GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital

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ACTIVITY RECORD FOR BILLING

Name: B/O Karthika

UHID No: 94449 IP No: 36673 Consultant: Dr. Padmapriya Dept: LDR

Date of Admission: 29/7/26 Time: 1:15pm Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/26	4:30pm	LDR	7th floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/7/26	Blood grouping	26024298	Abaug 018080
29/7/26	RBS	26024319	Abaug
29/7/26	RBS	26024531	018080

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/7/26	O.A.E	(1)	0001735213	607778

ANY OTHER INFORMATION:

Date: 31/7/2026 Time: 6:00 PM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
607778			

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	31/7/26 @ 11:15am		Sowmya		
	INTIME	OUT TIME			
Arrangement of File by Nursing	31/7/26 @11:15am		Sowmya		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

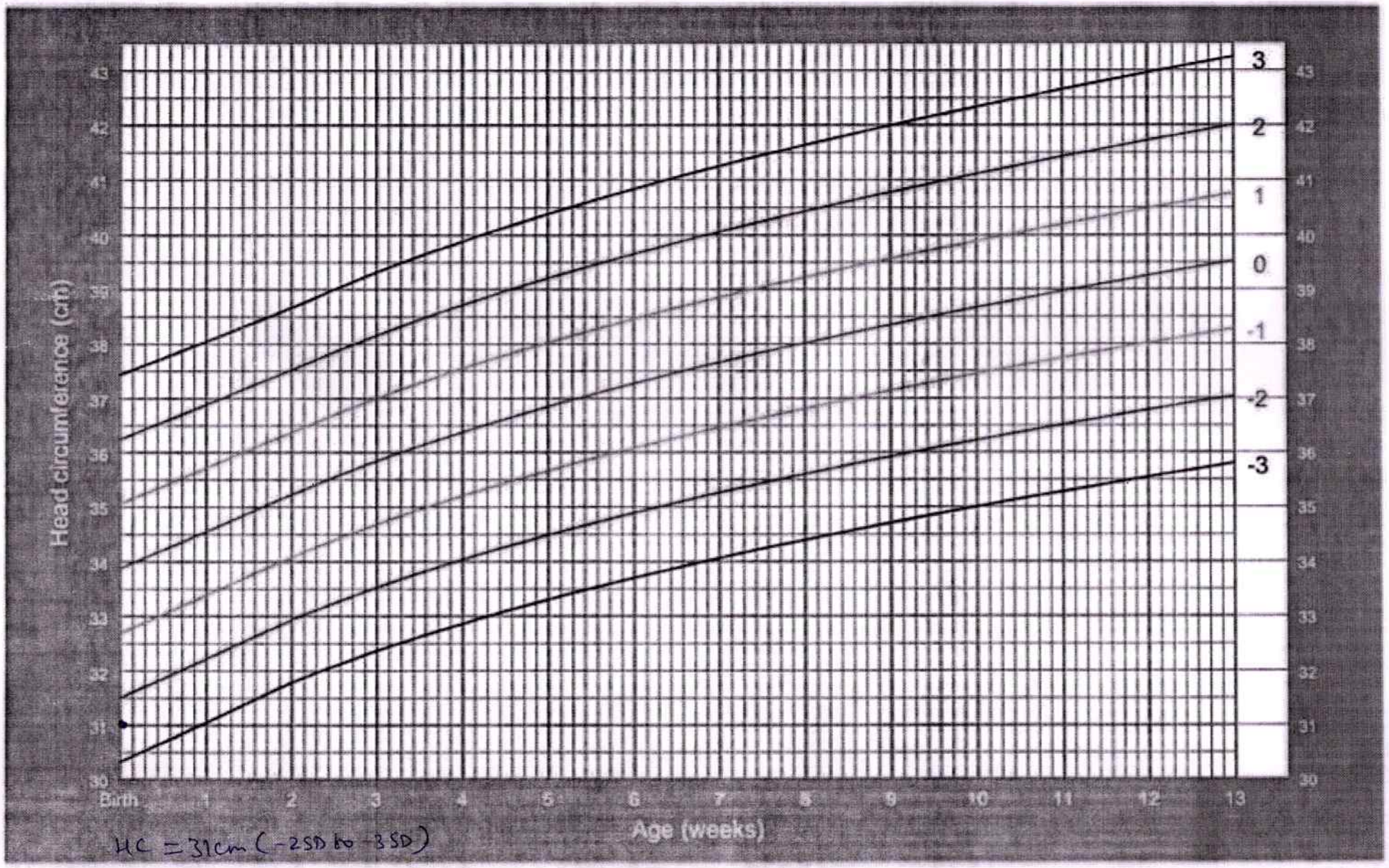
T. wt : 2.637 kg
HC - 31.5 cm
Length - 48 cm

