortho opinion:	- Neb as per chart
	no active	- Chest physiotherapy BD
	intervention	- Nomistal / mucolite
		- Ibuform (SOS)
	[signature] 19/12/24	
	S/B. Dr. Lucky Vignesh	
20/7/24 9:30 PM	Δ: Acute bronchiolitis	
	Child reviewed	
	(on 1L O2) No distress / No retractions	
	RR - 36/min	
	SpO_2 - 99% O_2 - 1L on N.P.	
	c/o cough +	
	on DBF [illegible] / nasal pro (O3h.)	
	O/E: Afebrile	
	RS: B/L AE (+) / No added sounds.	
	CVS: S1/S2 (+) (Pansystolic murmur (+))	
	PA: S/NT	Adv
Lucky [signature] 20/7/24	CNS: (N) cry / tone / activity	1) continue as charted.
		2) w/f distress / tachycardia / desaturation

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
21/7/26 9 AM	S/B - Dr. Yuvaraj	
	Δ - Acute Bronchiolitis.	
	Child reviewed.	
F	- On DBF - feeding well	
	u/o - 3.7 ml/kg/hr	
	I/O 275 + DBF.	
	345 ml	
R-	~~S~~ SpO2 - 100% on 1L/min.	Neb 3% NaCl, Q4H
	RR - 40/min.	Neb Budecort Q4H
	mild SCR (+)	Nasoclear
		Mucolite drops
	RS - b/l AE (+), ~~N~~ ? mumur end exp. wheeze occasionally present.	
	~~PA - Soft, non tender~~	
	~~CS~~ : CXR - (R) Clavicular #	
I -	No fever	
C	S1S2 (+) PSM (+)	
	HR - 130/min while asleep	
	BP - 94/62 mm Hg CRT < 2sec	
H	Hb - 13.7, TC - 8900.	
M-	138/52	
	102 23	

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

(8)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
A -	Soft, Bowel sounds ⊕	
N -	GCS-15/15, NFND	
	Plan :	
	- Plan to taper Oxygen & see	
	- Continue nebulization.	
	Monitor vitals	
21/2/26 12 PM	S/B - Dr Karthik	TKN
	Adv	
	- ↓ O_2 - 0-4 l/min	→ tomorrow try off O_2
	- Shift to ward	
	- Neb 3% NaCl @ 6 H	
	- Chest physiotherapy @ 12 H	
	to continue Nasoclear drops	x Neb Budecort BD

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

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Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/20 4:45PM	S/B Dr. DEEPAK	
	Dx: Acute bronchiolitis	
	Baby reviewed	
	Baby is on DBF + supplementary feed	
	O/E: c/o: cough ↓	
	Child asleep, afebrile	
	CVS: S_1S_2 (+)	
	RS: BAE (+)	
	Minimal wheeze (+), mild SCR	
	RR - 38/min	
	SpO_2 - 100% ↓ 0.4L of O_2	
	P/A: soft	ECHO - (N)
	CNS: NFND	
	IVF - 5ml/hr	
		Rx
		→ Continue as per chart
		→ To monitor vitals / sensorium
		→ To continue O_2 0.4L/min
		→ To continue as per chart
		→ To monitor for respiratory distress
		[signature]

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

30

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
05-05-2026 0 Y 1 M 16 D (F)
Dr. KARTHIK NARAYANAN R

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10 am	S/B Dr. Keerthana	
	Δ: Acute bronchiolitis (Parainfluenza 1)	
	On O_2 via NP @ 0.4L/min	
	RR - 42 SpO_2 - 100% ↓O_2, no retractions	
	chest - clear	
	On 3% NS neb Q6H & budecort neb Q12H	
	Accepting feeds well	
	UO → adequate	
	Off O_2 trial given	
	O/E alert, active	
	AF @ level	
	HR - 135/min S1+1W	
	RR - 42/min -"-	
	SpO_2 - 100% ↓O_2	
	chest - clear	
	CVS - S_1, S_2 +, no murmur	
	P/A - soft, BS+	
	Plan:	
	- Off O_2 trial	
	- Neb c 3% NS Q8H	
	- Neb c budecort Q12H	
	- Nasoclear drops 2° in both nostrils as required.	
	- DBF + FF on demand	
	-	

125882

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/24 4:45pm	S/B Dr. DEEPAK	
	A/Hx: Acute bronchiolitis - Parainfluenza I	
	Child reviewed	
	Child has no new concerns	
	Child taking oral diet well	
	O/E:	
	Child is active, alert, afebrile	
	CVS: S1S2 ⊕	
	RS: VBS ⊕	
	BAE ⊕	
	No Retraction	No Distress
	SpO2 - 99.1 @RA	
	RR - 40/min	
	P/A: Soft	
	CNS: NFND	
		Rx
	Child is off O2 since morning	Continue as per chart
	↓	Neb 3% NACl - Q8H
	No distress	Mucolite drops 0.3ml QTH
		Domstal suspension 1ml QTH
		Neb Budecort 0.5ml Q12H
		TOM Monitor vitals / Saturations
		RR / W/F Respiratory distress
		C. [signature] 11300

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/16 am	S/B Dr. Keerthana	
	Acute bronchiolitis (parainfluenza 1)	
	Baby comfortable on room air No cough - occasionally Accepting feeds well.	
	O/E HR - 125/min <3/60 RR - 42/min -/-/- SpO2 - 99% ↓ RA chest - acc. conducted sounds + CVS - S1, S2 +, no murmur P/A - soft, BS +	
	Plan: d/d/w Dr. Karthik	
	- Discharge today	
	- Nasal saline drops 1° in both nostril before each feed	
	- DBF + FF 60 - 90 ml per feed	
	- Continue vitamin D drops 0.5 ml OD	
	- Postpone 6 weeks vaccination	
	- Review after 1 week c Dr. Somasundaram (primary pediatrician).	
	- Weight @ discharge	
	125882	

Patient Sticker

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It takes a lot to treat the little.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE (F)
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

Docu. No. : RCI

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

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DAILY INVESTIGATION SHEET

Patient Name : .....

Age : ..... Gender ☐ M ☐ F - I.P. No. :.....

Date	Investigation	Ward	Nurse Signature	Bill No.	Received Date & Signature

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

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RESULT SHEET

Date	19/7/26	19/7/26				
Time						
Hb	13.7 ↑					
PCV	40					
RBC	4.37					
WBC	8900					
N/L	30/50					
Platelets	4,47,000					
CRP	<5	<5				
ESR						
PCT						
RBS						
Na	138					
K	5.2					
Cl	102					
Ca/Mg						
Phosphate 1403	/23					
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Resp. Biopsie - Para influenza i positive

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

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DRUG CHART

Date of Admission: 18.05.2026. Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Sign & ..... VERIFIED BY : Name .....

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

I.V. FLUIDS CHART

Weight. 8.89 kg. Ward. HDU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/7/26	12:30 pm	0.9% DNS	IV	12 ml/hr → 10 ml/hr → 5 ml/hr	19/7/26	SD / MV	19/7/26 8 PM		
						TS / 20/7/26			20/7/26
						20/7/26	20/7/26 at 8 PM		21/7/26

VERIFIED BY : Name ..... Signature .....

Pati

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER. Shifted to: HDU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Chandiralega

Date & Time : 18/7/26 @ 11.30 pm

Nurse Name & Signature: Godwin Sarath 016134

Date & Time : 18.07.2026 @ 11.30pm.

