Rainbow Children's Hospital

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

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

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ACTIVITY RECORD FOR BILLING

GUC-00093244 IP18-00036256
Baby B/O PAMARTHY SRI LAKSHMI
Name: 30-06-2026 0 Y 0 M 0 D 1 H (M) Jashmi Srinjana
Dr. PADMAPRIYA EKAMBARAM

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	11:05Am	OT	MCW	DS60774
30/6/26	3PM	HDR	7th floor	[signature] 1011746

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
30/6/26	cord blood grouping	26020739	B60774
30/6/20	DCT, bilirubin, Hb	26020750	B60771
30/6/26	RBS	26020769	[illegible]
02/7/26	SBR / NBS	26020927.	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
02/7/26	OAE	1	1720392	
				607

ANY OTHER INFORMATION:

Date: 02/7/26 Time: 6AM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
607 3	7th Floor		

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Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 2 D (M)
Dr. PADMAPRIYA EKAMBARAM

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		2/7/26 @ 10 AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

02/7/26

Twt: 2.978kg

H - 34cm

L - 47cm

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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 : IP18-00036258 **Admit Date** : 30-Jun-2026 **Admit Time** : 10:50 AM **UHID** : GUC-00093244

Patient Details :

Patient Name	: Baby B/O PAMARTHY SRI LAKSHMI SRUJANA	**Age**	: 0 D
Guardian	: Mr RAJASEKAR	**DOB**	: 30-06-2026 09:39 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.107, NEW BETHANIA NAGAR, 4TH STREET, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087	**Phone No**	: 9003224385/ 7893987997
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT705-2 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT705-2 **Admission Type** : First Visit

Contact Details :

Name	: Mr RAJASEKAR	**Relationship**	: Father
Contact Address	: NO.107, NEW BETHANIA NAGAR, 4TH STREET, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087	**Phone No**	: 9003224385

Signature

Doctor Details :

Doctor Name	: Dr. PADMAPRIYA EKAMBARAM	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr. Mathangi Rajagopalan	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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Rainbow Children's Hospital - Guindy

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O PAMARTHY SRI LAKSHMI SRUJANA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036258**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT705-2**

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

Patient, be deemed advisable or necessary.

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

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Raja sekar
Relationship: Father
Date: 30/6/2026
Time: 10.52 AM
Witness Name: Pavithra
Witness Signature:

Patient Address:

NO.107, NEW BETHANIA NAGAR, 4TH STREET, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087

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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 Pamarthy Sri lakshmi	UHID Number : Guc-0009324
Self/Attendant Name : Raja Sekar	Relation : Father
Self/ Attendant Signature : Phone Number : 9003224385	Name & Signature of Financial Counselor

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Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
30/6/26	12.30pm	60mg/dl	Dr. padmapriya ✗ stop	

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
B/o P 30-06-2026 0Y0M0D4H (M)
Dr. PADMAPRIYA EKAMBARAM

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Pamarthi. sri lakshmi Age : .... Father's Name : .... Age : ....

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

NICU Consultant : .... Referring Consultant : Dr. Mathangi

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

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

BIRTH INFORMATION

ICT - Negative

Name : B/O PAMARTHY sri lakshmi	Mother's Blood Group : B -ve.
Gender : ☑ M ☐ F Blood Group :	Birth Weight (gms) : 3.2 kg Length (cms) : ....
Date of Birth : 30/6/26 Time of Birth : 9.39 Am	OFC (cms) : ....
Place of Birth : RCH, Guru	Estimated Gesth Age : 38 w + 3 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33 yrs Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 3/10/25 EDD : 10/7/26.

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

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

Last Scans Details : 17/6/26, SLIUG, cephalic, placenta-posterior, Liq (N),
EFW - 2821 g, dopp (N) TT Immunization and Iron / Folic Acid : ....
No e/o fetal anemia.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs	**H/o GDM/ pre GDM/ on diet or insulin**
Consanguinity : ☐ Yes ☐ No	Controlled or not, recent values, HbA1 values : ....
If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3	....
H/o PIH (after 20 weeks) / PE	Compliance with Rx : ....
How many Drugs / Doses / Since how long :	Scans : LGA, TIFFA , Fetal Echo : ....
....	**H/o Hypothyriodism** : when diagnosed ? Medication?
H/o value of recent BP recording, proteinuria, edema,	T. Thyronorm
oliguria, any investigations (LFT, platelet count) :	Any other Chronic Medical Problems, when detected
....	drugs ? ....
IUGR - when detected :	(Anemia, SLE, Jaundice, CHD, Heart Disease)
Doppler (Increased Resistence / ADEF / REDF /	Infection : H/O. Fever
Redistrbution in MCA) / Ductus Venosus :	(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)
AFI :	UTI : when : .... Any culture : ....

