Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		10.15AM					
Activity Sheet update by Pharmacy							

4th Floor Ward

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

Name: .....

UHID No: .....

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

Room / Bed No: ..... Ward: .....

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

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

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/7/26	SBR	24253	[illegible]
30/7/26	SBR	24392	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/7/26	SSPT	3.30pm	30/7/26 8AM	34207	Baluiy/020685

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 26/4/24 Time: 7AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094179 IP18-00036637
Name: ..... Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

UHID No: ....

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	1.30pm	RCH OP	NICU	Sreeparvathy
28/7/26.	3 pm.	NICU	409	Abita.

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
24/7/26	RBS (1)	24102	Swapna BOKKA
27/7/26	@10.30pm - SBR (1)	24108	Tanisha
28/7/26	RBS (1)	24118	Tanisha
28/7/26	SBR	24156	Swapna BOKKA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7/26	Perfusion Pump	27/7/26 @5pm	28/7/26 11AM	733837	Scrapped for 5
27/7/26	SSPT	27/7/26 @1.30pm	28/7/26 @3pm		Scrapped for 6

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/7/26	PV placement.	①	1733836	Sagarika Borah

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 28/7/26 Time: 3pm Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Rosy Dutta			

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

TWT : 2.662kg

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE TRACKING SHEET

DATE : 30/7/26

Name of Consultant : Floor : UHID :

S.NO	Activity	TIME		Name & Signature	Remarks
		IN TIME	OUT TIME		
1	Dr. Announce Time				
2	Arrangement of File by Nurses	30/7/26 10.10 am		Jay Glory	
3	Pharmacy Clearance				
4	Provisional Billing				
5	Audit Check				
6	Final Bill Prepared				
7	Sent to Insurance & Approval Received				
8	Handing Over & Bill Clearance				
9	Discharge Summary				
10	Physical Check Out				
11	Activity Sheet updated by Nursing				
12	Activity Sheet updated by Pharmacy				

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 : IP18-00036637 **Admit Date** : 27-Jul-2026 **Admit Time** : 02:26 PM **UHID** : GUC-00094179

Patient Details :

Patient Name	: Baby B/O YAMINI SURESHBABU	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr KARTHIK GAJENDRAN	**DOB**	: 22-07-2026 02:12 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5/10-30, SEVEN WELLS STREET, St Thomas Mount Kanchipuram Tamil Nadu INDIA 600016	**Phone No**	: 9840309932/ 7200690512
		E-mail	: YAMINISURESH6@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 314 **Ward Name** : 3F-NICU 2

Room No : NICU 314 **Admission Type** : First Visit

Contact Details :

Name : Mr KARTHIK GAJENDRAN **Relationship** : Father

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

Signature

Doctor Details :

Doctor Name : Dr. 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 YAMINI SURESHBABU**	**Age :**	**0 Y 0 M 5 D**
IP No:	**IP18-00036637**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**3F-NICU 2/NICU 314**

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:)

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

Signature of Patient/Relative:

Name: Karthik Gajendran
Relationship: Father
Date: 24/04/2026 Time: 2.24 PM
Witness Name: Santhya
Witness Signature:

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

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Yamini Sureshbabu Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Giridhar Referring Consultant : Dr. Maltaraji

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

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

BIRTH INFORMATION

Name : B/o Yamini Sureshbabu.

Gender : ☐ M ☒ F Blood Group : B – tve

Date of Birth : 22/7/26 Time of Birth : 2:42 pm

Place of Birth : .....

Mother's Blood Group : B – tve

Birth Weight (gms) : 2.914kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27 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 On MNT

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 : Primi P : ..... A : ..... L : .....

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

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; Hypoventitation	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:

On day 5,
↑ sr. bilirubin

SBR : 21.6.
PT cut Off : 20.8.