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
05-06-2026 0 Y 1 M 15 D (F)
Dr. KARTHIK NARAYANAN R

I. : RCH/ FRM / CLINICAL / 124

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time: 6PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.6F 97.4F 97.9F 98F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140 141 142 12PM

Resp. Rate (bpm) (Over 1 Minute) *: 40 45 49

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild			4PM
Receiving O_2 (l/min)		0.4L/min via Flow		
O_2 Saturations (%)		100	100% @ 0.4L/min O_2	100% @ 0.4L/min O_2	99% @ 0.2L/min O_2
Conscious Level	Normal / Altered			
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials		AN	M	L

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-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 15 D (F)
Dr. KARTHIK NARAYANAN R

: RCH/ FRM / CLINICAL / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/26 Time: 8AM 12PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.9°F 98.0°F 97°F 97.6F 97.9F

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

130

Heart Rate (Number): 145b/m 138b/m 144b/M 147b/M 130b/M

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

70 60 50 40 30 20 10

Resp Rate (Number): 40b/M 40b/m 34b/M 30b/M 44b/m

Resp Distress	Mod/ Severe				
	None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min)		RA	0.4 l/min RA	RA	RA
O_2 Saturations (%)		100%	100%	100%	100
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		PB	PB	V	J

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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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-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 15 D (F)
Dr. KARTHIK NARAYANAN R

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

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.

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
	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	DBF								Breast	0	SD
	05:00 pm									wet	0	SD
	06:00 pm										0	SD
	07:00 pm										0	SD
Total Intake :		three				Total Output :				two		
	08:00 pm										0	AM
	09:00 pm	DBF									0	A
	10:00 pm										0	A
	11:00 pm									~	0	A
	12:00 am	DBF									0	A
	01:00 am										0	A
Total Intake :						Total Output :						
	02:00 am	DBF									0	A
	03:00 am									~	0	A
	04:00 am	DBF					~				0	A
	05:00 am										0	A
	06:00 am									~	0	A
	07:00 am	DBF									0	A
Total Intake :						Total Output :						

Total 24 hrs. Intake	5 times	Total 24 hrs. Output	Bowel open 1 - Urine passed - 3 times

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 15 D (F)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital
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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.

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
22/7												
	08:00 am										0	PV
	09:00 am	DBF								Diaper changed	0	P.V
	10:00 am						✓				0	P.V
	11:00 am	DBF									0	P.V
	12:00 pm									Diaper changed	0	P.V
	01:00 pm	DBF									0	P.V
Total Intake : 3 times DBF						Total Output : 2 times						
	02:00 pm										0	SN
	03:00 pm	DBF								Diaper change	0	SN
	04:00 pm										0	SN
	05:00 pm	DBF									0	SN
	06:00 pm						✓			Diaper change	0	SN
	07:00 pm	DBF									0	SN
Total Intake : 3 time DBF						Total Output : 2 time						
	08:00 pm										0	E·D
	09:00 pm	DBF									0	E·D
	10:00 pm									Diaper	0	E·D
	11:00 pm	DBF									0	E·D
	12:00 am									Changed	0	E·D
	01:00 am	DBF									0	E·D
Total Intake : 2 times DBF						Total Output :						
	02:00 am	DBF									0	E·D
	03:00 am										0	E·D
	04:00 am	DBF									0	E·D
	05:00 am	D1					✓			Diaper Changed	0	E·D
	06:00 am	DBF									0	E·D
	07:00 am										0	E·D
Total Intake :						Total Output :						

Total 24 hrs. Intake	12 DBF	Total 24 hrs. Output	Flushed done 3 times diaper + changed 4 times

GUC-00094038 IP18-000
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute Bronchiolitis.

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure:

Post OP Day:

Section	Date / Shift	18/7/26 N	19/7/26 M	19/7/26 E	19/7/26 N	20/7/26 M	20/7/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	Yes	Yes	Yes	Yes	Yes.	Noted
	Diet:	DBF	DBF (NONPO?)	DBF	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	O2 - 2lit	O2 2lit	O2 2lit/hr	O2 - 2lit	O2 2lit	O2 - 1L
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.8°F	98°F	98°F.	97.8°F	98°F	98.2°F
	Res:	36b/m	26b/m	22b/mts	26b/m	28b/mt	36b/m
	SpO_2:	100%.	100%.	100%	99%.	99%	100%.
	Pulse:	132b/m	114b/m	123b/m	119b/m	128b/mt.	146b/m
	BP:	72/43(48)	99/61(74)	99/62(78)		100/60	90/.
	LOC:	15/15	15/15	15/15	15/15	15/15	15/15
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0/10	0/10	0/10.	0/10	0/10	0/10
	Skin Integrity	26	26	26	26	26.	26
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	NA.	NO	NO	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	[illegible]	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 :	Vishnu	Sharmiladevi	Sreeja	Vishnu	Sreeja	VINO
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	19/7/26	19/7/26	19/7/26	20/7/26	20/7/26	20/7/26
	Time:	@8am	02pm	8pm.	@8am	2pm.	8pm
	Taken Over By Name :	Sharmila devi	Sreeja	Vishnu	Sreeja	VINO	Anitha
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	19/7/26	19/7/26	19/7/26	20/7/26	20/7	20/7
	Time:	08AM	2pm.	@8pm	8am.	2pm	8pm

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute Bronchiolitis			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: NPC			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	20/7/26 N	21/7/26 M	21/7/26 E	21/7/26 N	22/7/26 M	22/7/26 E
	Medical Condition (Any special condition to be noted):	Noted	Noted	Noted	Noted	Noted	Noted
	Diet:	DBF	DBF-EBM	DBF NOW	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	O2	O2-04L	O2-0.4L	O2 0.4	O2-0.4	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.7F	98F	97.6F	97.6F	97.9F	98.2F
	Res:	32bm	32bm	36b/m	44b/m	40b/m	44/m
	SpO_2:	100%.	99%	99%	99%	100%.	100
	Pulse:	128b/m	126	132b/m	149b/m	145b/m	140
	BP:	100/704	90/70	99/78(82)	89/45	—	—
	LOC:	Alert	Alert	Alert	Alert	Alert	Alert
	Fall Risk Score:	15	15	11/10	16	15	15
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	2B	normal	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	BD	BD	BD	BD	BD	BD
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—	—	—
	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 :		Amudha	Steffi	Sharmiladevi	Ramya	[illegible]	Sreemani
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		21/7/26	21/7/26	21/7/26	21/7/26	22/7/26	22/7/26
Time:		8am	8PM	@ 8pm	7.30pm	1.30pm	2pm
Taken Over By Name :		Steffi	Sharmiladevi	Ramya	P.Karthik	Sreemani	Vishnu
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		21/7/26	21/7/26	21/7/26	22/7/26	22/7/26	22/7/26
Time:		8am.	@ 8pm	7.30pm	8A	2pm	@ 8pm

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

GUC-00094038 IP18-000
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 19/7/22.

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							
Night	12 PM	* Assess the Baby's condition * Monitor Vitals. * Maintain I/O chart * Administer Nebulization as per drug chart	& AM	* Assessed the baby's condition * Monitored Vitals. * Maintained I/O chart * Administered Nebulization as per drug chart	Child Vitals stable	Re-assessment done	Nurses Signature

GUC-00094038 IP18-0
Baby JOSHNAA SREE
06-06-2026 0 Y M 12 D
Dr. KARTHIK NARAYA AN R

NURSING CARE RECORD

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

Date: 19/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the child condition vitals monitor I/O chart monitor Administerd medication as per drug chart.		Assessed child condition. vitals monitoring I/O chart monitoring medication given as per drug chart order.	Child vitals stable	Re-assessment done	Pamila 010285
Afternoon	2pm.	Assess the child Monitor vital's Maintain SPO Administed medication.		Assessed the child Monitored vital's. Maintained SPO2. Administered medication.	Child vital's are stable	Reassessment done	[illegible] 010846
Night	8pm	Assess the child condition monitor vital sign maintain I/O chart Administer medication		Assessed the child monitored vital sign Maintained I/O chart Administered medication	Child is stable	Reassessment done.	[illegible] 0338