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G: 3 P: 1 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	Q, 7 yrs, LSCS,			2.9		
II	MTP (D&C)					
III	PP, spontaneous					

PERINATAL HISTORY

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

Duration of Labour	CTG : ☐ Normal ☐ Suspicious ☐ Pathological
First stage (> 18 hours sig) Prev LSCS	MSL : ....
Second stage (> 2 hours after dilation)	Resuscitaion : ☐ Yes ☐ No
LSCS : ☑ Elective ☐ Emergency Indication :	Cord ABG : ....
Specify the reason :	Placenta : (weight, surface, No. of cotyledons, calcifications,
Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal	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
TOTAL			

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

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

Comments :

Cry' after b'day 1-9 gm

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Cried immediately after birth

↓

(NT) traction

Routine care given

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 45bm RR : ..... NIBP : ..... CFT : .....

Color of the extremities : pink

Jaundice : ..... Pallor : ..... SpO2 : .....

Anthropometry : Birth Weight : 3.2 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ✓ 36/40 SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism)

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

No cleft Lip / palate
B/L Nasal patency checked

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

NAD

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :

HERNIAL ORIFICES

Fem

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Arms / Legs :
Deformities :
Mobility :
Hip Joint Examination :

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention if baby has Respiratory distress : RR : ..... 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 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Femoral Pulses : ..... Precordial Activity : .....

Other Peripheral Pulses : ..... Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

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

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

Palpable masses : ..... Umbilical Cord : .....

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

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

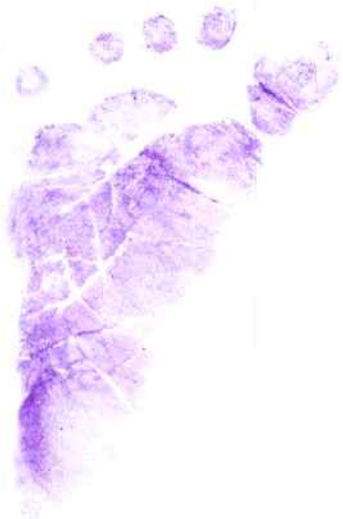
Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Term (38+3) / boy baby / B.w - 3.2kg / AGA / Rh -ve mother

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Prasanna

Date & Time : .....

Consultant :

Signature : .....

Name : Dr. PADMAPRIYA GKAMBARAM

Date & Time : 30/6/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : ☐ HR : ☐ RR : ☐ BP : ☐ SP02 : **Weight :**

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

- Check baby blood group, DCT, bilirubin, Hb.
- PBF
- Routine care, kmc care
- Vaccination as per schedule
- [illegible]
- OAE, NBS, ABR at 48h of age

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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Baby B/O PAMARTHY SRI LAKSHMI
0 Y 0 M 0 D 1 H (M)
30-06-2026
Dr. PADMAPRIYA EKAMBARAM

B

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 11:00 PM	A live baby boy born to 33yr old / B-ve / mother - Anemia & Hypothyroidism / 38 weeks + 3 days / prev LSCS - Elective LSCS, G3 P1 A1 L4.	
	CIAB / (+) [illegible]	
	No obvious congenital anomalies noted.	
	vital stable.	
	mother BG → B -ve	
		Advice
		1) Check Baby blood group / DCT / Bilirubin / Blood grouping typing.
		2) Early initiation of breastfeeding
		3) Vaccination today
		4) DA - O 24 / [illegible]
		5). Inform reports
	K Padmapriya 44268	
1/7/26 9:30 AM	S/B Dr [illegible]	
	HOL - 24 HOL	
	Δ: Term (38 wk+3) / Boy / Bwt: 3.2 kgs / Rh -ve mother / AGA	
	Baby [illegible]	MBG: B-ve / BBG: O-ve
	No congenital anomalies noted	
		DCT - neg
		Bilirubin - 1.9 mg/dl
		Hb - 14.2