B/O KARTHIKA TWIN - II

Head circumference-for-age GIRLS

World Health Organization

Birth to 13 weeks (z-scores)



HC = 31cm (-2SD to -3SD)

WHO Child Growth Standards

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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BED SIDE CHECK LIST FOR NURSES

Date:	29/7	30/7	31/7						
Doctor's Orders	ye	Yes	Yes						
Carried out or not	ye	Yes	Yes						
Bed Side									
Structured Handover done	ye	Yes	Yes						
IV Site	NA	NA	NA						
Central Lines	NA	NA	NA						
Arterial Lines	NA	NA	NA						
Feeding Catheter	NA	NA	NA						
Urinary Catheter	NA	NA	NA						
Skin Care	ye	Yes	Yes						
Eye Care	ye	Yes	Yes						
Mouth Care	ye	Yes	Yes						
Sterillum Bottle, Stethoscope	ye	Yes	Yes						
Suction Bottle (Should be clean & empty)	NA	NA	NA						
Intubation Tray	NA	NA	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NA	NA						
Humidification	NA	NA	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA						
Chest Physio & Neb	NA	NA	NA						
Handed Over By Name :	Hasini	Hasini	Sucy BISW						
Signature :									
Date & Time:	29/7/24 8pm	30/7/24 8AM							
Hand Over Taken By Name :	Hasini	Soumya DBB							
Signature :									
Date & Time:	30/7/24 8AM	30/7/24							

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

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RBS CHART

(6th hrs)

Date	Time	RBS (mg/dl)	IVF %	Signature
29/7/26	1pm	58 mg/dl	Dr. Lakshita	S/N Akalya
29/7/26	5pm	80 Mg/dL Stop	Dr. Stop	SN Priyanka

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 : IP18-00036673 **Admit Date** : 29-Jul-2026 **Admit Time** : 01:15 PM **UHID** : GUC-00094449

Patient Details :

Patient Name	: Baby B/O KARTHIKA N R	**Age**	: 0 D
Guardian	: M MANIKANDA SAJITH	**DOB**	: 29-07-2026 10:56 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.8/45, NANCHI GRACE, DOOR NO 5, PALAR STREET, BHARATH NAGAR EXTENSION Adambakkam Kanchipuram Tamil Nadu INDIA 600088	**Phone No**	: 8248566541/ 9952742994
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT703-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT703-1 **Admission Type** : First Visit

Contact Details :

Name : M MANIKANDA SAJITH **Relationship** : Father

Contact Address : NO.8/45, NANCHI GRACE, DOOR NO 5, PALAR STREET, BHARATH NAGAR EXTENSION Adambakkam Kanchipuram Tamil Nadu INDIA 600088 **Phone No** : 8248566541

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby B/O KARTHIKA N R	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	IP18-00036673	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT703-1**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the ca[illegible]f 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: Manikanda Sojith
Relationship: father
Date: 29/07/2026 Time: 1.19 PM
Witness Name:
Witness Signature:

Patient Address:

NO.8/45, NANCHI GRACE, DOOR NO 5, PALAR STREET, BHARATH NAGAR EXTENSION Adambakkam Kanchipuram Tamil Nadu INDIA 600088

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BILLING POLICY

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

DECLARATION

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

Patient Name : B/o Kartika . N R	UHID Number : GUC-0009444 9
Self/Attendant Name : Y	Relation : Father
Self/ Attendant Signature : Y Phone Number : 8248566 54	Name & Signature of Financial Counselor

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

Pati

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. KARTHIKA Age : 33yrs Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : 29/7/26 UHID No.: .....

