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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 28/7/26

GUC-00094208 IP18-00036635
Baby B/O AMIRTHA VAHANI A
23-07-2026 0 Y 0 M 4 D (F)
Dr. GIRIDHAR S

Name of the .....

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

Ward: ..... Room No: .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 28/7/26

Time: 8 Am

Pharmacy Sign

Date: .....

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Rainbow Children's Hospital

GUC-00094208 IP18-00036635
Baby B/O AMIRTHA VAHANI A
23-07-2026 0 Y 0 M 4 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	7.50 Am	8.00 Am	[illegible]				
Activity Sheet update by Pharmacy			[illegible]				

ACTIVITY RECORD FOR BILLING

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Name: GUC-00094208 IP18-00036635
Baby B/O AMIRTHA VAHANI A
23-07-2026 0 Y 0 M 4 D (F)
UHID No: ... Dr. GIRIDHAR S

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	11.55 PM	OP	606.	

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
27/7/26	DAE	733755	
28/7/26	SBR	26024123.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7/26	SSDT	1.20PM	28/7/26 @ 10am.	733811	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 28/7/26 Time: 8Am Prepared By: Serajul

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Serajul OT&P			

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GUC-00094208 IP18-00036635
Baby B/O AMIRTHA VAHANI A
23-07-2026 0 Y 0 M 4 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor NAME OF CONSULTANT- Dr. Giridhar S.

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	08/8/26				
	INTIME	OUT TIME			
Arrangement of File by Nursing	08/8/26 at 9:15 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					

T.wt - 2.696 kg.

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036635 **Admit Date** : 27-Jul-2026 **Admit Time** : 12:12 PM **UHID** : GUC-00094208

Patient Details :

Patient Name	: Baby B/O AMIRTHA VAHANI A	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr SAKTHI KUMAR	**DOB**	: 23-07-2026 10:41 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Chennai. Chennai Tamil Nadu INDIA 600001	**Phone No**	: 9677037900
		E-mail	: no@gmail.com

Admission Details :

Bed Type : NICU FAMILY CENTRIC ROOM **Bed No** : NICU-FCR 335 **Ward Name** : 3F-NICU 4

Room No : NICU-FCR 335 **Admission Type** : First Visit

Contact Details :

Name : Mr SAKTHI KUMAR **Relationship** : Father

Contact Address : Chennai. Chennai Tamil Nadu INDIA 600001 **Phone No** : 9677037900

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O AMIRTHA VAHANI A**	**Age :**	**0 Y 0 M 4 D**
IP No:	**IP18-00036635**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**3F-NICU 4/NICU-FCR 335**

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: Sakthi Kumar

Relationship: Father

Date: 27/07/2026 Time: 12:13 pm

Witness Name: Panithra

Witness Signature:

Patient Address:

Chennai. Chennai Tamil Nadu INDIA 600001

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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 : Baby of Amiltha Vahani.A	UHID Number : GUC-00094208
Self/Attendant Name : P.V.SHASHIKUMAR	Relation : Father
Self/ Attendant Signature : Phone Number : 9647037900	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