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Bwt : 3200kgs	RS: clear
	Twt : 3025 kgs	PA: soft/NT, no organomegaly
	Δ: 105 grams	CVS: S1S2 / normal
	%: 3.21 (4088)	CNS: Ⓝ cry/tone/activity
		Advice
		①. Vaccination due
		② DBF - Q2H / warmth
		③ Flow reduced → Started on Term formula
		④. SBR/OAE / SBR at tomorrow 6:00 AM
	Luckyright 203377	Priya 44768
	S/B. Dr Lucky VIZNSey	
21/7/26	Term (38weeks+3) / Boy / 3.2kgs / Rh -ve mother / AnA	
	Elective LSCS - prior LSCS	
		M / B +ve, B / O -ve
	mic - passing	
	Stool passing	
	Baby received	
	pink in air.	
	PP well felt	
	warm peripheries	
	Bwt : 3200 kgs	
	Twt : 2.978 kgs	
	Δ: 222g	
	% : 6.9%.	

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Rs : clear	CNS: ⊕ fine / cry / activity
	PA : soft/NT, no mass	CVS : S1 S2 ⊕ / no murmur
		Advice
		1) Can be discharged.
		2) Bilirubin - 9.1 mg/dl. (8/10).
		3) W/f dehydration / feeding
		OAE & (NBS to be traced.)
		↓
	Ludygrift	today
	203373	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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STAT / ONCE ONLY DRUGS

Name: B/o P. Srilakshmi Srujana

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
30/6/26	9:45A	Inj. Vit-K.	1mg	Im	E	RS	SS
1/7	9-30AM	Inj BCG	0.05ml	ID.		DR	S.N
1/7	9-30AM	Inj HepB	0.5ml	IM.	Weight 2.88kg	DR	S.N
1/7	9-30AM	OPvdrops	2drops	PO		DR	S.N

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

No. : 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.
BirthRight – BY RAINBOW HOSPITALS – Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	10AM	12PM	4PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	98F	98.4°F	97.5°F	98.0F	98.0F	98.0F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	140	144				
Heart Rate (Number)	140 b/m	144	138 bpm	136 bpm	136 bpm	134 bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	50	54				
Resp Rate (Number)	50 b/m	54	46 b/m	40 m	40 m	40 b/m
Resp Distress – Mod/ Severe						
Resp Distress – None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99	99%	98% (RA)	98% RA	98% RA	98% RA
Conscious Level – Normal	✓	✓				
Conscious Level – Altered						
GCS *	15/15	cry	Alt	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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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It takes a lot to treat the little.

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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-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

c. No. : 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.
BirthRight by Rainbow Hospitals — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 01/7/26 Time:	8AM	12PM	4P	8pm	12AM	4AM
Doctor/Nurse/Family Concern?						
Temperature (°F) (94–104)	97.8	97.2	97.9F	97.6	97.8F	98.8F
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)	plotted	plotted	plotted	plotted	plotted	plotted
Heart Rate (Number)	138b/m	140b/m	140b/m	140bpm	140bpm	136b/m
Resp. Rate (bpm) (Over 1 Minute) * (10–70)	plotted	plotted	plotted	plotted	plotted	plotted
Resp Rate (Number)	40b/m	42b/m	40b/m	40bpm	40b/m	40/m
Resp Distress: Mod/ Severe / None / Mild			✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	RA 100%	RA 98%	RA 99%	RA 100%	RA 100%	99% RA
Conscious Level: Normal / Altered / GCS *	Alert	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score						
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
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FLUID CHART

R.Wt - 3.141 Kg

Sheet No. : 5

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.

30/6/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am						Baby delivered			passed		
	10:00 am	DBF					✓			✓	NO	
	11:00 am											
	12:00 pm	DBF										
	01:00 pm											
Total Intake : (2)						Total Output : (1)HM						
	02:00 pm	DBF									NO	
	03:00 pm						✓					
	04:00 pm	DBF									NO	
	05:00 pm											
	06:00 pm	DBF					✓			30ml		
	07:00 pm											
Total Intake : 3 hrs DBF						Total Output : 30ml						
	08:00 pm											
	09:00 pm	DBF					✓				NO	
	10:00 pm									30		
	11:00 pm	DBF									IV	
	12:00 am											
	01:00 am	DBF									urine	
Total Intake : 3 times DBF						Total Output : 30						
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am						✓			30		
	05:00 am	DBF									IV	
	06:00 am											
	07:00 am	DBF									urine	
Total Intake : 5 times DBF						Total Output : 30ml						