BW 2914
TW 2600

10.7% wt loss

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 : 2.914 Length : ..... HC : ..... Present Weight : 2.600

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
Facies : (Any Facial Dysmorphism)		
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 :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	N Soft
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	Intact Full Legs

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50/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 : 97% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 145/min BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : soft

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry, tone ✓ activity

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : ....

Diagnosis : Term/ 38+4/ AND/ girl/ 2.914kg/ IDM/ NIHB

FOOT PRINTS

Left Side :	Right Side :

Resident Doctor :

Signature : Ajith 15578 Dr. Pojitha

Name : ....

Date & Time : ....

Consultant : for Dr. Giridhar

Signature : Ajith 15578

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 :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

COUNSELLING CHART

	DATE						
RESPIRATORY SYSTEM							
HIGH FREQUENCY OSCILLATION							
VENTILATOR							
INHALED NITRIC OXIDE							
NON-INVASIVE VENTILATION							
CPAP							
HFNC							
OXYGEN							
ROOM AIR							
CARDIOVASCULAR SYSTEM							
INOTROPES (Y/N)							
HYPOTENSION (Y/N)							
ABDOMEN:							
FEED INTOLERANCE (Y/N)							
FLUIDS							
TPN							
PPN							
ONLY FLUIDS							
INFECTION (Y/N)							
GENERAL CONDITION							
MORIBUND							
CRITICALLY ILL							
SICK							
IMPROVING							
STABLE							

P.T.O.

DATE	REMARKS	DOCTOR'S SIGN	PARENT'S SIGN
28/7	Baby in RA on SSPT on 30ml/dur [illegible] feeds Roomshift Mothers	[signature]	[signature]

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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

Birthright BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

Name: ..... Age: ..... Gender: Male ☐ Female ☐

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

I ..... S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on .....

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

..... Term / male / Hyperbilirubinemia .....

.....

.....

The doctors have clearly explained to me that my patient B/o . ..... during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

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

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

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

I give my consent to the team of doctors to go ahead and admit the child B/o :..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature : .....

Name : ..... KARTHIK GAJENDRAN .....

Relationship with Patient: ..... FATHER .....

Date & Time : ..... 27/7/26 @ 4.30pm .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : ..... Dr Prasanna .....

Date & Time : ..... 27/7/26 @4.30 pm

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- ☐ Respiratory Distress
- ☐ Congenital Heart Disease
- ☐ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☑ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Ompalecele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydrouretero Nephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☐ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: Dr Praveena.

Name of the Doctor: 137223

Date & Time: 27/7/26 @ 4.30 pm

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE CRITERIA – NICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- ☐ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- ☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- ☐ Preterm babies maintaining normal temperatures (36.5-37.5°c) in room temperature.
- ☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

CONSENT FOR FORMULA FEEDS

Patient Name: B/O - Yamini Sureshbabu Age: 0 Days

Gender: F UHID. No.: 94179 I.P. No.: 36637

I Mr/Mrs.: Mrs Yamini S/W/D/o.:

aged.....years. Hereby declare that I have admitted my son/daughter

.....in the NICU of Rainbow Children's Hospital, Bangalore

on.....Here by giving consent for formula feeding for my child. Doctors have explained me

about the formula feeding benefits and risks involved in the language I best understand.

Name of the Father/Mother/Attendent: ✓ KARTHIK. G

Signature:

Date: 27/07/26 Time: 10:20

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MBG - B+VE
BBG - B+VE

RESULT SHEET

Date	27/7	28/7	29/7	30/7		
Time	@10.30 pm	10.50AM	7AM.	7AM.		
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	18.3 < 0.8 / 17.3	15.8 < 0.4 / 15.3	1.5 < 0.2 / 13.1	9.6 < 0.0 / 8.9		
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						

(P.T.O)

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.,) : .....