இந்திய அரசாங்கம்

Government of India

சக்திகுமார் பி வி

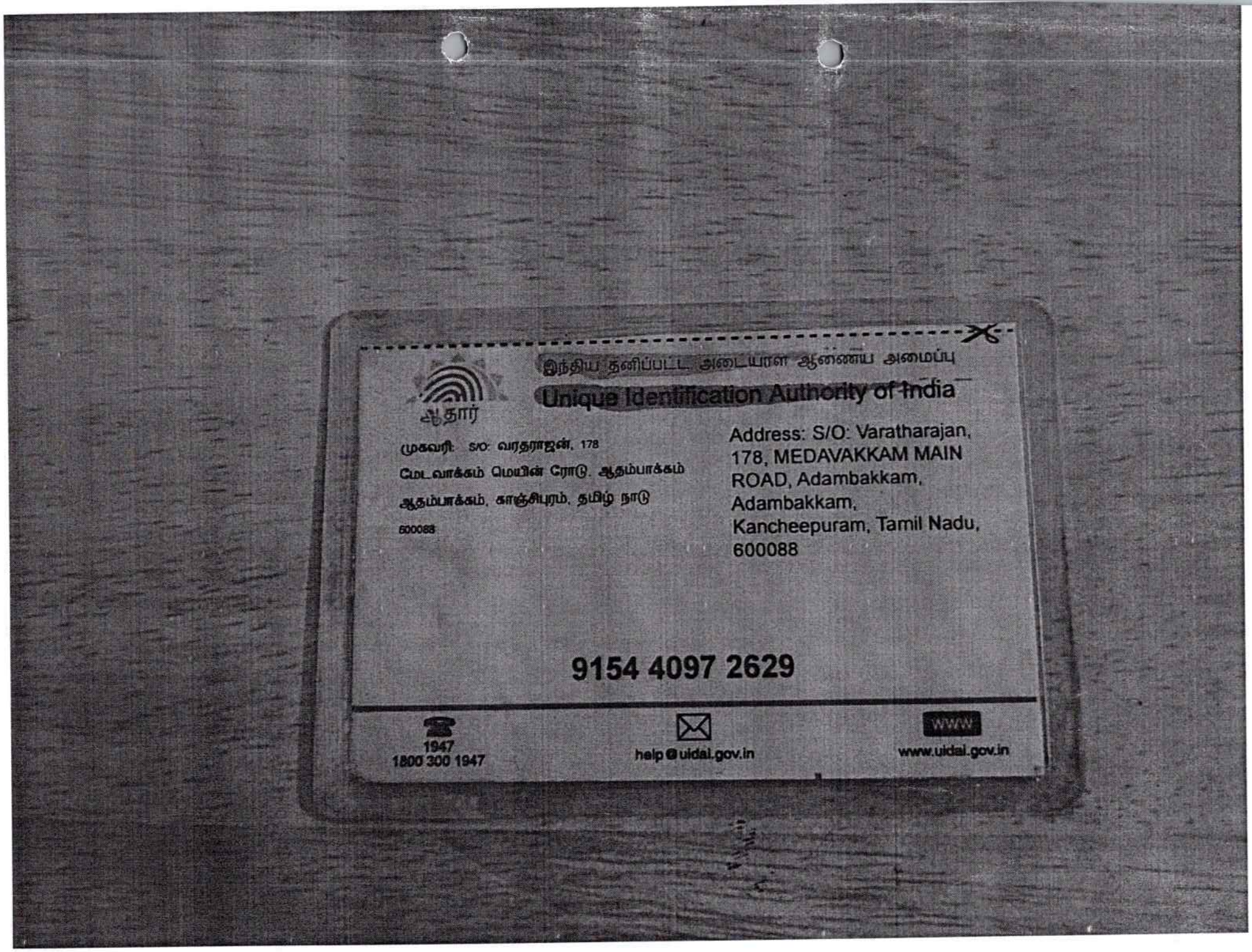
Shakthikumar P V

பிறந்த நாள்/DOB: 25/10/1995

ஆண்பால் / Male

9154 4097 2629

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

ஆதார்

முகவரி: S/O: வரதராஜன், 178
மேடவாக்கம் மெயின் ரோடு, ஆதம்பாக்கம்
ஆதம்பாக்கம், காஞ்சிபுரம், தமிழ் நாடு
600088

Address: S/O: Varatharajan,
178, MEDAVAKKAM MAIN
ROAD, Adambakkam,
Adambakkam,
Kancheepuram, Tamil Nadu,
600088

9154 4097 2629

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

GUC-00094208 IP18-00036635
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23-07-2026 0 Y 0 M 4 D (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Amirtha Vahani Age : ..... Father's Name : ..... Age : .....

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

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

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

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

BIRTH INFORMATION

Name : B/O Amirtha Vahani

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 23/7/26 Time of Birth : 10:41 AM

Place of Birth : .....

Mother's Blood Group : .....

Birth Weight (gms) : 2.760 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+4

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 23 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

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

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

Last Scans Details : .....

..... TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O. Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

G: 2 P: ..... A: 1 L: .....

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

PERINATAL HISTORY

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

Duration of Labour kiwi assisted

First stage (> 18 hours sig) N VD

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
TOTAL 8/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Day 4 of life.,

Serum bilirubin elevated

SBR-: 19.8

PT cut off 20.7

Wt loss: 4.5%

M | B.Positive

B | O Positive

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 : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

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

Anthropometry : Birth Weight : 2.160 Length : ..... HC : ..... Present Weight : 2.640

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 : Discharge :
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :
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 : 45/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 96% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 146/min BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : .....

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

Abdomen : soft Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

Abdominal girth : ..... Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry, tone activity /2

.....

.....

.....

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 : Day 4/ Term/ 38+4/ AGA/ girl/ 2.76 kg/ NAD.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

Consultant : for Dr. Anindita

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 : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

(1) DBF-Q2H / warmth
(2) To start SSPT
(3) Repeat serum bilirubin on 28/7/2026

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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23-07-2026 0 Y 0 M 4 D (F)
Dr. GIRIDHAR S

(1)

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

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

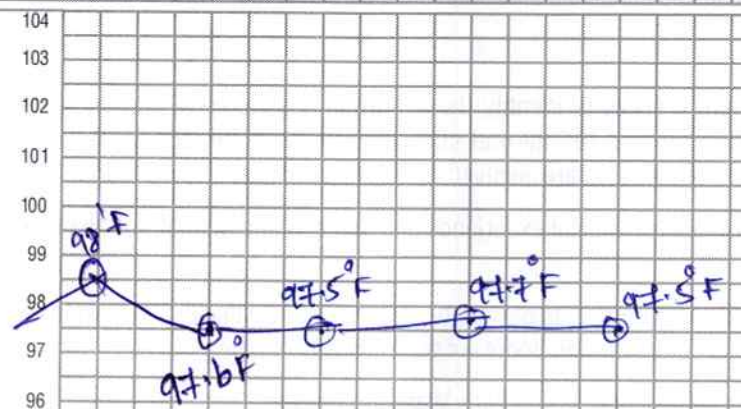
Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date 27/7/26 Time: 1pm 4pm 8pm 12am 4am