Total 24 hrs. Intake	11 times DBF	Total 24 hrs. Output	U - 4 times M - 5 times

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Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0Y0M0D4H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : (2) TWt : 3.095Kg

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	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/7/26											No	[illegible]
	08:00 am		DBF				✓				IV	[illegible]
	09:00 am										line	[illegible]
	10:00 am		DBF								No	[illegible]
	11:00 am						✓			30	IV	[illegible]
	12:00 pm		DBF								line	[illegible]
	01:00 pm	Aptamil	30									
Total Intake : 3 times DBF + 30 ml						**Total Output :** 30 ml						P.U
	02:00 pm		DBF							20 M	No IV	P.U
	03:00 pm						✓				line	P.U
	04:00 pm		DBF								No	P.U
	05:00 pm									30 M	IV	P.U
	06:00 pm		DBF								line	P.U
	07:00 pm	Apl										
Total Intake : DBF 3 Times						**Total Output :** 50 M					~~No~~	Su
	08:00 pm	Aptamil	25									Su
	09:00 pm									30	IV	Su
	10:00 pm	DBF					✓					Su
	11:00 pm										line	Su
	12:00 am	DBF										Su
	01:00 am	DBF										
Total Intake : 3times DBF + Aptamil 25						**Total Output :** 30						Su
	02:00 am	Aptamil	20							30	NO	Su
	03:00 am	DBF										Su
	04:00 am						✓				IV	Su
	05:00 am	DBF										Su
	06:00 am									30	line	Su
	07:00 am	DBF										
Total Intake : 3times DBF + Aptamil 20						**Total Output :** 60 ml						

Total 24 hrs. Intake	12times DBF, Atamil 3times	Total 24 hrs. Output	U - 6times, M - 5times

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	promote adequate nutrition	12-30 pm	Assess nutritional status Assist with feeding monitor weight	Baby active & alert	Vitals are stable Feeding well	01/6/26
Afternoon	2pm	Promote adequate nutrition.	2pm	Assess Nutritional Status. Assist with feeding. monitor weight.	Baby active. Alert.	Vital are Stable. Feeding well.	01/7/26
Night	8pm	promote adequate Nutrition	9pm	Assess Nutritional Status Assist with feeding monitor weight	Baby active and alert	vitals are Stable feeding well	6/7/26

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

NURSING CARE RECORD

Date: 01/7/26

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 baby general condition monitor the vital signs. Provided in comfortable position	9pm	Assessed the baby general condition monitored the vital signs provided in comfortable position	To maintain body temp.	Baby Re-assessment done.	[signature] 610680.
Afternoon	2pm	Assess the baby condition monitor vitals Encourage DBF Maintain I/O	4pm	Assessed the baby condition monitored vitals Encouraged DBF maintained I/O	Baby is warmth & DBF	Baby re-assessment done	P.B 607261
Night	8pm	Ensure adequate hydration and electrolyte balance	9pm	monitor intake and output chart seen for dehydration or fluid overload	Baby is warmth & DBF	Baby Re-assessment was done	[signature] 607720

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Newborn / Term

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	30/6 Morn	30/6 Eve	30/6/26 N	1/7/2026 M	1/7/26 E	1/7/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
	Diet:	DBF	DBF	DBF	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F	98°F	98 °F	97.8°F	97.9°F	96° bF
	Res:	40b/m	44/mt	42bpm	40bpm	40b/m	40bpm
	SpO₂:	100%	100%	100%	100% RA	100%	100%
	Pulse:	138bpm	134bm	140bpm	132bpm	140b/m	140bpm
	BP:	–	–	–	–	–	–
	LOC:	conscious	cons	conscious	Alert	Alert	Alert
	Fall Risk Score:	15	15	15	16	16	16
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Int	Intact	Normal	Normal	normal
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dep	Dependent	dependent	dependent	Dependent
	Post Operative Procedure Special Orders:	–	/		–	–	–
	Handed Over By Name :	S/N paramesvari	swathi	V. Abirami	Priyatham	P. Kaz	V. Abirami
	Signature / ID :	01688	01476	60278	01606	P.U	60278
	Date:	30/6/26	30/06	30/6/26	1/7/2026	1/7/26	1/7/26
	Time:	1pm	2PM	7 pm	8pm	7.30PM	7.30pm
	Taken Over By Name :	Swathi	V. Abirami	Priyatham	P. Kaz	V. Abirami	
	Signature / ID :	01476	60278	01606	P.U	60278	
	Date:	30/6	30/6/26	1/7/2026	1/7/26	1/7/26	
	Time:	2pm	8pm	8 AM	2pm		

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
0 Y 0 M 0 D 1 H (M)
30-06-2026
Dr. PADMAPRIYA EKAMBARAM

B/o P.