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

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

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

BIRTH INFORMATION

Name : B/o Karthika

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 29/7/26 Time of Birth : 10:56 AM

Place of Birth : RCH, Guindy

Mother's Blood Group : 'A' positive

Birth Weight (gms) : 2.863kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+3 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 7½ yrs LMP : 2/11/25 EDD : 9/8/26

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

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

Last Scans Details : SLIUG – 36+6 wks, cephalic, placenta – posterior AFI – 12.9, EFW 2682 (30th centile) TT Immunization and Iron / Folic Acid : Taken HC – 5th centile, Dopplers – (N)

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 33yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

—

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : —

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

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

—

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

Rx ? THYRONORM 25mcg OD

Any other Chronic Medical Problems, when detected

drugs ? —

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

Infection : H/O. Fever

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

UTI : when : — Any culture : .....

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G : 2 P : 1 A : L : 1

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried at birth
↓
Inj vit K 1mg IM given
↓
Delayed cord clamping done
↓
No distress
↓
Shifted to mother side
for routine care

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 140/min RR : 58/min NIBP : ..... CFT : <3secs

Color of the extremities : Pink

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

Anthropometry : Birth Weight : 2.863 Kgs Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	(N)
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	Patent (N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2nd ; IW
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	patent.
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

Spo2 : 96.1. Auscultation : BILAT (A) Breath Sounds : NVBS Added Sounds : .....

Cardiovascular System :

HR : 140/min BP : .....

Femoral Pulses : felt

Other Peripheral Pulses : felt

Precordial Activity : No

Murmurs : No

Signs of Cardiac Failure : No

Abdomen :

Shape : (N)

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : (N)

Anal Patency : Patent

Umbilical Cord : 2VA, 1UV

First urine passed : Not passed

Meconium passed : Not passed

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

State of wakefulness : (N) Active

Prechtle Score : .....

Nerves : (N)

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : (N)

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : No congenital anomalies noted

Diagnosis : Term 38+3wks | AGA | Girl | NVD | Bwt 2.863 Kgs

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Lavanya

Name : Rakshitha

Date & Time : 29/7/26 @ 11:20 AM

Consultant :

Signature : K. Padmapriya.

Name : PADMAPRIYA GKAMBARAM.

Date & Time : 29/7/26 @ 2.20pm.

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : Term 38+3 wks | AGA | G1P1 | NVD | Bwt 2.863 Kgs

Vital : ☐ HR : 140/min ☐ RR : 58/min ☐ BP : ..... ☐ SPO2 : 96% Weight : 2.863 Kgs

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

Warmth care
DBF F/b bupip
Wif danger signs
OAE, NBS on vaccination
CBG stat

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094449 IP18-00036673
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 2.20pm.	S/B Dr. Padmapriya A live girl baby born by NVD to 33yrs old A+ve G2 P1 mother at (38+3 wks) Baby cried at birth. Hc - 3/cms. (below 5th centile) urine - NIL MEC - V.	R/ 1) Warmth 2) EBF early feeds 3) Monitor vitals. 4) W/F urine + meconium. K. Padmapriya. 4926

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 10:15AM	S/B: Dr. Lucky Vignesh	
	M/B A+ / A+ve : Term (38+3) / AGA / Girl / NVD / 2.863kgs	
	HC - 31cm (<5th Centile)	
		BWt: 2.863kgs
		TWt: 2.765kgs
	urine ✓	Δ: 98g
	meconium ✓	%: 3.4%
	vaccination ✓ Baby reviewed	
	vitals stable	
	CRT <3sec	
	warm peripheries	
	RS: clear	CVS: S1S2 Ⓝ / Normal
	PA: soft/NT	CNS: Ⓝ tone / cry / Activity
		Adv
		1) DBF 2hrs / warmth
		2) monitor vitals
		3) SBr/OAE/NBS at 48hrs → 31/7/26 : 10:00AM
	Lucky [signature] 2033N	4) 4 hrs SpO2 at 30/7/26 : 10AM
	On serial ANUS 6 / there is a dip in HC centiles ~~33 centile~~ → 13 → 5th	~~Padmapriya~~
	This has been explained to the parents.	

