GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		20/7/26 @ 6pm					
Activity Sheet update by Pharmacy							

RVC-94023.

ACTIVITY RECORD FOR BILLING

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Name: B/O. Kani Mozhi

UHID No: 94023 IP No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

	Date	Time	From	To	Signature of Nurse
	12/7/2026	10.20pm	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
18/7/26	Blood Grouping	26023140	
16/7/26	RBS	26023189	
19/7/26	RBS	26023152	
19/7/26	RBS	26023191	
~~19/7/26~~	~~RBS.~~	~~26023884~~	~~[illegible]~~
19/7/26	RBS	26023254	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7/26	ODE	(1)	172992	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 20/7/26 Time: 6pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

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

20/7/26

T.wt - 2.956 kg
H - 54 cm
L - 48 cm

Rutch plan : 8

Patient Sticker

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
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RBS CHART

6th July

Date	Time	RBS (mg/dl)	IVF %	Signature
18/7/26	6pm	50mg/dl	oo · Prasanna	S/a Deed
19/7/26	12Am	67mg/dl.	Q6H	[signature]
19/7/26	6AM.	63 mg/dl	Q6H	[signature]
19/7/26	12pm.	61mg/dl	Q6Hrly	[signature]
19/7/26	6pm.	49mg/dl	Q6H	[signature]
		Stop.		

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

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 19 H (M)
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BED SIDE CHECK LIST FOR NURSES

Date:	19/7	20/7							
Doctor's Orders	Yes	yes							
Carried out or not	Yes	yes							
Bed Side									
Structured Handover done	Yes	yes							
IV Site	NA	NA							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	Yes	yes							
Eye Care	Yes	yes							
Mouth Care	Yes	yes							
Sterillum Bottle, Stethoscope	Yes	yes							
Suction Bottle (Should be clean & empty)	Yes	yes							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Sunf	MARY							
Signature :	Sf	Boss							
Date & Time:	19/7 8AM	20/7 8AM							
Hand Over Taken By Name :	Afri								
Signature :	Boss								
Date & Time:	20/7 8AM								

Rainbow Children's Hospital

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 : IP18-00036517 **Admit Date** : 18-Jul-2026 **Admit Time** : 03:23 PM **UHID** : GUC-00094023

Patient Details :

Patient Name	: Baby B/O KANIMOZHI L	**Age**	: 0 D
Guardian	: Mr KARTHIKEYAN P	**DOB**	: 18-07-2026 01:46 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: G2, 2ND FLOOR, CHANDRA APARTMENTS, VGP ROAD Saidhapet North Chennai Tamil Nadu INDIA 600015	**Phone No**	: 9345455498/ 8489895709
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr KARTHIKEYAN P **Relationship** : Father

Contact Address : G2, 2ND FLOOR, CHANDRA APARTMENTS, VGP ROAD Saidhapet North Chennai Tamil Nadu INDIA 600015 **Phone No** : 9345455498

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O KANIMOZHI L**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036517**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-2**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

G2, 2ND FLOOR, CHANDRA APARTMENTS, VGP ROAD Saidhapet North Chennai Tamil Nadu INDIA 600015

Patient Sticker

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

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

NICU Consultant : .... 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 Kanimozhi

Gender : ☑ M ☐ F Blood Group : ....

Date of Birth : 18/7/26 Time of Birth : 1.46PM

Place of Birth : ....

Mother's Blood Group : B POSITIVE.

Birth Weight (gms) : 3.086kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37+2.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 30/10/25 EDD : 6/8/26.

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

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

Last Scans Details : 9/7/26 — SIUG - 36wks Placenta posterior, cephalic
RAO SDP-5.3Cm
EFW - 2.852kg
TT Immunization and Iron / Folic Acid : ....
(N) doppler.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE —

How many Drugs / Doses / Since how long : —

....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ....

....

IUGR - when detected : ....

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

AFI : ....

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

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

—

Compliance with Rx : —

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

H/o Hypothyriodism : when diagnosed ? Medication?

....

Any other Chronic Medical Problems, when detected drugs ? Anemia (9.7)

(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 : ....