(1)

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 ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Baby shifting Notes
30/6/20	9:40 Am	A single alive baby boy delivered @ 9:39 Am with birth weight of 3.207kg. Baby cried immediatly after delivery. delayed cord clamping done. Baby shifted for routine care. Baby vital signs are stable. vit.k 1mg Injection given Im. → DS607721
	11:05 Am	Baby shifted to NICU for further observation and care. → DS607721
		→ Receiving Note ⇐
30/6/2026	11:55AM	Receiving the baby from OT c IP ly OP care sheet, while receiving the baby active cry ly colour breathing is Normal → Reg/01170
	12pm	→ Baby vitals ly cleared ly normal, General condition fair, → Reg/01170
	12 30 pm	→ CBG : 60 mg/dl → Dr Padmapriya ma'am. Advice to stopped. orders → Reg/01170
	1PM	→ Baby passed urine ly Motion No other's complints → Reg/01174
	2pm	→ Baby taking DBF ly sleeping well. → Reg/01174
	3pm	→ Baby shift ward hand

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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

NURSES NOTES
(USE BALL POINT PEN ONLY)

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
cont 3/10/2		Order to 4th Floor Staff
		Receiving Notes on 30/6/24
	3pm	Baby received from LDR to 4th floor
		Baby details handing over taken from
		S/N Nivetha. Baby active and good. Colour
		is pink and Normal. Baby urine
		and motion passed. Vaccine tomorrow
		Baby is on Q2H DBF - feed taking
		well. No vomiting → Sign
	4pm	Vital signs checked and
		Recorded. Vitals are stable → Sign
	6pm	Maintain Intake and Output
		Chart. Baby is on Q2H DBF → Sign
	7:30pm	Baby details handing over on
		Night duty staff → Sign
		NIGHT DUTY
30/6/24	7:30pm	Baby details handing over taken
		from evening duty. Baby was
		received from 3pm. baby was active
		and alert DBF on Q2hrly, tomorrow
		vaccine plan, U/M/passed. → Sign 6073
	8pm	Baby vital signs checked and
		recorded. Vitals are stable. Maintained
		flowchart, DBF only. → Sign 6073

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr PADMAPRIYA EKAMBARAM

(2)

Rainbow Children's Hospital
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ......Nil......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/6/26	10pm	Baby No c/o vomiting, maintained I/O chart. DBF only. →	Sd/- 6073
01/7/26	12AM	Baby had mother feed L - 2 A - 2 T - 2 C - 1 H - 1 need supervision → 8	Sd/- 6073
	2AM	Baby parents c/o baby continue crying FORMULA feed given D/W with Dr. Lucky Vignesh sir A/B AP tamil In case baby cranking AP tamil given. →	Sd/- 6073
	4AM	Baby vitals are stable. Sleeping well. AP tamil 25ml given as per order →	Sd/- 6073
	6AM	Morning care Done, weight checked and recorded. Maintained I/O chart. →	Sd/- 6073
	7:30AM	Baby details Handing over given to Morning duty staff →	Sd/- 6073
1/7/2026	7:30AM	MORNING DUTY NOTES ON: Baby details taken over from night duty staff nurse. Baby Conscious & Alert. Color is pink. Urine, motion passed. feeding well, NBS, Tc. Bili	