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094038 IP18-000
Baby JOSHNAA SREE
06-05-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

NURSING CARE RECORD

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

Date: 20/7/26

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	Assess the Child Monitor vital's Maintain I/O Administer medication.	9pm	Assessed the Child Monitored vital's maintained I/O Administered medication	Child vital's are Stable	Reassessment done	Sig 0624
Afternoon	2 pm	Assess the general condition Monitor vital signs Maintain I/O Chart Encourage oral feeds Administer medication as per ord	2 pm	Assessed the general condition Monitored vital signs Maintained I/O chart Encouraged Oral feeds Administered medication as per ord	child vitally are Stable	Re assessment done	Sig 07/26
Night	8pm	* Assessed the child * Monitor vital signs * Maintain I/O chart * Administer medication		Assessed the child Monitored vital signs Maintained I/O chart Administered medication	Child is stable	Reassessment done.	Sig 07/26

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

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	8AM.	Assess the child condition monitor vitals maintain I/O chart administer medication as per order.	9AM	Assessed the child condition monitored vitals maintained I/O chart Administered medication As per order -	Child vitals are stable.	Reassessment done.	[signature] 21/7/26.
Afternoon	2pm	Assess The Child condition Vitals monitor I/O chart monitor medication		Assessed child condition vitals monitoring I/O chart monitoring medication given as per drug chart	Child vitals stable.	Re-assessment done	[signature]
Night	8PM	Assess the child condition vitals monitor I/O chart monit.	10PM	Assess child condition I/O chart monitor Medication given as per the order	Child vital stable	Re Assessment Done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094038 IP18-[illegible]
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes 19/7/26	
19/7/26	12:30 AM	Child received from ER and handover taken from ER staff Shifty Shibu, ISBAR method of hand over followed. Baby is on O2 nasal prongs - 2 litres, PV = (2+), GCS = 15/15, pupils reacting to light reflex, Baby is on direct breast feed demand feed. IVF 0.9% DNS 12 ml/hr is on flow, IV line 24G (RT) Metacarpal patient (+) Due Nebulizations given as per drug chart	M. Vishnu 0215 Hrs
	1 AM	Nebulization given as per drug chart. Vitals monitored and recorded	M. Vishnu 0215 Hrs
	3 AM	Vitals monitored and recorded	M. Vishnu 0215 Hrs
	5 AM	Vitals monitored and recorded. Nebulization given as per drug chart	M. Vishnu 0215 Hrs.
	7:00 AM	Vitals monitored and recorded. The work of breathing is [illegible]. Informed & Dr. Chandralega mam and	

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
		nebulization hypernol given	M. Usha
		as per order	021150
	7.30 PM	Child details handing over	
		given to morning duty S/N	M. Usha
		Sharmila Devi	021150
		Morning Duty 19/7/2026	
	8AM	Child condition taken over by morning	
		Duty Staff Nurse. Child is ON	
		O2 2litter Nasal prongs ON Flow.	Sharmila
		Child condition Handed over Followed By	010205
		ISBAR method. pulse volum 24 bicsl5/15	
		pupil 2mm equally reactive. IV line	Sharmila
		present pattern. IVF DNS 0.9% 10ml	010205.
		ON Flow, RBS OD, Child DBF, Non Pro...	
		given as per doctor's order.	Sharmila 010205.
	8.30AM	Child mild Retraction Heart Rate 202	
		Informed to DR. Keerthana. Advised	
		Child child condition Explain to	
		Child Attender, Child vitals stable.	
		Due medication given as per drug	
		Chart order. Feed 30ml given	Sharmila
		as per order DR. Keerthana.	010205.
	15 10Am	Child seen By DR Kavitha Advice	
		for continue same medication.	
	11AM	Child seen By DR. Karthik sir Advice	
		For. Inj Dexa stat, Adrenalin Neb Stat,	
		Domstal add and continue Forodme	Sharmila 010205

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094038 IP18-C
Baby JOSHNAA SREE
06-06-2026 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

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
		Inj - Dexa given. Neb. Adrenalin given. as per doctor's order.	
	12pm.	Child vitals stable. →	Sharmila 010285.
		Neb - Budecort given as per doctor's order. →	Sharmila 010
	1pm	Child vitals stable pure medication given. Child one Episode Vomiting Informed Dr. Kavitha. →	Sharmila 010285
	1.30 pm	Child condition Handed over to EVENING Duty Staff Nurse	Sharmila 010285
		Evening duty 19/7/26	
	1.30pm.	Handing over taken from morning duty Staff Nurse. Child activities good. oxygen 2 lither going on. vital's checked and recorded. vital's are stable. Nocu. IV line (R). IVF 0.9%. DNS → common continue. Abdomen soft. Stool passed urine output is good. No Distress, tachypnea & tachycardia. continue Monitoring →	[signature] 010279.
	2pm.	Feeding given DBF comments. →	[signature] 01620

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
		→ continue ←	
	4pm.	vital's checked and Recorded	
		vital's are stable Now.	
		Child activities Improved	[signature]
	5pm.	Neb 3% Nacl given.	
		Nasoclear Nasal drops given.	
	6pm.	Continue monitoring. Continue	[signature]
		the same treatment	
	7.30 pm	Handing over given	
		to Night duty staff	[signature]
19/7/26		→ Night duty 19/7/26 ←	
	8pm	Child details taken over	
		from evening duty staff	
		nurse, child is on O_2 nasal	
		prongs @ lit/min, On DBF	
		on demand, IV line ⊕	
		IVF 0.9% DNS 500ml @ 10ml/h,	
		Abdomen soft, tender, RBS	
		OD, child is active & alert	
		Ortho and Echo to do.	[signature]
	9pm	Nebulization given as per	
		drug chart	[signature]
	10pm	DBF on demand sucking	
		well, no vomiting	[signature]
19/7/26	11pm	Dr. Yamini Phone call orders	
		advised Syp -100 drops 0.6ml	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094038 IP18-000
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

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
19/7/26	11:39p	Syp. P-100 drops given as per doctor's order	[signature]
20/7/26	12am	Nebulization given as per doctor's order	[signature]
	3am	Dr. [illegible] sir adviced to taper O2 tomorrow morning	[signature]
	4am	Oral medicines given as per drug chart	[signature]
	4:35am	Dr. Karthik Naraya order advised to continue same line treatment	[signature]
	6am	Nebulization given as per drug chart	[signature]
	6am	Vital signs checked and recorded. Morning care given, eye care. Child had mild [illegible] in R/o eyes	[signature]
	6:30am	Vital signs checked and recorded	[signature]
	7:30am	Child details handed over to next duty staff nurse	[signature]

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
		→ Morning duty 20/7/26 ←	
20/7/26	7.30 am	Handing over taken From Night duty staff Nurse. Child activities good. vital's checked and Recorded. vital's are stable now. No fever spikes. Oxygen ... going on. DBF + Nan pro 2 to 3rd hrly once. No Diapper rash. urine output good.	[signature] 01/6/29
	8am.	vital's checked and Recorded. No Distress No tachycardia.	[signature] 01/6/29
	9am	Neb 3% Nacl given.	
	10.30 am	Feeding given DBF + Nan pro 10ml given.	
	11am	Diapper changed urine passed. Syp Domstal given for oral	[signature] 01/6/21.
	11.20 am	Seen by Dr. Karthik Sir. Advice:- continue monitoring To start physio today 3D Echo screening & ortho opinion. observe today O_2 → Reduce 1 lither.	[signature] 01/6/2...