PROM

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) NAD

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 immediately after birth
HR > 150 bpm
SpO_2 - 97 %
CRT < 3 sec, Pink
Actively took feed
APGAR - 8/10 @ 1 min
9/10 @ 5 min

Investigation details in previous Hospital :

—

Feeding History :

—

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 98.6°F HR : 156 RR : ..... NIBP : ..... CFT : <2sec

Color of the extremities : Pink

Jaundice : - Pallor : - SpO2 : 97%

Anthropometry : Birth Weight : 3.082kg 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.) :

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 :

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

ABDOMEN and UMBILICUS :
- Shape :
- Organomegaly :
- Bowel Sounds :
- Umbilical Stump : 3 Art + 1 Ven
- Discharge : NAD

GENITILIA :
- ~~Labia / Hymen~~ :
- Testicles/penis :
- Anus : Patent

HERNIAL ORIFICES

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 : RA

Spo2 : 97% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 156 BP : ..... Precordial Activity : —

Femoral Pulses : + Murmurs : —

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

Abdomen : (N)

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 : (N)

Prechtle Score : .....

Nerves : (N)

.....

.....

.....

Motor System :

Passive Tone : (N)

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

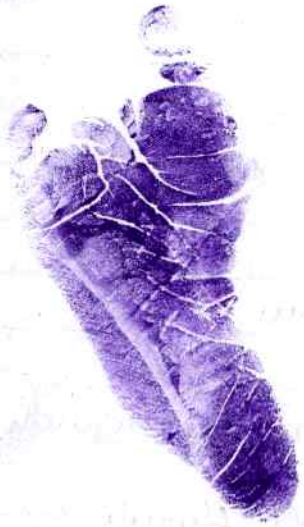
Patient Sticker

Any Congenital Anomalies : NO

Diagnosis : Term | Boy | 3.08 kg | AGA | well baby

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : 137223

Name : Dr Aravanna.

Date & Time :

Consultant :

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Advice

- Provide warmth care to baby

Plan during ward follow up :

- CBG hourly
- Blood grouping.
- Birth vaccine @ 24th
- NBS, OAE @ 48 H
- To initiate DBF exclusively

.....

.....

.....

.....

.....

.....

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

.....

.....

13/7/23

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Patient Sticker

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Dr. PADMAPRIYA EKAMBARAM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. [illegible]	
18/7/26 6:20 PM	A live baby boy born to female 29yr old / B+ve / c̄ Anemia (9.2) (37+2) primi / KAVD / maternal hypothyroidism CLAB / 3.08kgs.	
	No external congenital anomalies noted.	
	vitals - stable	
	RS: clear	CVS: S1S2 ⊕ / no murmur
	PA: Soft NT	CNS: active / cry / activity
		Plan:
		1) DBF 2hrly / wards
		2) CBG Q6h
		3) vaccination at 24hrs OL
		4) 4 limb SpO2 at 24hrs / before
		5) SBr / OAE / NBS at 48hrs

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 10.00 AM	S/B- Dr Yuvaraj	
	Δ - Term(37+2)/M/BW- 3.08kg ↓	
M/B+ O+/B	Pink, alert active	BW - 3.086 kg
	CH/A - good AF	TW - 3.006 kg
		Urine ✓ Meconium ↳
	System - WNL	
		Vaccine ↳
		OAE, NBS, SBR } tomorrow
	Plan:	
	- Continue DBF	
	- Monitor vitals	
	- OAE/NBS/SBR - tomorrow	
		TB ↓

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 4.30AM	S/B Dr. Lucky vignesh	
	Δ: Term (37+2) / male / 3.086kgs / Pmini / KAVD.	
M / B+ / O+ B	Baby rewind	Bwt: 3.086kgs
	C/T/A - good.	Twt: 2.950kgs
		Δ: 130g
		%. 4.2%
	AF at level	
urine ✓		
meconium ✓		
	RS: clear	PA: soft/NT
Vaccine ✓	CVS: S1S2+0 (No murmur	CNS: (N) cry/tone/activity
		Adv
		1. Culture DBF - done/awaited
SBR		2. monitor vitals
OAE } today at 12:00PM		
NBS		
Lucky 20/7/26		E: Padmapriya 44 168

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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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

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.86 kg

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
18/7/26 1.50 PM	1.50 PM	INJ. VITK	0.1 ml (1mg)	IM	[signature]	ND	TJ
19/7	8AM	INJ. BCG	0.1ml	ID	[signature]	SM	VA
19/7	8AM	INJ. HEPATITIS B	0.5ml	IM	[signature]	SM	VA
19/7	8AM	OPV	2 DROPS	PO	[signature]	SM	VA

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

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient Sticker

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/7/26 Time: 10am 4pm 8pm 12mm 4AM

Doctor/Nurse/Family Concern?