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7	S/B Dr. Prasanna	Btwt: 2.914 kg
4.30 PM	Baby received to NICU.	T-wt: 2.600 kg
	Started on SSPT	→10.7 % wt loss.
	Add lib paladai feeds + TFR @ 60ml/kg/day.	
	to repeat SBR 6 hours post SSPT starting time. @ 10 PM.	
	HR: 160 bpm	
	SpO₂: 97 %. on RA.	SBR – 21.6 (0.9 / 20.7)
	P/A: soft, BS(+)	
	RS: B/L AE(+)	PT cutoff – 20.8
		B1223 DrPrasanna.
28/7 9AM	S/B Dr. Prasanna	
	Baby on SSPT	
	On RA SpO₂ – 99%.	wt: 2.70 kg (↑65)
	On DBF / 30ml Nanpro. tolerating well	U/o: 1.3 ml/kg/hr (24 hr). 1.4 ml/kg/hr (6 hr)
	Off IV fluids.	RBS: 80 mg/dl.
		Stool - once passed.
	Continue SSPT	
	Roomlight today	
	Tomorrow ~~SSPT~~ SBR repeat	B1223 DrPrasanna.

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

Patient Sticker

B/O - Yamini
GUE - 94179/36637

(12)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/1/26 6 AM.	S/B - Dr Yuvaraj Δ - Term / 38+4 weeks / Cri / 2.914 kg / IDM / NHB	
M/B	Day (7) B+ B+ passed urine & stools urine - High coloured. stools - slight green icterus (+) in eyes (+) RS - Clear PA - Soft, non tender, no organomegaly CNS / NAD CVS	TW - 2.692 kg (↓77gm) NBS - (N) skin - bleached SBR - 15 today
	Plan - Continue SSPT - DBF	

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

409

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26	S/B - Dr Yuvaraj	
9AM	Δ - Term / 38+4w / Girl / 2.914 kg / IDM / NNHB.	
	Child seen. Day 8	
	O/E alert, active	TW - 2.662 kg
	feeding well	
	pink.	
	skin - bleached on SSPT.	
	icterus on eyes	SBR - 9.6 (8.9)
	RS - Clear	
	PA - Soft, non tender, no organomegaly	
	CVS, CNS	
		Plan - Continue SSPT
		- PBP + EBM
		- plan D/S today after rounds
		[signature]

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Patient Sticker

REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

2.636.

I.V. FLUIDS CHART

Weight. .... Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/7/26		TFR 50 ml/kg/day = 131.8 ml/day, 10% D. @ 5.4 ml/hr							
					13T273	Sugantya 60T5T7	28/7/26 @ 11AM		Sugantya 60T5T7 28/7/26 11AM

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

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

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: 22/7 ..... Time:	3pm.	8pm	12PM	4AM
Doctor/Nurse/Family Concern?				
Temperature (°F)	97.6°F	97.5°F	98°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Heart Rate (Number)	130b/m	128b/m	130b/m	128b/m
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	40b/m	40b/m	40b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	PM	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

Rainbow® Children's Hospital
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-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

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: 29/7/26 Time: 8am. 12pm 4pm 8pm 12am 4am

Doctor/Nurse/Family Concern?

Temperature (°F): 98F, 97.6F, 97.8F, 99.6F, 99.8F, 98F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 138b/mt, 132b/mt, 136bt, 120b/mt, 130b/mt, 132b/mt

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

Resp Rate (Number): 42b/mt, 40b/mt, 40bt, 40b/mt, 42b/mt, 40b/mt

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		99%	98%	98%	99%	99%	100%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	Alert	Alert
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0		
Observer's Initials		PM.	PM	B	RJ	RJ	RJ

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

Rainbow® Children's Hospital
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-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

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

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.