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094035 IP18-00
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

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

NURSES NOTES
(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
20/7/26	1pm	medications given as per as doctor's order. continue monitoring. follow the drug chat order. [signature]
	1.30pm	Handing over given to Evening duty staff. [signature]
		Evening duty on 20/7/26
20/7/26	1.30pm	the child detail hand over taken from morning duty staff. The child is on oxygen support NP-1L, GCS-15/15, PY-2⊕, pupils are B/L equally reacting to light 2mm, ⊕ Metacarpal periphery live ⊕ pattern, CFT-3sec, vitals are Temp-97.8°F, HR-160 b/m, RR-38 b/m, BP-81/51(61), SpO_2-100%, the child orally Nanpro-20ml taken no vomiting & desaturation. → [signature]
	2pm	Dr. Suchitra seen the child, the clavical fracture healing done, no need to do anything & monitored vital signs. → [signature]
	3pm	The child passed urine diaper changed & rash cream applied, chest physio done. → [signature]
	5pm	The child orally DBF taken no vomiting & desaturation, 2D Echo consultation done → [signature]
	6pm	Administer nebulization as per order, maintain I/O chart, monitored vital signs. → [signature]
	7.30pm	Hand over given to night duty staff GN Anushka → [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ......Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
20/7/26		→ Night duty on 20/7/26 ←
	8pm	Child details taken over from evening duty staff nurse, Child is on O_2 1Lit via nasal prongs, PV 2x, Child is alert and active, on DBF / nanpro demand feed, Abdomen soft, IV line patent, RBS OD, Chest physio BP, oral medicines continue, Echo ⓔ awaited. [signature]
	8:30pm	The oral medication given as per drug chart order. [signature]
	9pm	Nebulization given as per drug chart. [signature]
	10pm	Vital signs checked and recorded
	11pm	Dr. [illegible] seen the child advised to continue same line treatment. [signature]
21/7/26	2am	Nebulization given as per doctors order. [signature]
	4am	Oral medicines given as per drug chart [signature]
	5:30am	Nebulization given, followed by morning care baby wt : 3.866 kg RBS – 98 mg/dl [signature]
	6am	Vital signs checked and recorded

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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
21/7/26	7:30am	Child details handed over to next duty staff nurse	[signature]
		Morning duty on 21/7/26	
	8AM.	Child detail hand over from night duty staff. The child is on oxygen support NP-1L/min child is Alert, GCS 15/15, pupils are B/L equally reacting to light, movement of all limbs, no fever & hypoxia, vitals are stable T-98.4°F, HR-155b/m. BP-111/71 (80)mmHg. SpO₂-100% maintaining. child is taken DBF no vomiting & distension →	[signature]
	9AM.	Nebulisation given as per order. Vitals are stable →	[signature]
	10AM.	Low flow changed. O₂-0.8L/min advised from Dr. Kavitha mam. SpO₂-100% maintaining →	[signature]
	11AM.	Physiotherapy given. Vitals are stable, I/O chart maintained	[signature]
	12:30pm.	Dr. Karthik sir seen baby. Advice for ward shift. O₂ reduced 0.4L/min → Tomorrow - nebulisation given as per order due medication given →	[signature]

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
21/1/26	1.30pm	child Hand over given to next duty staff →	[signature]
		EVENING Duty 21/01/2026	
	2pm	Child condition taken over By Evening Duty Staff Nurse. Child condition Handed over Followed By ISBAR method. Child is ON O2 0.4 Litter Nasal prongs ON Flow. Child conscious oriented pulse volume 2+ b/cs 15/15 pupil 2mm equaly reactive. IV line present pattern. RBS OD. child Food DBF or NAN PRO Stage 1. 30ml hourly given. Child vitals stable. Due medication given as per drug chart order. →	Sharmila 00285
		Child seen By DR. Karthik Advice for room Shifted. Billing cleared Billing Staff Santham. →	Sharmila 00285
		Child vitals Stable. Due medication given as per drug chart order.	Sharmila 00285
	2.30 pm	Child condition Handed over to ward Staff Nurse. SN. Nirmal →	Sharmila 00285

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 15 D (F)
Dr. KARTHIK NARAYANAN R

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes.	
21/7/26	2.30pm	Handover Received from HDU staff. SN Sharmila. Child is active and oriented. IV line present. O2 - 0.4Lit. on flow. Tomorrow O2 - stop. plan. Physio BD.	Sony 01...
	4Pm	Checked vital signs and recorded.	Sony 01558
	7pm	Administered due medication as per chart and recorded. Monitored input and output chart and recorded.	
	7.30pm	Handover given to night Duty staff	Sony 01558.
	7:30PM	Night duty ON 21/7/2026: child Condition and details handing Over taken from Evening duty staff Nurse baby is Conscious Oriented GCS 15/15. Bowel Opended Urine passed	
	8PM	vital signs are Monitored & Recorded. H.D stable	
	9P.M	Provide Comfort Position and DBF Option done	

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10PM	due Medications will be given	
		as per the Drug chart	
22/7/26	12AM	Nebulaization 3% NACL	
		and Budesonide given done	
	2AM.	baby is sleeping well	
		comfort positioning	
	4AM.	Recheck the vital and	
		tem: H D stable Maintains	
	5AM	Contine the O2 0.4 Lt on	[signature] 021875
		watch vitals and SpO2 line	
	6AM	medication and personal	
		& Oral Care given done	
	7AM	Encourage DBF and	
		Nutritional status Improved	
	7:30AM	Medications given as	
		per the orders follow	
		child conditions and	
		details handing over	
		given to Morning duty	
		Staff Nurse	[signature] 021875
		Morning duty	
22/7/26	7-30AM	Child details handover	
		taken over from Night to	
		morning duty, child is	
		O2 - 0.4 Litre, Nebulizati	
		Budecort Q12H, NB 3% Nacl Q6H	P. [signature] 600261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
05-06-2026 0 Y 1 M 16 D (F)
Dr. KARTHIK NARAYANAN R

NURSES NOTES

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☐ Drug Allergies ....NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	8.00 Am	Contine Notes child vitals checked and Recorded. SPO_2 - 100% Maintaned, due medication given 6Am / CP ++ / PP ++ / CFT <2sec	P. Kanmoz 607261.
	10.00 Am	Dr. Keerthana mam come and see advised stop O_2 - SPO_2 - 97% - 100%. maintained without O_2 Reassessment 12 pm	P. Kanmoz 607261
	11.00 Am	Child Nasoclear Nasal drops given both nostrills	P. Kanmoz 607261
	12.00 pm	Child due medication Neb Budecort given Vitals checked and Recorded SPO_2 - 100% maintained 12pm / CP ++ / PP ++ / CFT <2sec	P. Kanmoz 607261
	12.30 pm	child seen by Dr. Keerthana mam Reassessment done. Neb. Budecort 0/12H, Neb. 3% Nacl changed 08H Tommorrow Discharge plan, Intake/output Maint	P. Kanmoz 607261

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☐ Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	1.30pm	patient details / handover given to evening duty staff	[signature] 60926
		Evening duty on 22/7/26	
	1.30 pm	Patient report taking over from morning duty staff.	[signature]
	2pm	patient was conscious & oriented well taking orally & voiding well. Vital signs are checked & recording maintained I/O chart. general condition is fair	[signature]
	4pm	due medication given as per order. To have patient O/S neb. [struck through] 3% NaCl kept as per order.	[signature]
		4pm: CP ++ ; PP ++ ; CSF 2000	
	6pm	Vital sign are checked & further maintained I/O chart. General condition is fair	[signature]
	7pm	pt report handed over to (N) duty staff	[signature]
		Night duty on 22/7/26.	
	7:30pm	child condition details handing over taken from Evening Staff Nurse. ISBAR method of hand over followed	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7	12:30 AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Vishnu 021504
19/7	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Shamili 080725
19/7	4PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	161241
20/7	12AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0034
20/7	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	161245
20/7	4PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	161252
21/7	12PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	232807
22/7/26	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
22/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	607261
22/7/26	2PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	090526