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. PADMAPRIYA EKAMBARAM

lo kartika

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Antenatal HC	
	28 weeks +6 days =>	HC = 33rd centile
	32 weeks +6 days =>	HC = 13th centile
	36 weeks +6 days =>	HC = 5th centile
	Postnatal	
	HC = 31 cms (-2SD to -3SD). [Day # of life]	
	In view of previous child with Developmental delay & the need for close follow up has been emphasised to parents.	
	~~F. Padmapriya~~ 44968	

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

Patient Sticker

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/24 10:20 AM	S/B. Dr. Lucky Vignesh	
	A: Term (38+3) / AGA / GSI / NVD / 2.863 kgs	
M / B	A+ / A+	
	Urine ✓ Meconium ✓ Voiding ✓ · Baby received CRT < 3 sec Warm peripheries PP well felt	BWT: 2.863 kgs TWT: 2637 kgs Δ: 226 %: 7.8%
	vitals: stable	
	RS: clear ~~CVS: NFND~~ PA: soft NT	CVS: S1/S2 ⊕ / No murmur CNS: NFND
	No dysmorphism No sutural overriding AF → Tone (N)	Adv (1) Neuro opinion today (2) DBF Q2H / warmth (3) SBR/OAE/NBS - done reports awaited (4) plan for discharge if TBil T.Bil < 16 mg/dl ↓ [plan for discharge]
	Luckyjit 203377	
	If S.BR is less than 16 mg/dl plan discharge today	(5). Neurosonogram (AF review)
		R: Padmapriya 44268

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.863 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/7	11AM	Inj VitK	1mg	IM		SD	SN
30/7	3:30PM	Inj HEP-B	0.5ml	IM		A.A	E.S
30/7	3:30PM	Inj BCG	0.05ml	ID		A.A	E.S
30/7	3:30PM	OPV Drops	2drops	Oral		A.A	E.S

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/7/26 Time:	11Am	12pm	4pm	8pm	12m	4a
Doctor/Nurse/Family Concern?						
Temperature (°F)	98F	98F	98F	98.6F	98.5F	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring						
Heart Rate (Number)	On admission 149bpm	140bpm	140bpm	130bpm	120bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	50bpm	50bpm	50bpm	30bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	100%	99%	99%	99%
Conscious Level: Normal / Altered	Alert	Alert	Alert	Alert	Alert	Alert
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	6	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

Doc. No. RCH/ FRM/ CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/7/26 Time:	pm	pm				
Doctor/Nurse/Family Concern?	8	12	4PM	8pm	12pm	4AM
Temperature (°F)	98.1F	98.8F	97.9F	98.6F	99.4F	99.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *	140bpm	130bpm	130bpm	140bpm	140bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *	40bpm	40bpm	36bpm	36bpm	34bpm	36bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99% RA	99% RA	99% RA	100% RA	100% RA
Conscious Level: Normal / Altered						
GCS *	Alert	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SR	✓	M	✓	A	✓

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
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	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

R.wt - 2.835 kg

Sheet No. : (1)