22/7/26.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 am											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	←	Feeding from NICU to 4th floor. @ 3pm →								0	MSR
	03:00 pm	DBF.									0	MSR
	04:00 pm										0	MSR
	05:00 pm	DBF					Motion				0	MSR
	06:00 pm									✓	0	MSR
	07:00 pm	FF	10ml.								0	MSR
Total Intake :		2 time DBF +10ml.				Total Output :				✓	0	MSR
	08:00 pm									2 time vomiting passed		
	09:00 pm	DBF.								✓	0	DBF
	10:00 pm						✓				0	DBF
	11:00 pm	DBF								✓	0	DBF
	12:00 am	EBM	10ml								NO	DBF
	01:00 am	DBF					✓			✓	NO	DBF
Total Intake :		3 DBF +10ml				Total Output :					No	DBF
	02:00 am	DBF								3 times vomiting passed		
	03:00 am									✓	NO	DBF
	04:00 am	DBF					✓					DBF
	05:00 am	DBF								✓	NO	DBF
	06:00 am						✓					DBF
	07:00 am	DBF								✓	Nil	DBF
Total Intake :		4 DBF				Total Output :						DBF

Total 24 hrs. Intake	9 DBF +20ml	Total 24 hrs. Output	8 times vomiting passed

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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.

29/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	DBF									NG	
	09:00 am	EBM	20ml							✓	IV	
	10:00 am	DBF										
	11:00 am									✓	line	
	12:00 pm	DBF										
	01:00 pm	EBM	20ml									
Total Intake : 2 times DBF + 20ml.										Total Output : 2 times urine.		
	02:00 pm	DBF								✓	No	
	03:00 pm						motion passed				IV	
	04:00 pm	DBF.								✓	line	
	05:00 pm											
	06:00 pm											
	07:00 pm	EBM	20ml									
Total Intake : 2 times DBF + 20ml										Total Output : 2 time urine passed		
	08:00 pm									✓	No	
	09:00 pm	EBM + DBF	10ml								IV	
	10:00 pm									✓		
	11:00 pm	EBM + DBF	10ml								line	
	12:00 am											
	01:00 am	EBM + DBF	10ml									
Total Intake : 3 times DBF + EBM 30ml										Total Output : 2 time urine Passed		
	02:00 am	DBF	✓							✓	No	
	03:00 am						motion passed				IV	
	04:00 am	DBF	✓									
	05:00 am	EBM	20ml							✓	line	
	06:00 am											
	07:00 am	DBF	✓									
Total Intake : 3 times DBF + 20ml										Total Output : 2 time urine Passed		

Total 24 hrs. Intake	11 times DBF + 100ml
Total 24 hrs. Output	8 times urine Passed

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: B+ve Sheet No: (1)

Gest Age: 39+2 Wks Birth Weight: 2.914 Kg

Date: 27/7/26	Date: 28/7/26	Date:
DOL D5 39+2 Wks Weight 2.636 Kg	DOL D6 (39+3) Weight 2.701 ↑ 65gm	DOL Weight
Problems: T/Hyperbilirubinemia	Problems: Term/Hyperbili	Problems:
Rs. RA 52b/m Exam Done. Vent. Setting RA ABG CXR / NA.	Rs. 51 b/m Exam Done Vent. Setting RA ABG CXR / NA	Rs. Exam Vent. Setting ABG CXR
CVS Pink. HR 142 b/m BP Map Cap Refil <3	CVS pink HR 149 b/m BP Map Cap Refil <3sec	CVS HR BP Map Cap Refil
F / E / N T. Fluids 80ml/kg/day CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: / NA WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: @6Am - 80 mg/dl U Output: 1.3 (CC/kg/hr) 1:4 Exam Stool passed (1) T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: / NA WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results – CRP – Antibiotics –	C/s Results – CRP – Antibiotics –	C/s Results CRP Antibiotics
Med – Neuro: –	Med – Neuro: –	Med Neuro:
Assessment Done.	Assessment Done	Assessment
Plan ↑ feed.	Plan SBR	Plan