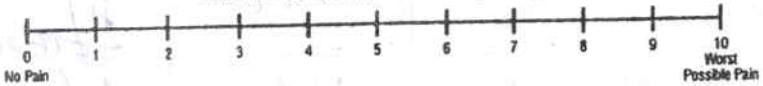
Re-assessment Frequency:

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 16 D (F)
Dr. KARTHIK NARAYANAN R

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PAIN ASSESSMENT FORM

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22/7	10pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature] 02150
23/7	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
23/7	10AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	Nil	[signature] 60353
				☐ 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		
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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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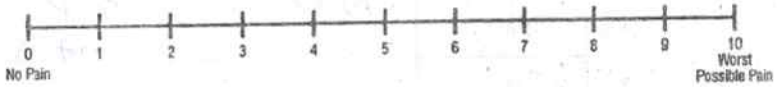

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Patient's GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
MRD NO 06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R
Age :.....
Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 18.07.2026 Time: 11:40pm
Location : (R) Mothacarpal
Size : 24G
Cannula inserted by : S/N shibu

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
18/7	11:40pm	☐Yes ☐No	☐Yes ☐No	pattern	
19/7	1 AM	☐Yes ☐No	☐Yes ☐No	path	
	3 AM	☐Yes ☐No	☐Yes ☐No	path	
	5 AM	☐Yes ☐No	☐Yes ☐No	path	
	7 AM	☐Yes ☐No	☐Yes ☐No	path	
	9 AM	☐Yes ☐No	☐Yes ☐No	pattern	
	11 AM	☐Yes ☐No	☐Yes ☐No	pattern	
	1 PM	☐Yes ☐No	☐Yes ☐No	observe	
	3 PM	☐Yes ☐No	☐Yes ☐No	observe	
	5 PM	☐Yes ☐No	☐Yes ☐No	observe	
	7 PM	☐Yes ☐No	☐Yes ☐No	observe	
	9 PM	☐Yes ☐No	☐Yes ☐No	path	
	11 PM	☐Yes ☐No	☐Yes ☐No	path	
20/7	1 AM	☐Yes ☐No	☐Yes ☐No	path	
	3 AM	☐Yes ☐No	☐Yes ☐No	path	
	5 AM	☐Yes ☐No	☐Yes ☐No	path	
	7 AM	☐Yes ☐No	☐Yes ☐No	path	
	9 AM	☐Yes ☐No	☐Yes ☐No	observe	
	11 AM	☐Yes ☐No	☐Yes ☐No	observe	
	1 PM	☐Yes ☐No	☐Yes ☐No	observe	
	3 PM	☐Yes ☐No	☐Yes ☐No	observe	
	5 PM	☐Yes ☐No	☐Yes ☐No	observe	
	7 PM	☐Yes ☐No	☐Yes ☐No	observe	
	9 PM	☐Yes ☐No	☐Yes ☐No	observe	
	11 PM	☐Yes ☐No	☐Yes ☐No	observe	
21/7	1 AM	☐Yes ☐No	☐Yes ☐No	observe	
	3 AM	☐Yes ☐No	☐Yes ☐No	observe	

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

CANNULA 2

Date : 18.7.26 Time: 11:40pm
Location : (R) metacarpal
Size : 24G
Cannula inserted by : SN Shiba.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
21/7	5 AM	☐Yes ☐No	☐Yes ☐No	observe	
	7 AM	☐Yes ☐No	☐Yes ☐No	observe	
	9 AM	☐Yes ☐No	☐Yes ☐No	observe	
	11 AM	☐Yes ☐No	☐Yes ☐No	observe	
	1 PM	☐Yes ☐No	☐Yes ☐No	observe	
	3 PM	☐Yes ☐No	☐Yes ☐No	pattern	
	5 PM	☐Yes ☐No	☐Yes ☐No	u	
	7 PM	☐Yes ☐No	☐Yes ☐No	u	
	9 PM	☐Yes ☐No	☐Yes ☐No	path	
	11 PM	☐Yes ☐No	☐Yes ☐No	path	
	1 AM	☐Yes ☐No	☐Yes ☐No	path	
	3 AM	☐Yes ☐No	☐Yes ☐No	path	
	5 AM	☐Yes ☐No	☐Yes ☐No	path	
	7 AM	☐Yes ☐No	☐Yes ☐No	observe	
	9 AM	☐Yes ☐No	☐Yes ☐No	observe	
	11 AM	☐Yes ☐No	☐Yes ☐No	observe	
	1 PM	☐Yes ☐No	☐Yes ☐No	observe	
	3 PM	☐Yes ☐No	☐Yes ☐No	observe	
	5 PM	☐Yes ☐No	☐Yes ☐No	path	
	7 PM	☐Yes ☐No	☐Yes ☐No	path	
	9 PM	☐Yes ☐No	☐Yes ☐No	path	
	11 PM	☐Yes ☐No	☐Yes ☐No	path	
	1 AM	☐Yes ☐No	☐Yes ☐No	path	
	3 AM	☐Yes ☐No	☐Yes ☐No	path	
	5 AM	☐Yes ☐No	☐Yes ☐No	path	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE :
- To be assessed within 30 minutes of insertion.
- Every 2 hours if on fluid infusion.
- Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)..... Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

NOTE :
- To be assessed within 30 minutes of insertion.
- Every 2 hours if on fluid infusion.
- Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)

0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: * Slight pain near I.V. site or slight redness near I.V site	TWO of the following is evident: * Pain near I.V. Site * Erythema * Induration	ALL of the following is evident: * Pain along path of cannula * Erythema * Induration	ALL of the following is evident and extensive: * Pain along path of cannula * Erythema * Induration * Palpable venous cord	ALL of the following is evident and extensive: * Pain along path of cannula * Erythema * Induration * Palpable venous cord * Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

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	N DATE 18/7	M DATE 19/7	E DATE 19/7	N DATE 19/7	M DATE 20/7
Age	Less than 3 years old	4	4	4	4.	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2			2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15.	15	16	16	16

Intervention:

-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		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✗	✗	✗	✗
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		19/7	19/7	19/7	19/7	20/7
Time:		1 AM	8AM	2pm	8P	8AM.

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
08-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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