On admission.

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 98.2 98.2 98.8 98.2

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 146 144 140

Note: BP does not score in early warning scoring

Heart Rate (Number): 140 144 140 130bpm 132bpm

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10 — 46 50 48

Resp Rate (Number): 46 50 48 40bpm 44bpm

Resp Distress	Mod/ Severe / None / Mild	NM	RA	A	↑	↑
Receiving O_2 (l/min) O_2 Saturations (%)		100%	100%	100% A/A	99% (A/A)	99% A/A
Conscious Level	Normal / Altered	-	-	-		
GCS *		15/15	15/15	A/A		A/A
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. PADMAPRIYA EKAMBARAM

(2)

. No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/7/26 Time: 8AM | 12PM | 4PM | 8PM | 12AM | 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.5F | 97.8F | 98. | 97.9F | 98F | 97.5F

Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring

Heart Rate (Number): 130bpm | 130 | 140bpm | 128bpm | 130bpm | 128bpm

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

Resp Rate (Number): 40rpm | 44rpm | 32bpm | 40bpm | 28rpm | 32rpm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min)		Room Air	2L	RA	2L	2L
O_2 Saturations (%)		RA	RA	98%	99% (RA)	98% (RA)	99% (RA)
Conscious Level	Normal / Altered	Alert				
GCS *			Alert	15	Alert	Alert	Alert
TOTAL SCORE						
Number of shaded boxes		0	6	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials							

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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.
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Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0Y0M0D2H (M)
Dr. PADMAPRIYA EKAMBARAM

Patient St

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FLUID CHART

R.wt - 3.037kg

Sheet No. : .....

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

Date: 18/7/26	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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	DBF.										
	03:00 pm	Nan	15ml								NO	
	04:00 pm										Juice.	
	05:00 pm											
	06:00 pm	DBF										
	07:00 pm	Nan	15ml				✓				NO	
Total Intake :		2 times / 30ml.				**Total Output :**						
	08:00 pm										NO	
	09:00 pm	Nan	20ml.									
	10:00 pm						✓			50m		
	11:00 pm	DBF									NV	
	12:00 am										IV	
	01:00 am	DBF									W	
Total Intake :		2 times DBF				**Total Output :**				30m		
	02:00 am											
	03:00 am	DBF					✓			30m	NO	
	04:00 am										IV	
	05:00 am	NF DBF	25m								W	
	06:00 am									30m		
	07:00 am	DBF										
Total Intake :		3 times DBF				**Total Output :**				60m		

Total 24 hrs. Intake	4 m DBF N - 4	Total 24 hrs. Output	U - 3 M - 3

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

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

T.WT - 3.006 kg

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/7/26												
	08:00 am										NO	
	09:00 am	DBF										
	10:00 am										IV	
	11:00 am	DBF										
	12:00 pm										Line	
	01:00 pm	DBF										
Total Intake : 3 times DBF						Total Output : Urine / motion not passed						
	02:00 pm										NO	
	03:00 pm	FF	20ml								IV	
	04:00 pm										line	
	05:00 pm	DBF + formula	20ml				✓			—	NIL	
	06:00 pm										W	
	07:00 pm	Formula feed	20ml									
Total Intake : DBF + 60ml						Total Output 2 times M-1 time						
	08:00 pm	NIL DBF									NO	
	09:00 pm		20ml							20ml		
	10:00 pm										W	
	11:00 pm	DBF									W	
	12:00 am									20ml	NO	
	01:00 am	DBF									W	
Total Intake : 2 nos DBF						Total Output : 40ml						
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am	NIL									IV	
	05:00 am	DBF	30ml				✓			30ml	W	
	06:00 am										W	
	07:00 am	DBF									W	
Total Intake : 2 nos DBF						Total Output : 30ml						

Total 24 hrs. Intake	N: 4 nos. DBF + N.F - 5	Total 24 hrs. Output	J - 4 M - 2

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Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
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NURSING CARE RECORD

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Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Maintain good nutritional status	2.30 pm	Assess nutritional status and appetite. Assist with feeding if needed	Baby was feeding good.	Reassessment was done	01/7/26
Night	8pm	promote adequate Nutrition. For healing and Recovery.	8.30 pm	Asses Nutritional status and support Assists with Feeding if Needed	Baby was activity	Reassessment done	01/7/26

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Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 19 H (M)
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NURSING CARE RECORD