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
1/7/2026		O-A-E after 48 hrs. Baby stable in fair	[signature]
	8AM	Baby infant signs clear and recorded.	[signature]
	9AM	Baby feeding is given as per doctor's orders.	[signature]
	9:30AM	Baby S/B Lucky for today Advised give vaccine Inj. BCG 0.1ml, Inj Hepatitis B 0.5ml Im, Biopolio drops 2 P/O given. after 48 hrs Sr. Bili MBS, O-A-E	[signature]
	10AM	Baby has cleared from the infant	[signature]
	10:30AM	Baby S/B Dr. padma priya mam today Advised tomorrow to do MBS, Sr. Bili. O-A-E after 7am Lenka RBS.	[signature]
	12pm	Baby infant signs checked and recorded.	
	1:30pm	Baby all details handing over to evening duty staff	[signature]
		Evening duty	
1.7.26	1.30pm	Baby details handover taken over from morning to evening duty	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0Y0M0D1H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE M 30/6/26	DATE E 30/6	DATE N 30/6	DATE M 1/7	DATE E 1/7
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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3		
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4				4	4
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3				3	3
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2		
	More than 48 hours / None	1				1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	15	16

-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:		30/6/26	30/6	30/6	1/7	1/7
Time:		10am	2pm	8pm	8am	2pm

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			2/7/26	2/7			
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	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
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					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2			
	More than 48 hours/ None	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			
	Other Medications / None	Total	11/14	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		X	NA			
Other Intervention(s) Specify		X	NA			
Nurse's Name:		[illegible]	[illegible]			
Signature:		[illegible]	[illegible]			
Date:		1/6/26	2/7/26			
Time:		8 PM	8 PM			

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

BRADEN 'Q' SCALE

(for Paediatric use) (8)

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

Name: Srilakshmi Sreejas...

...r: ☑M ☐F IP No.: ....

					...e:	M 30/6/26	E 30/6	N 30/6	1/7
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 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 usualy 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	[illegible]
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	28	28	24
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

BRADEN 'Q' SCALE

				Date : 1.7.26	1.7.26	2.7.26	
				Time : E	N	M	
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	
"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.	2	2	2	
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 life 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	26	26	26	
				Evaluator's Name				

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
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
30/6/26	10AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	
30/6/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	
30/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	
01/7/26	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
1/7/26	8AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
1/7/26	2pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
1/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
2/7/26	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
2/7/26	8AM	0/10	NIL	☐ 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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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PAIN ASSESSMENT FORM

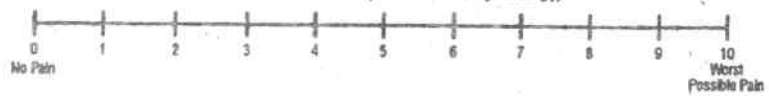
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093244 IP18-000?6258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
30/6/26	12p	yes	Educate & Inform about breast feeding position	mother	None	Oral	None	yes	good	01608
1/7/2026	10am	yes	to Encourage the Breast feeding	mother	nil	verbal	none	yes	good	

Part - III: CODES O: Other (Specify) ....

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver

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

Doc No. : RCH / FRM / CLINICAL / 187

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	30/6/26 @ 10:50 Am	30/6/26 @ 11.05 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr- Padmapriya Ekambaram	Dr. Prasanna	for further observation
From Unit	**To Unit**	**Information to Attendant**
OT	NICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
1 Ip file	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 607721	Dr. Prasanna

Patient & Clinical Records Received by : [signature] /011796.

Date & Time of Patient Received :

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo P. Srilakshmi Srujan. Mother's Name: Mrs. P. Srilakshmi Srujan.

Date of Birth: 30/6/26 Time of Birth: 9:39 am Gender: ~~☐ Male~~ ☐ Female

Birth Weight: 3.207 Kgs HC: 36 — 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: B-ve Baby: .....

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

GUC-00084512 IP18-00036251
Mrs PAMARTHY SRI LAKSHMI
25-11-1992 33 Y 7 M 5 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: 140 b /Min RR: 50 br /Min BP: — SpO_2: 99

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: Resna Signature: 607721 Date &Time: 30/6/26 10Am

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

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00093244 IP18-00036258
Baby B/O PAMARTHY SRI LAKSHMI
30-06-2026 0Y0M0D4H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	30/6/2026 10:50AM	30/6/2026 3pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Padmapriya	Dr. Padmapriya.	Phototherapy
From Unit	**To Unit**	**Information to Attendant**
2nd floor	7th Floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP File		Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby cap	1
2.	Baby dress	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Abhay /01746	Dr. Padmapriya

Patient & Clinical Records Received by : SN [illegible]

Date & Time of Patient Received : 30/6/26 @3pm

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

Docu. No. : RCH /FRM / CLINICAL / 102