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

Date: 29/7/26	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										NO	
	09:00 am										IV	SA
	10:00 am										line	SA
	11:00 am											SA
	12:00 pm	DBF										
	01:00 pm											
Total Intake: One Time DBF						Total Output: U/m NOt passed						
	02:00 pm										NO	SA
	03:00 pm	DBF					✓				IV	SA
	04:00 pm										line	SA
	05:00 pm	DBF									NO	d
	06:00 pm										IV	d
	07:00 pm	DBF					✓				"	d
Total Intake: 3 m.l DBF						Total Output: NIL						
	08:00 pm									30ml	NO	P.C
	09:00 pm	DBF					✓					P.C
	10:00 pm										IV	P.C
	11:00 pm	DBF									line	P.C
	12:00 am						✓			30ml		P.C
	01:00 am	DBF										P.C
Total Intake: DBF 3 times						Total Output: 60ml						
	02:00 am						✓			0	NO	P.C
	03:00 am	DBF								30ml	IV	P.C
	04:00 am											P.C
	05:00 am	DBF					✓				line	P.C
	06:00 am									30ml		P.C
	07:00 am	DBF					✓					
Total Intake: DBF 3 times						Total Output: 60ml						

Total 24 hrs. Intake	DBF - 10 times
Total 24 hrs. Output	Urine - 4 times, Motion - 7 times

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Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 12 H (F)
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FLUID CHART

Sheet No. : 2

T wt : 2.765 kg

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

30/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	DBF					✓			30	NO	
	09:00 am											
	10:00 am	DBF					✓			30	IV	
	11:00 am										Clear	
	12:00 pm	DBF					✓			30		
	01:00 pm											
Total Intake : 3times DBF						Total Output : 90ml						
	02:00 pm	DBF									NO	
	03:00 pm						✓				IV	
	04:00 pm	DBF										
	05:00 pm										Clear	
	06:00 pm	DBF					✓			✓		
	07:00 pm											
Total Intake : 3 1/2 ml DBF						Total Output : Motion-2 Urine-1						
	08:00 pm										No	
	09:00 pm	DBF					✓				IV	
	10:00 pm									30ml		
	11:00 pm	DBF									Clear	
	12:00 am											
	01:00 am	DBF					✓					
Total Intake : 3 hrly by DBF						Total Output :						
	02:00 am										No	
	03:00 am	DBF									IV	
	04:00 am									30 ml		
	05:00 am						✓				Clear	
	06:00 am	DBF										
	07:00 am											
Total Intake : 2 hrly DBF						Total Output :						

Total 24 hrs. Intake	DBF - 11

Total 24 hrs. Output	Urine - 6 Motion - 8

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 29/7/2026

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				I			
Afternoon	2pm	promote Adequate Nutrition for healing & recovery	2:30 pm	Assess Nutritional Status Assist with feeding if needed. monitor weight	Baby was Stable	Reassessment was Done	Sd/ Akalya 01/8/26
Night	8pm	promote adequate Nutrition for healing & recovery	9pm	Assess Nutritional Status Assist with feeding needed	Baby was Stable	Re-assessment was done	Done

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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

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

Date: 30/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Assess the baby Nutritional support.		Improve the baby feeding position.	Evaluate the baby weight checking.	Re-assessment is done.	Har / bot918
Afternoon	1:30PM	Ensure the improve the Nutrional status	2PM	improve the comfortable position and Encourage orals	Evaluating the baby feeding techniques	Re Assessment Done	18 PM
Night	8pm	Ensure the improve the Nutritional status	9pm	Improve the Comfortable position and encourage orals	evaluation the baby feeding technique	Re-assessment done	6:07 24

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

Patie

(1)

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
29/7/26	10:56 AM	⇒ B/O Karthika Normal vaginal delivery Immediatly cord is clamped & cut was done Immediatly Cong the Baby after birth Cord Blood collected & sented to lab. checked for vital signs recorded Baby vital are stable pink in colour. V/M NOT passed vaccination Not done Inj: vitamin K only given to Baby Baby is mothers side DBF and hourly Baby details Date:- 29/7/2026 Time:- 10:56AM Weight: 2.883kg Sex: Girl Baby APGAR Score: 8/10/10	Akalya 01800
	12pm	⇒ DBF was given to Baby good latching cholostrum Cup milk is present Baby placed to mothers side	Akalya 01800
	1pm	⇒ checked for CBG 85mg/dl Dr: Rakshitha Advised to 6th hourly DBF and hourly	Akalya 01800