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

Date: 19/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nil
- ☐ 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 condition Provided DBF @ 2Hrly	12pm	Assessed the Baby condition Provided DBF @ 2Hrly.	Encouraged mother DBF	Done.	S.Nagal
Afternoon	2pm	⇒ To reduce hospital Acquired Infection		⇒ To Maintain Proper hand wash.	⇒ To reduce risk Infection	The child Vital Sign Stable.	
Night	7:30pm	- Assess the baby General condition - provide warmth care to baby	2 am	- Assessed the baby General condition - Provided warmth care to baby.	Provided warmth care to baby	Baby temperature Maintain	

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Baby B/O KANIMOZHI L
18-07-2026 0Y0M0D2H (M)
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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
		Admission notes on 18/7/26	
18/7/26	2.00 pm	Baby delivery on 18/7/26 at 1.46 pm Normal delivery cries soon baby at birth Immediately crying is well cord clamping and cut. Baby handing over to pediatrician Baby routine care given cord clamping Baby vitals checked & recorded Inj. vit K 0.5 ml IM given as per doctors order. Baby general condition is good Cord blood sent to lab for blood grouping.	bmi/0/18/26
		B - 18/7/26 at 1.46 pm A - Boy B - weight 3.036kg A - 8/10, 9/10	bmi/0/1960
	4.00 pm	Baby vital checked & recorded Baby continue crying Informed to Dr Prasanna Sir order to forming feeding hand Ordered Dro 10ml given no vomiting complaint to Attender. Baby not passed u/m	bmi/0/1960
	6.00 pm	Baby vital checked & recorded Baby general condition is good. CBG checking value : 50 mg/dl & through Continue by Dr. Annapoorni Mam.	bmi/0/1960

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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
18/7/26	7.30 pm	Baby handing over to evening duty staff	[illegible]
	7.30 pm	Night duty (18/7/2026) Baby handing over taken evening duty staff Nurse Baby was activity U/M Not passed one time stool pass evening duty	[illegible]
	8pm	patient checked vital sing vital are stable Baby was active	[illegible]
	9.30 pm	Baby Nan Expo 20ml given patient tolerated 20ml given Baby was activity	[illegible]
	10.20 pm	Baby handing over given 7th floor staff Nurse	[illegible]
		Receiving Notes on 18/7/26	
	10.30pm	Baby details handing Over taken f/o Someshwari. Baby received from LDR to 7th floor Baby active and good colour is pink and normal. Baby urine and motion passed	[illegible]
19/7/26	12 AM	Baby vital sign checked and Recorded	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
19/7/26		CBH checked and Recorded CBH. ↓	
	8 AM	Baby sleeping well. provided Warmth care to baby →	Shan.
	9 AM	Maintain Intake and output Chart. Vital signs checked and Recorded. →	Sd.
	6 AM	Morning care is given. weight checked and Recorded,	Sd/16.
	7.30 AM	Baby details handing over taken from Night duty staff. Baby active and alert, Baby vaccine done, SBR/NBS/OAE after 48HRS, U/M/passed, RBS 6HRly. → Morning Duty	Sd 19/7/26.
19/7/26	7.30AM	Baby details, Hand over taken from Night duty staff. Baby active and alert, Baby vaccine done, SBR/NBS/OAE after 48HRS, U/M/passed, RBS 6HRly. →	Sd 19/7/26.
	8AM	Baby vital sign checked and recorded. vitals are stable. Maintained the chart, today vaccine plan Explain to parents from Dr. Chandra lekha mam BCG 0.1ml ID, Hep-B 0.5ml IM, OPV 2 drop PO Given as per order. →	Sd 19/7/26 8AM
	10AM	Baby NO other complaints, U/M/passed, BBF + Non pirol bond latch, maintained the chart. →	Sd 19/7/26 10AM

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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
19/7/26	12pm	Baby sleeping well, secretion is good. maintained flochart →	Sf 607373
		Baby mother Hb:7.7 shifted to LDR so Baby also shifted to LDR →	Sf 673
	12pm	Baby details Hand over given to LDR staffs. →	Sf 672
19/7/26	12.30 pm	NICU received Notes: Baby received from 7th floor. Baby active & alert. vitals are checked & recorded. Baby urine & motion not passed. Baby side no complaints.	S/N Parameswari 01608
		child is RBS 61mg/dl cleary Recored. RBS 6th	
19/7/	1.30pm	hour (evening) contionue. → The Baby is B/N Vaccination all hours, RBS, OAE, S. [illegible] no hour. The child is per 2nd hour maintaining [illegible].	S/Asst 01986
		→ The child Nanexcel Pro Formula 15-20 ml is given child is no any No vomiting complaints child is clear & stable	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			18/7/26	18/7/26	19/7	19/7	19/7
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					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	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	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	13	13	13	13