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 27/7/26

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	4.30 pm	Reduce risk of hospital acquired infection.	5pm	Maintained Strict hand hygiene.	evaluated by lab report report.	No evidence of infection	Sagaya Gores.
Night	8 pm	→ monitor vitals. → provide phototherapy	10 pm	→ monitored vitals. → Provided Phototherapy	→ maintain vitals.	→ SpO_2 - 97%	6/17ee/

B/O Yamini

Patient Sticker

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

Goals

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

Date: 28/7/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Reduce risk of hospital acquired infection	9Am	→ Maintained strict hand hygiene.	evaluated by baby lab report	No evidence of infection	Suganya Borsur
Afternoon	2pm	→ Provide Adequate Nutrition for Hydration & recovery.	2pm	→ Assessed baby condition → monitored I/O	Baby Nutritional pattern stable	Re-assessment done	[illegible] 02084
Night	8pm	Maintain nutritional status	10pm	Assess the baby condition Monitor vitals Maintain Hochart position 88PT.	Maintained nutritional status Baby feeding taking well.	Reassessment Done	[illegible] 51935

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

Ⓒ.

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes	
24/7	4.30pm	Baby received from RCH OP.	
		Baby birth on 22/7/26 @	
		2.12pm NVD, B.Wt - 2.914kg	
		PMA - 38+4 Wks, today baby	
		Day of life 3, baby parents	
		OPD side do SBR - 21.6, so	
		Dr. Giridhar adviced by to	
		Start SSPT and T. Wt baby	
		2.636kg so to start PVF	
		D10 30ml/kg/day to 3.4ml/hr	
		so baby kept on warmer,	
		vital signs monitored.	
		T-36.4°C, HR-152b/m, RR-52b/m	
		SpO2 - 96% @ RA, then SSPT	
		started after 6hrs Sample of SBR	Sugany 6/0 25/7
	5pm	Baby was stable, under	
		room air, PV line	
		secured, then PV line	
		patterns then started.	
		PVF D10 8m 3.4 ml/kg/hr on	
		the flow.	Sugany 6/0 25/7
	7pm	Baby was stable, under	
		room air, monitored	
		vital signs T - 36.3°C,	
		RR - 52b/m, HR - 150b/m,	
		SpO2 - 96% @ RA then.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

(2)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ..... Not known .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue Notes	
2-7-17	7pm	Diaper changed then cleaned the baby then DBF Purified to the baby	Sugunya bots
	7.30pm	Baby kept on warmer under room air, feed 25-30ml EBM/DBF/M on going. PVF D10 5.4ml/hr on the flow. Continue of SSPT after 6 hrs Sample SBR. baby details hand over given to the night duty staff.	Sugunya bots
		Night duty (27/7/26)	
27/7/26	7-30 pm	Baby kept on warmer with RA, Baby hand over taken from SIN - Sugunya to SIN - Tamilselvi. Baby kept on warmer with RA, SSPT on going. PVF - 50cc/kg/day - 5.4 ml/hr. feed DBF / EBM. 10.30pm SBR plan.	Tamilselvi 01/7/26
	9pm	monitor vitals, changed dipper. feed given.	
	10.30pm	SBR send.	
	11pm	After given. Counseling by	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker
B/O- Yamini
Owe - 94179/36637

(2)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies
☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Doctor to the father about formula feed because of mother milk secrition loss. feed given 30 ml nan pro by paladai.	
	3AM	monitor vitals, SpO_2-96%, HR-142 b/m, RR-49 b/m. SSPT ongoing, feed given.	[signature] 017841
	5AM	morning care given, clean the baby, nose clean, weight checked. maintain hygine. feed given.	
	7.30 AM	Baby kept on warmer with RA. feed - 30ml SRH EBM/pre-nan by paladai. SSPT ongoing. IV line patency well. Baby hand over given to morning duty staff.	[signature] 017841 / [signature] 017841