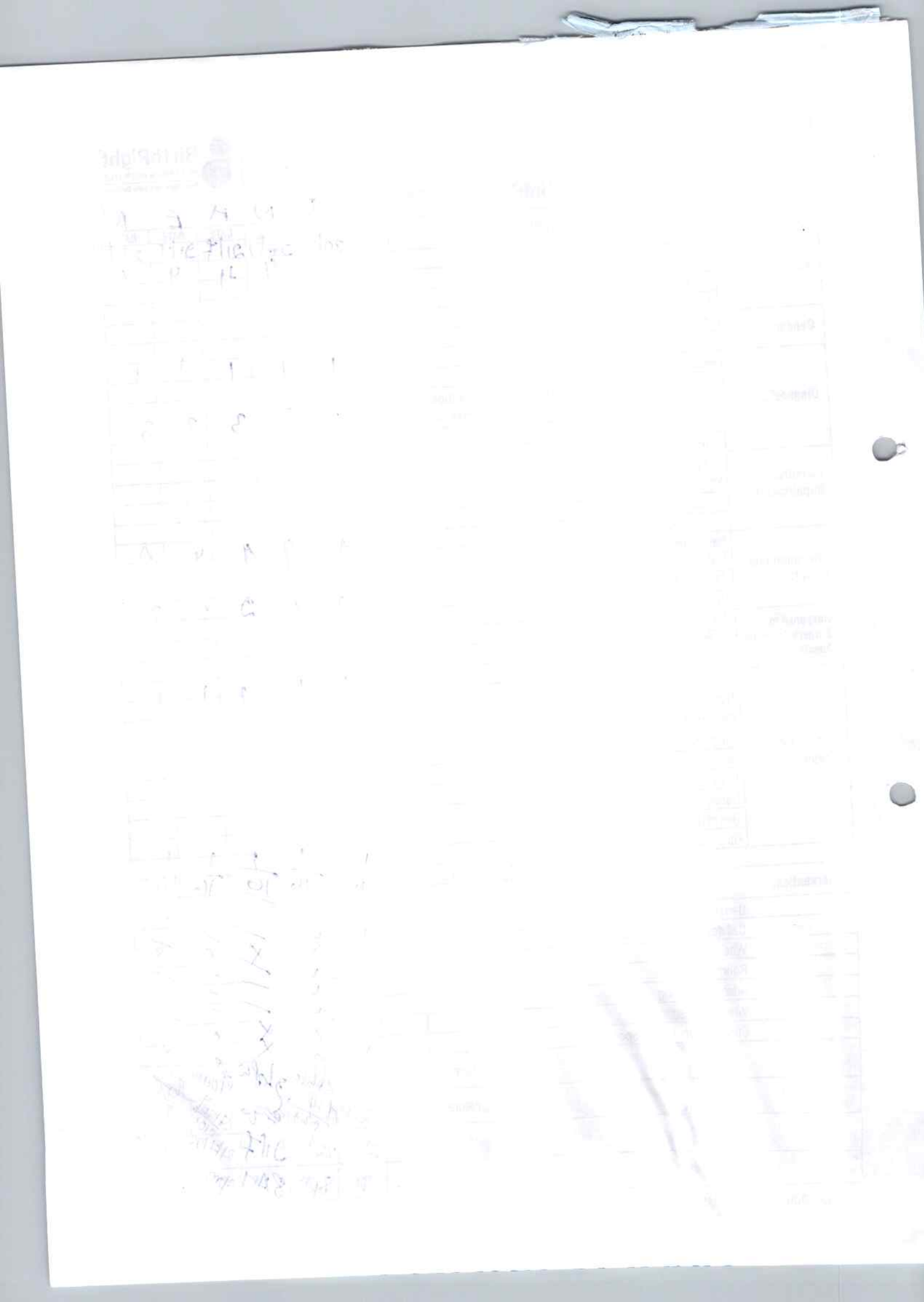
THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE E 20/7	DATE N 20/7	DATE H 21/7	DATE E 21/7	DATE N 21/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	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					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		16	16	16	16	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		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✗	✗	✗	✗
Nurse's Name:		Vino	Ahlas	Lakshmi	Sharmila	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		20/7	20/7	21/7	21/7/26	21/7/2
Time:		2pm	8pm	8AM	2pm	1 AM

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



GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 16 D (F)
Dr. KARTHIK NARAYANAN R

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 22/7 (M)	DATE 22/7	DATE 22/7 (N)	DATE 23/7 (M)	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	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	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
	Total		16	16	16	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		✗	✗	✗	✗	
Other Intervention(s) Specify		✗	✗	✗	✗	
Nurse's Name:		P.V	[illegible]	[illegible]	SP	
Signature:		P.V	[illegible]	[illegible]	SP	
Date:		22/7	22/7	22/7	23/7	
Time:		8AM	2P	8pm	8AM	

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

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

Patient Name : ....

Age..........

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

					Date :	N 18/7	M 19/7	E 19/7	N 19/7
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.		4	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.		3	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.		3	3	3	3
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	3	3	3
				TOTAL SCORE		26	23	23	23
				Evaluator's Name		Vishs [illegible]	Shanthi [illegible]	[illegible]	Vishs [illegible]

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094038 [illegible]-000
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYANAN R

/BRD-Q/NSG/04

Patient Name : .....

Age..... Gender : D .....

				Date :	20/7	20/7	20/7	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 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.	3	3	3	3
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.	3	3	3	3
				TOTAL SCORE	23	28	23	23
				Evaluator's Name				

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 14 D (F)
Dr. KARTHIK NARAYANAN R

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

Patient Name : .....

Age.....

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 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 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.	3	3	3	3
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.	3	3	3	3
				TOTAL SCORE	23	23	23	23
				Evaluator's Name				

Date :	21/7 E	21/7	22/7 M	22/7 E

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

Patient ID

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 23/7			
				Time : AM			
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		
"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		
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		
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		
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		
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.	3		
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.	3		
				TOTAL SCORE	23		
				Evaluator's Name	SP		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

Patient Sticker

GUC-00094038 IP18-00036523
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D (F)
Dr. KARTHIK NARAYANAN R

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
18/07	11:40 pm	127 mg/dl	-	Hrs 17890
19/7/26	6 AM	92 mg/dl	IVF 0.9% DNS	21582
20/7/26	6am	101 mg/dl	"	21034
21/7/26	6am	98 mg/dl	DAF Formula feed.	021389

GUC-00094038 P18-000
Baby JOSHNAA SREE
06-06-2026 0 Y 1 M 12 D
Dr. KARTHIK NARAYA AN R

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 19/7/26 @ 12:30 AM.

Source of Admission: ☐ OPD ☑ Ward ☐ Other: ER.

Reason for Admission: Further treatment.

Admission Diagnosis: Acute Bronchiolitis.

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Other Specify Tamil.

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Source of Information: ☑ Family ☐ Patient ☐ Others, Specify

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
–	–	–

Family History: Nil.

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list,

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☑ Yes ☐ No

CURRENT MEDICATIONS

Taking Medications? ☑ Yes ☐ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☑ Yes ☐ No

Observations: Weight: 3.89 kg Length: Head Circumference (< 2 years):

Temp.: 98.4 F HR: 150 b/m RR: 46 BP: 72/46 (53)

Pain Score: 0/10 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 15 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26.) (Document in the Braden Q Assessment Sheet)

Patient Sticker

Behavioural Status on Admission :

☐ Sleeping ☑ Crying ☐ Calm ☐ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: NIL (Date/Time):

Social History: Lives With Parents.

Siblings in household ☐ Yes ☑ No (if yes How Many?)

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Name: Vishva Sri Nurse Signature : [signature] D.215847

Date & Time: 19/8/26 @ 12:30pm.

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis:

Nurse Name: Nurse Signature :

Date & Time:

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CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I ..... S/o Mr./ Ms .....
hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's Hospital on ..... with UHID No. : .....

The doctors have explained to me in a language understood by me that my child has following health related issues : .....

Acute Bronchiolitis.

.....

The doctors have clearly explained to me that my patient Mr./ Ms. ..... during his / her stay in the PICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, central line insertion, PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU with multiple medical and surgical procedures performed upon him / her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms :..... ..... in the PICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....

Name : S. Suriya

Relationship with Patient: Father

Date & Time : 19/7/2026 00 1 Am

Witness :

Signature : V. Meena

Name : V. Meena

Date & Time : 19/7/26 @ Hours

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Chandiraleep

Date & Time : 19/7/2026 00 1 Pm

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

FLOOR- 6th FLOOR NAME OF CONSULTANT-

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

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY RECORD FOR BILLING

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Name: Mrs:- YAMINI SURESHBABU

UHID No: 85288 IP No: 36562 Consultant: Dr: mathangi Dept: LDR

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
21/7/26	7:30PM	LDR	6th floor	[illegible]
21/7/26	9.30pm	6th floor	LDR	[illegible] 21/7/26

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
23/7/26	CBC	~~23657~~	[signature] 01/7/29

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	CTG (1)	/		009864	Akalya 0180
21/7	CTG (2)	/		009864	S/Akalya
22/7	CTG (3)	/		009873	Shalini 0140
22/7	CTG (4)	/		009873	Shalini 0140
22/7	CTG (5)	/		009873	Shalini 0140
22/7	CTG (6)	/		009873	Shalini 0140
22/7	CTG (7)	/		009873	Shalini 0140
22/7/22	Infusion Pump	8AM	6pm	1731283	Rani 0160
	CTG (8)	/		009900	Rani 0160
	CTG (9)	/		009900	Rani 0160
	CTG (10)	/		009900	Rani 0160
	CTG (11)	/		009900	Rani 0160
	CTG (12)	/		009900	Rani 0160
	CTG (13)	/		009923	Akalya 0180
	CTG (14)	/		009923	Akalya 0180