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		✓	✓	✓	✓	NA
Other Intervention(s) Specify		✓	✓	✓	✓	NA
Nurse's Name:						
Signature:						
Date:		18/7/26	18/7/26	19/7	19/7	19/7/26
Time:		2pm	8pm	8am	8pm	8:30p

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 1 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			26/7				
Age	Less than 3 years old	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				
	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				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	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				
	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				
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	1/13				
	Total						

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				
Other Intervention(s) Specify		X				
Nurse's Name:		V. Mani				
Signature:						
Date:		26/7/26				
Time:		8pm				

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

..... Gender : ☐ M ☐ F IP No. : .....

				Date :	T 18/7/26	N 18/7/26	M 19/7	E 19/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	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	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	24	24	24
				Evaluator's Name				

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

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gend

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

					Date :	19/7 N	20/7 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		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	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		
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		
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		
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		
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		
					TOTAL SCORE	28	28		
					Evaluator's Name	R	D		

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

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0Y0M0D2H (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
18/7/26	8pm.	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
18/7/26	8pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
19/7/26	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No Pain	
19/7/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
19/7	2pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
19/7	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	
20/7/26	8am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
20/7/26	6 AM	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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

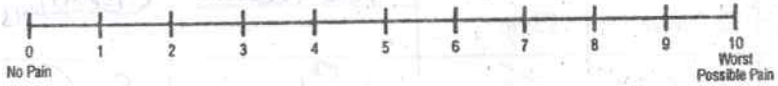
Re-assessment Frequency:

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-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 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 NB Team.
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	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
19/7/26	3 Pm.	Nutrition diet	Baby Mother explain to about in the feeding	Mother.	Education level.	Oral.	Respect, value & belief.	Verbalizes understanding	Good	Dev
19/7/26	8AM	Yes	Baby mother explain to EBF 02 HRS.	Mother	NO	Oral	None	Verbal	Good	Sol
20/7/26	8AM	Yes	Baby mother explain to EBF 02 HRly	mother	no	oral	None	Verbal	good	sl

Part - III: CODES

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

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

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

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

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

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PATIENT TRANSFER FORM

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	18/7/2026 at 3.23 pm	18/7/2026 at 10.20 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. padmapriya	DR. Annapoorni.	Further mangem.
From Unit	**To Unit**	**Information to Attendant**
NDR		Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Fin (1)		Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby cuff - (1)	
2.	Baby pan - (1).	
3.	Baby dun - (1).	
4.	Nan Exsm - (1).	
5.	palan - (1) Feeding Bell - (1).	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sobelwan 01/7/18.	DR. Annapoorni

Patient & Clinical Records Received by : SHA

Date & Time of Patient Received : 18/7/26 @ 10.20 pm

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

PATIENT TRANSFER FORM

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GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name: Dr. padmapriya.	18/7/26 at 8.23 pm	18/7/26 at 10.20pm
Transfer Ordered by: Dr Annapoorni	Reason for Transfer: Baby shifted to Mother side.	
From Unit: NICU	To Unit: 4th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Ip file-①	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.		
3.		
4.		
5.		

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

Baby shifted to Mother side owed by Dr Annapoorni

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Devi	Dr Annapoorni

Patient & Clinical Records Received by : Staff Nurse at 10.20pm

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

Patient Sticker

GUC-00094023 IP18-00036517
Baby B/O KANIMOZHI L
18-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Kanimozhi Mother's Name: Ms. Kanimozhi.

Date of Birth: 18/7/26 Time of Birth: 1.46 Pm. Gender: ☑ Male ☐ Female

Birth Weight: 3.086 Kgs HC: 40 cm Lenght: B/2 cm

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

Term / Pre-term / Post-term: ~~Term~~ Term

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: B+ve. Baby: Awaited

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 2.30 PM

GUC-00085644 IP18-00036512
Mrs KANIMOZHI L
19-03-1997 29 Y 3 M 29 D (F
Dr. MATHANGI RAJAGOPALAN

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.4 °C HR: 140 /Min RR: 40 /Min BP: — SpO_2: 100%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☑ No **Score:** ..... (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: Devi Signature: ..... Date &Time: 18/7/26 At 2.00 Pm

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