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0Y0M0D6H (F)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	9pm	⇒ checked for vital signs Baby vital are stable Baby placed to mothers side →	Akalya 01805
	3pm	⇒ Baby passed motion change the diapper EBF was given to Baby →	Akalya 01805
	4:30 pm	⇒ Baby shifted to ward Baby care hand over given to 4th floor staffs Nurse →	Akalya 01805
		Receiving notes on 29/7/26	
	4.30pm	Baby received from LDR to 4th floor. Baby active and good. Baby mw and mother planed. Baby is on O2 11 EBF feed taking well. No vomiting →	Shr.
	5pm.	Baby is on O2 11 EBF. feed taking well. No vomiting →	Shr.
	6pm.	Baby sleeping well, parents watch care to baby. →	Shr.
	7:30p	Baby details handing over given by night duty staff	Shr.
		NIGHT DUTY	
29/7/26	8:30pm	Baby details handing over taken from morning duty staff Baby was stable, taken latch normal and no other Complaints	Shr.

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GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26	8:00pm	vitals were checked and	
		recorded maintain I/O	
		chart no other complaint	[illegible]
	10:00pm	L - 2	
		R - 2	
		T - 2	
		C - 1	
		H - 1/8 need to be	
		[illegible]	[illegible]
30/7/26	12:00am	vitals were checked and	
		recorded maintain I/O	
		chart no other complaint	
	2:00am	sucking was not taking,	
		mother complaint fast	
		breath and [illegible] of	
		baby baby [illegible] motion	[illegible]
	6:00am	vitals were checked and	
		recorded maintain I/O chart	[illegible]
	6:00am	morning care was given	
		[illegible] and baby weight was	
		checked	[illegible]
	7:00am	Maintain I/O chart and	
		recorded	
	7:30am	Baby details handed over [illegible]	
		by morning duty staff	[illegible]
30/7	7:30am	Morning Duty	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7	7.30 am	Baby details carefully handing over taken from the Night duety staff. Baby today weight . 2.765kg and RBS. Stop last RBS check for b/o CIK . 80mg/dl, today vaccine plan and U/m is passed, OAE, CB, NBS screening after 48 hrs the plan. →	tha BOT93
	8.30 am	Baby Vitals are monitoring and reported, Baby vitals stable. Baby activity is well and well sleeping the baby. →	Hari BOT915
	10AM	Baby vitals are stable, maintained Hb level. →	Suf 607383.
	11AM	Dr. Padma Priya nam come and seen assessed the Baby condition today vaccine plan, SBR/NBS 10AM OAE 3PM tomorrow, D1 Spleen 11AM, DBF only Dr Hrs →	Suf 607383.
	1 pm	Baby vitals are stable, maintained Hb chart. →	Suf 607383.
	1:30pm	Baby details Hand over given to Evening duty staff. →	Suf 607383
		Evening duty ON 30/7/2026 patient Condition and details handing over taken from Morning duty	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094449 IP18-00036673
Baby BIO KARTHIKA N R
29-07-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Gender : ☐ M ☐ F IP No. :

				Date :	M 29/7	E 29/7	N 29/7	M 30/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	2	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	23	23	25
				Evaluator's Name				

01800 01800

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age.....

	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.	Date : 30/7 (N)	31.7 (N)	
Mobility					4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
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	
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	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	J			

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

Rainbow® Children's Hospital
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THE HUMPTY DUMPTY SCALE

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

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

Intervention:						
	Bed in low position		✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓
	Wheel chair support		✓	✓	✓	✓
	Other Intervention(s) Specify		✓	✓	✓	✓
	Nurse's Name:	Aradhya	SA	[illegible]	Hasini	[illegible]
	Signature:	01800	01800	[illegible]	[illegible]	[illegible]
	Date:	29/7/26	29/7	29/7	30/7	30/7/26
	Time:	11AM	3pm	8pm	8pm	1.30pm