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV placement	(1)	730944	
23/7/26	Physiotherapy	(1)	731727	
23/7/26	diet counselling including diet analysis	(1)	731727	

ANY OTHER INFORMATION:

Kiwi Assessed vaginal delivery
Date: 21/7/26.
Time:- 1:45pm to 2:45pm
Duration: 1hr
Dr. mathagi
Dr. Vinitha
Dr. Jayaveena

Date: 23/7/26 Time: 7am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

DR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		25/7/16 at 10AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

PARTOGRAPH

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
06-04-1999 27 Y 3 M 16 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR

Labour: ☐ Spont ☐ IOL-PGE 1 ☑ E2 ☑ Others

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: Single loop of cord tight around the neck

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

Del. Type: ☐ SVD ☐ Asst. Breech ☐ Twins

AVD: ☐ Outlet ☐ Low Forceps ☑ Ventouse Kiwi
☐ Trails of Forceps

Indications: LOT / Persistent deceleration / poor maternal efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl & 1-0 vicryl

STAGE III

Placenta: ☑ Normal ☐ Abnormal ☐ RP Clots
☑ CCT ☐ Retained ☐ MRP

PPH : ☑ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: 500ml

Blood Transfusion: -

Other Details (if any): .....

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 6 hours

2nd Stage: 6 mins

3rd Stage: 5 min

Duration of Active Pushing: .....

No. of VE'S: .....

BABY DETAILS

Gender: Girl

Weight: 2.914 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 22/07/2022, 2:12 pm

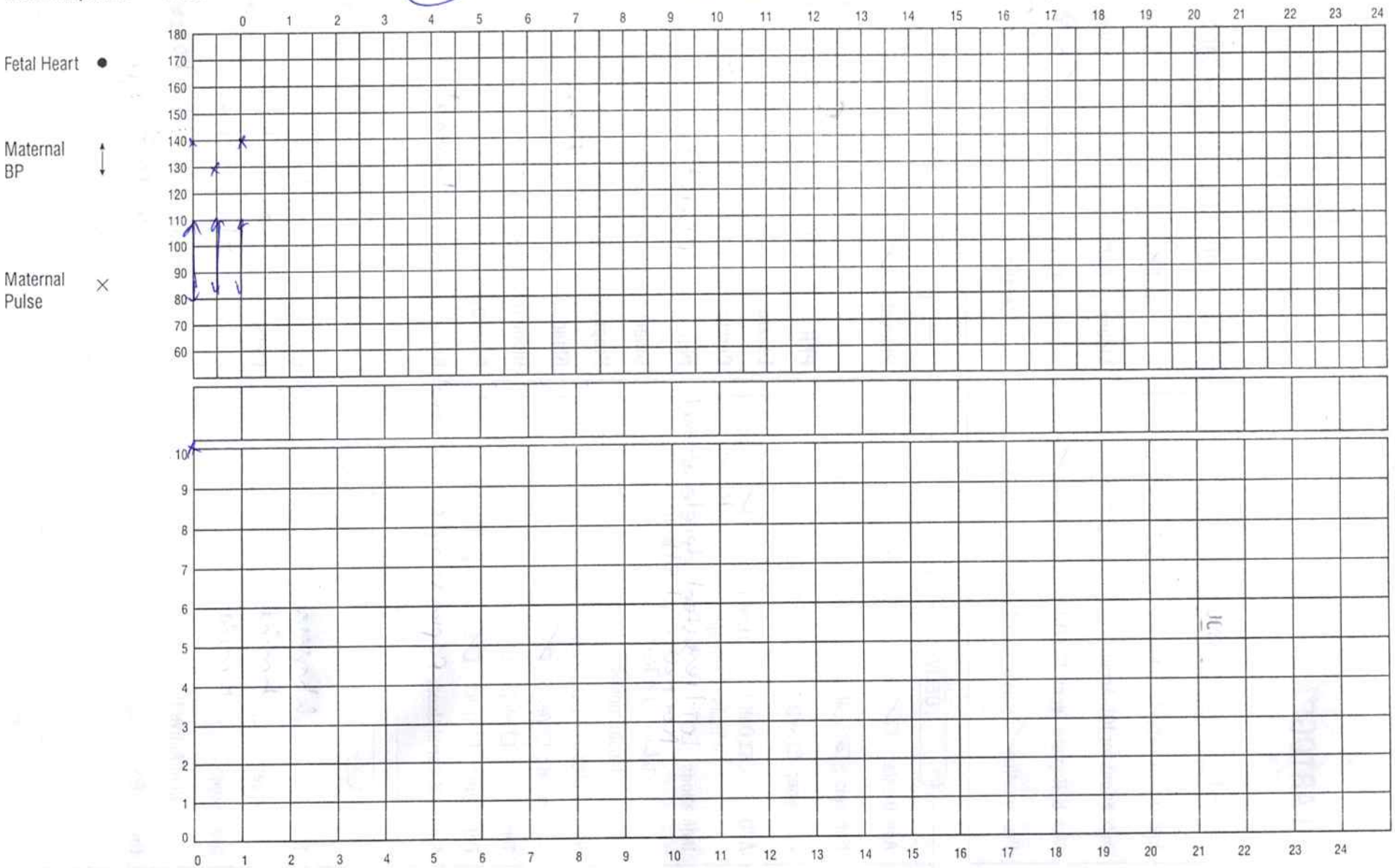
LW Doctor: Dr. Mathangi

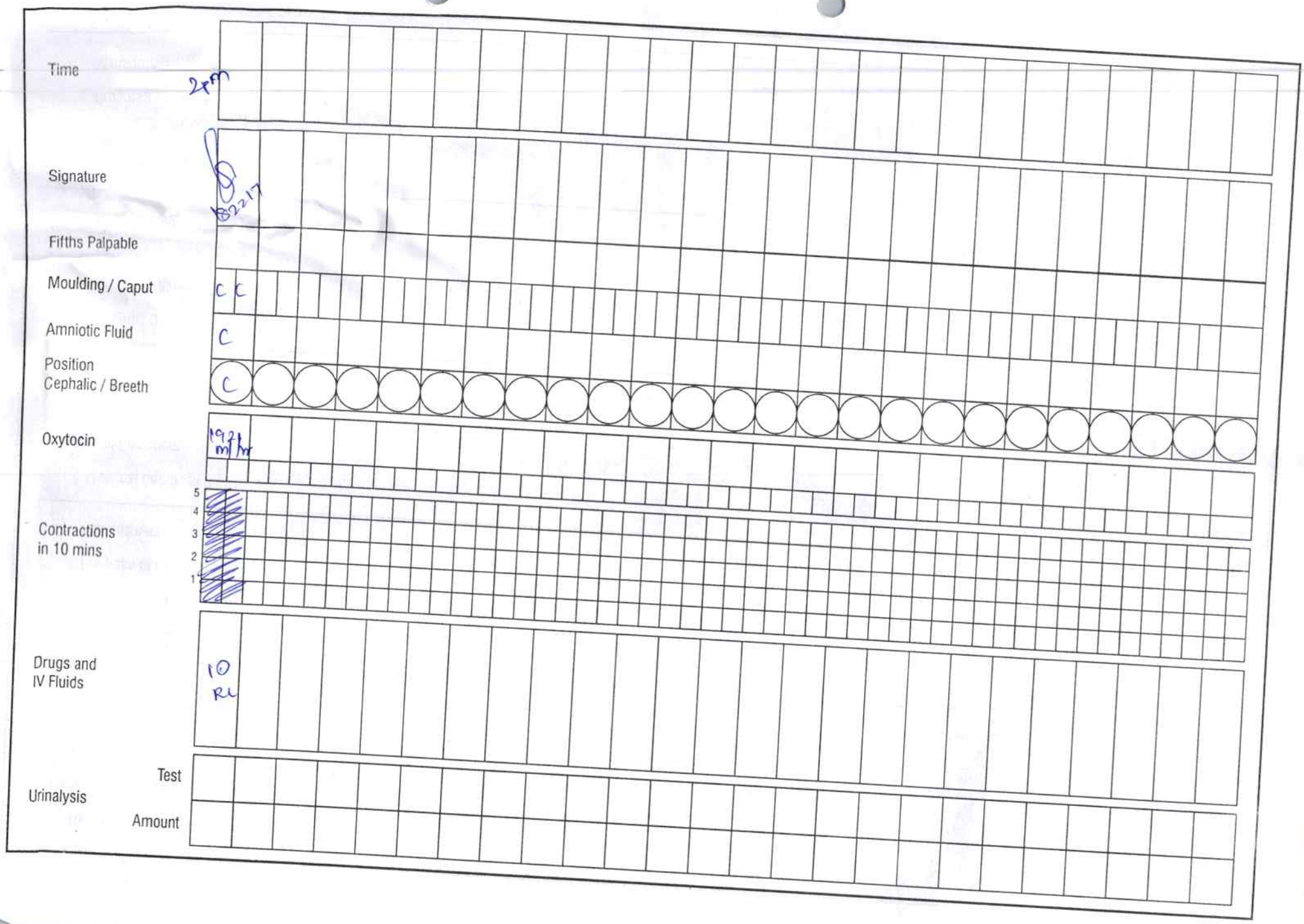
LW Sister: .....