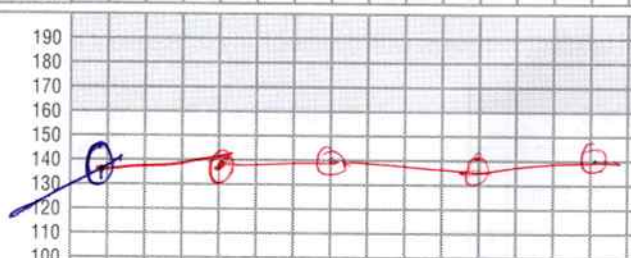
Doctor/Nurse/Family Concern?

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	140b/m	138b/m	140b/m	138b/m	140b/m

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

Resp Rate (Number)	46b/m	48b/m	40b/m	38b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA
O_2 Saturations (%)	98%	99%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓
GCS *	Alert	Alert	Alert	Alert	Alert
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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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-00094208 IP18-00036635
Baby B/O AMIRTHA VAHANI A
23-07-2026 0 Y 0 M 4 D (F)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : (1)

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

DH-H20		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Stool Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	Received from OPD									No IV/O	
	01:00 pm		DBF									
Total Intake : DBF - (1)						Total Output : Nil.						
	02:00 pm		DBF							✓		Padma
	03:00 pm									✓	NO	
	04:00 pm		DBF									Padma
	05:00 pm						✓			✓	IV	
	06:00 pm		DBF								line	DH
	07:00 pm											
Total Intake : (3) DBF						Total Output : U-3 time ; M-1						
	08:00 pm											
	09:00 pm		DBF							✓	NO	
	10:00 pm											
	11:00 pm		DBF				✓			✓	IV	
	12:00 am										line	
	01:00 am		DBF							✓		
Total Intake : (3) - DBF						Total Output : U-3 ; M-1						
	02:00 am											
	03:00 am		DBF							✓	NO	
	04:00 am						✓					
	05:00 am		DBF							✓	IV	
	06:00 am						✓				line	
	07:00 am		DBF							✓		
Total Intake : (3) - DBF						Total Output : U-3 ; M-2						

Total 24 hrs. Intake	10 - DBF

Total 24 hrs. Output	U-9 ; M-4

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26		receiving notes.	
	12.50PM	Patient details handing over	
		taken from OPSIN. Baby received	[signature] 0800Hb
		from OPD. c/o. SBP - 19.4mg/dl. Dr	
		Giridhar advised SBPT need to	
		stay. tomorrow to do 6AM SBR.	[signature]
	1PM	vitals checked and recorded.	
	1.00PM	Baby had mother food.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/2 need supervision	[signature]
		maintained I/O chart.	
	1.30PM	Handing over given to evening	
		duty SIN.	[signature]
		Evening duty Notes.	
27/7/26	1.30pm	Baby details hand over	
		taken from Morning duty	
		Staff. Baby was active	
		and alert →	Praveen [signature]
	2pm	Baby taking feed No	
		vomiting. DBF 2-3 hrly.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/2 Need supervision.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	3pm	Baby Single live baby Photo therapy is going on → Baby	
	4pm	→ Baby vital signs checked and recorded. vitals are stable	
	6pm	→ Baby intake and output chart maintained & record	
	7:30pm	→ Baby detail hand over given to night duty SN	
		Night duty notes.	
	7:30pm	Baby details are handing over taken from Evening duty staff. SBR - 19.4 mg/dl. SSPT started at 1:20 pm. tomorrow plan SBR sample morning - 6am. to do →	
	8pm	Baby vitals are checked & recorded. vitals are stabled.	
		CP: ++ | PP: ++ | CRT: <3sec →	
	10:30pm	Nicu Doctor came and saw the Baby's General Condition →	
28/7/26	12 pm	Baby vitals are checked & recorded. vitals are Stabled.	
		CP: ++ | PP: ++ | CRT: <3sec →	
	2am	Baby takes food every 2 Hourly SSPT is ongoing to the baby	

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/D Amirtha Vahani Mother's Name: Mrs. Amirtha Vahani

Date of Birth: 23/7/26 Time of Birth: 10:41AM Gender: ☐ Male ☑ Female

Birth Weight: 2.760 Kgs HC: 33 cm Lenght: 45 cm

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

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: B +VE Baby: O +VE

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.1 °C HR: 140 /Min RR: 46 /Min BP: - SpO_2: 100 %

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 15 (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: Sathya Signature: Date &Time: 23/7/26 at 1.30PM