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE N M

PARAMETER	CRITERIA	SCORE	DATE 30/7	DATE 31/7	DATE	DATE	DATE
Age	Less than 3 years old	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			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3	3	3			
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4		4			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	B			
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3		3			
	Within 48 hours	2					
	More than 48 hours/ None	1	1	P			
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			
	Total		14	14			

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

Bed in low position		✓	✓			
Call device within reach		✓	✓			
Wheels Locked		✓	✓			
Room free of clutter		✓				
Adequate lighting		✓	✓			
Wheel chair support		X	X			
Other Intervention(s) Specify		X	X			
Nurse's Name:		Vathsa	M			
Signature:			M			
Date:		30/7/24	31/7			
Time:		8 pm	8am			

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/7	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NO pain	Akalya dSon
29/7	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NO pain	Akalya dSon
29/7	8PM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	d 60ml
30/7	2am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	d 60ml
30/7	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Hasi 60ml
30/7	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	60ml
30/7	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	d 60ml
31/7/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	d 60ml
31/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

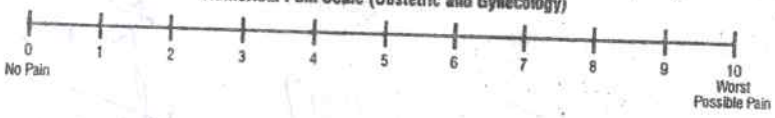
Re-assessment Frequency:

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

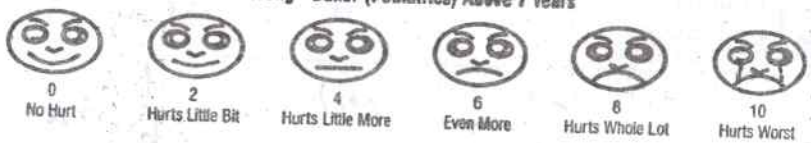
(P.T.O)

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-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 M 0 D 6 H (F)
Dr. PADMAP[illegible] EKAMARAM

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.
Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
29/7	12pm	YES	Explained about the DBF position/ feeding time	Mother	Education level	Oral	None	Yes	good	[illegible]
30/7	8AM	Yes	Explain about the Breast feeding position.	Mothers	No learning Barriers	Oral	None	Understanding	Good	Have Totals
31/7	8am	Yes	Explained about importance of Breast Milk	Mother	NIL	oral	NIL	Yes	good	[illegible]

Part - III: CODES

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

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

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

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

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

GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 29-7-26 Time of Birth: 10:56 AM Gender: ☐ Male ☑ Female

Birth Weight: 2.863 Kgs HC: 35 cm Lenght: 42 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: A+ve Baby: -

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 12PM

GUC-00091621 IP18-00036663
Mrs KARTHIKA N R
08-12-1992 33 Y 7 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: .....

Physical Assessment of New Born:

Temp: 98°F °C HR: 148 b/m /Min RR: 50 b/m /Min BP: - SpO2: 100%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☑ No **Score:** 14 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: ~~Yes~~ / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: C Akeelya 01898 Signature: 01898 Date &Time: 29/7/26

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

PATIENT TRANSFER FORM

(1)

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GUC-00094449 IP18-00036673
Baby B/O KARTHIKA N R
29-07-2026 0Y0M0D6H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission: 29/7/2026 at 1:15pm	Date & Time of Transfer Order: 29/7/26 at 4:30pm
Treating Consultant Name: Dr padmapriya	Transfer Ordered by: Dr. Rakshitha	Reason for Transfer: Observation
From Unit: LDR	To Unit: 7th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole TP files	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	Baby dress (pink)	(1)
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : ~~Yes~~ ☑ No ☐
Baby shifted to ward

Name & Signature of Person who is Transferring: S/N Akshaya 0150	Name of Person Ordered Transfer: Dr. Rakshitha
Patient & Clinical Records Received by :	
Date & Time of Patient Received : 29/7/26 4:30pm	

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

Unavailable Bed Nurse not Available Available Bed not ready