PARTOGRAPH

Name: Mrs. Yamini Sureshbabu Obstetrics Formula: Primi Blood Group Type: B-POSITIVE

Memb. Ruptured: SROM PROM (ARM) Risk Factors: GDM on MNT




Time
2pm
Signature
B2217
Fifths Palpable
Moulding / Caput
C C
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
1gtt
m/hr
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
10
RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

Time: ..... Signature: .....

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label		
GUC-00085288 IP18-00036562 Mrs YAMINI SURESHBABU 06-04-1999 27 Y 3 M 16 D (F) Dr. MATHANGI RAJAGOPALAN	OBSTETRICIAN	Dr. Mathangi
	ANAESTHETIST	
	ASSISTANT	Dr. Vinitha
	DATE	22/07/2026
	TIME	2:12pm
	PLACE	(LABOUR WARD) / THEATRES

CONSENT	EPISIOTOMY	BLADDER EMPTIED?
(VERBAL) / WRITTEN	(YES) / NO	FOLEY IN/OUT (NO)
ANALGESIA (LOCAL) / PUDENDAL AMOUNT USED ____ MLS OF 10ml EPIDURAL / SPINAL GA	**CTG** (NORMAL) / SUSPICIOUS / PATHOLOGICAL Persistent deceleration (WRITE FULL DETAILS IN MAIN NOTES IF NOT NORMAL CTG)	**LIQUOR** (CLEAR) /BLOOD STAINED/ MECONIUM **ABDOMINAL FINDINGS** 0 /5 PALPABLE

VAGINAL EXAMINATION

NUMBER OF CMs DILATED 10cm

STATION OF PRESENTING PART -1 / 0 / +1 / (+2) / +3

POSITION DOA / LOA / ROA / ROP / LOP / DOP / (LOT) / ROT

CAPUT (0) + ++ +++

MOULDING (0) + ++ +++

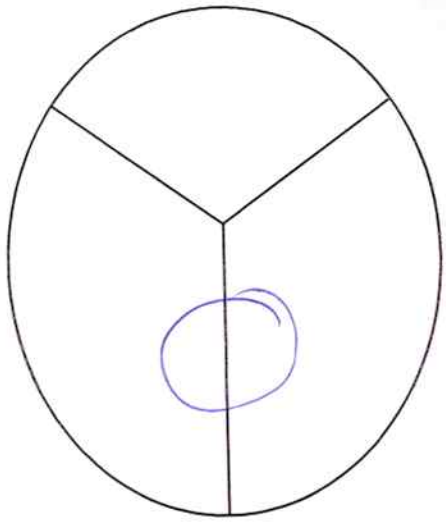
INSTRUMENT USED

(KIWI CUP) / NEVILLE BARNES / WRIGLEYS / KIELLANDS / SIMPSONS

MANUAL ROTATION	TIME OF APPLICATION	No. OF TRACTIONS
YES / (NO)	2:11 pm	1
ABANDONED YES / (NO) (FULL DETAILS IN NOTES)	**TIME OF DELIVERY** 2:12 pm	**LENGTH OF DELIVERY** -

Brief description of delivery and perineal repair.

(Please mark ventouse position on diagram)



EXTENT OF TEAR EPISIOTOMY / 1ST degree / 2ND degree / 3A / 3B / 3C / 4TH degree (If 3rd or 4th, please complete proforma)

SUTURE MATERIAL USED	**SUTURE TECHNIQUE**	**PR**	**PV**
2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER? Rapid vicryl 2-0 vicryl	CONTINUOUS/INTERUPTED SKIN CLOSED? YES/NO	YES / NO	YES / NO

FOLEY CATHETER	**SWAB COUNT**		**ANTIBIOTICS**	**ANALGESIA**
YES NO REMOVE .... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	PRE – REPAIR Correct POST – REPAIR Correct		YES / NO (PRESCRIBE ON DRUG CHART)	YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO		

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 : IP18-00036562 **Admit Date** : 21-Jul-2026 **Admit Time** : 02:10 PM **UHID** : GUC-00085288

Patient Details :

Patient Name	: Mrs YAMINI SURESHBABU	**Age**	: 27 Y 3 M 15 D
Guardian	: Mr KARTHIK GAJENDRAN	**DOB**	: 06-04-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016	**Phone No**	: 9840309932/ 7200690512
		E-mail	: YAMINISURESH6@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 806 **Ward Name** : 8F-OT COMPLEX

Room No : PRE OP 806 **Admission Type** : First Visit

Contact Details :

Name : Mr KARTHIK GAJENDRAN **Relationship** : Husband

Contact Address : 5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016 **Phone No** : 9840309932

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.00

Payor Name : SELFPAY

Time : 21/07/2026 14:11 Printed By : 021591

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs YAMINI SURESHBABU**	**Age :**	**27 Y 3 M 15 D**
IP No:	**IP18-00036562**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/PRE OP 806**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the c 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: KARTHIC GAJENDRAN

Relationship: > HUSBAND

Date: 21-07-2026 Time: 02:16

Witness Name: ASWIN

Witness Signature:

Patient Address:

5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016

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 : > YAMINI SURESHBABU	UHID Number : 85288
Self/Attendant Name : > KARTHIK GAJENDRAN	Relation : > HUSBAND
Self/ Attendant Signature : > Phone Number : > 7200690512	Name & Signature of Financial Counselor

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085288 IP18-00036562
Mrs YAMINI SURESHBABU
Patient Nar 06-04-1999 27 Y 3 M 15 D (F)
Dr. MATHANGI RAJAGOPALAN
Gender: F

..... UHID No : .....

Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: .....

Consentee :

Signature : .....

Name : S. YAMINI

Date & Time : 21.07.26 4.30 PM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : KARTHIK. M

Relationship with Patient: HUSBAND

Date & Time : 21/7/26

Doctor (who is taking the consent) :

Signature : 12/11/3

Name : Dr. Vinith

Date & Time : 21/7/26