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

B/O Yamini

Patient Sticker

(4)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ..... Not known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty (28/7/26 07-30Am)	
28/7	7.30Am	Baby details shand over taken from night duty Staff by using DSBAR method baby kept on warmer, under room air, feed 25-30ml EBM, Nasogastric DBF on going. Yesterday 10.30pm SBR - 18.3. PVF D10 50ml/kg/day 5.4 ml/hr on the flow, SSPT.	Sugarchecked
	9Am	Baby was alert, under room air, baby mother came and Radiated DBF, baby sucking well. not goes desaturation then monitored vital Signs T-36.4°C, HR-144b/m, RR-52b/m SpO2-99% in RA, Colostrum of SSPT	Sugarchecked
	10.50Am	Dr Girijadhar Sir came and advised by to do SBR and the stop the PVF then SBR Sample taken and sended to lab	Sugarchecked
	11.30Am	Baby was alert baby urine motion passed so draped changed cleaned the baby by mother then DBF Initiated takes well	Sugarchecked 60-57

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

B/O Yamini

Patient Sticker

(5)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue Notes	
28/7.	12pm	SBR report collected and T.Bill 15.8 present and put in the group adviced continue SSPT	Sugany 60757
	1pm	Baby was alert, under room air monitored vital signs T-36.4°C, HR-122b/m RR-52b/m SpO2-95% in RA. then DBF initiated, takes well, not goes desaturation	Sugany 60757
	1.30pm	Baby kept on warmer, under room air, feed 25-30ml EBM/Nan Pro or DBF on going, continue of SSPT PVF stoped and plan for room shifting, POCT cleared. baby details hand over given to the evening duty staff.	Sugany 60757
		Evening duty (28/7/26)	
28/7/26	2pm	→ Baby received from Morning duty staff. baby under warmer support. maintain temperature (36.6°C) baby on room air. Maintain saturation (95%) feed Addlib feed or DBF + formula Nanpro.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(PTO)

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

B/o Yamini

Patient Sticker

94179 | 36637.

(6)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/7/pre.		→ Contine Notes ←	
		2nd day Baby crying time.	
		Single surface phototherapy	
		On going. today Dr.	
		Giridhar advice to shift the	
		baby on mother side.	
		So Baby was shifted to	
		4th floor. as per Dr. Giridhar	
		Sir Advice. plan for	
		Contine SSPT and tommorrow	
	3pm	morning SBR plan	ABPTG 020887
		← Receiving Notes →	
23/7.	8 10 pm.	The Baby Details handing over	
		taken from NICU staff to 4th.	
		Floor staff. the Baby is	
		active and alive. IV line present.	[illegible] 01201.
		no pain, no swelling, IV line patten	
	8 15 pm	vital signs are checked and	
		recorded. vital are stable	
		CP PP ↑↑ ↑↑ CPT CSSA	
			[illegible] 01201.
		SSPT started. Baby co-operated well	
	9 pm.	Baby taking DBF orally and	
		tolerating well. Baby passed urine	
		and & motion. Baby active &	[illegible] 01201
		alive.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

NURSES NOTES

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

☐ No Known Drug Allergies
☐ Drug Allergies ..... N/P/

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue notes.	
28/7.	7pm	Baby feeding details. Pad 10 mark.	
		Flo chart well maintained, no	ms/01907
		other complaints of vomiting	
	7.30pm	The baby details handing over	
		given to night duty staff	ms/01901
		→ Night Duty 28/7/26 →	
	7.30pm.	Baby details Handing over	
		taken from evening duty s/r.	
		Baby was conscious & Alert	
		Baby colour is pink. &	
		warmth. Baby under the	
		room air. Baby taken DBF	
		EBM + PF. IV line present &	P.S.
		pattern. →	019354
	8pm.	Vitals are checked feeded.	
		Vitals are stable PP ++ / CP ++ / CFT < 3s	
	9pm.	Baby taking feeding well.	
		latching is good. Sucking	
		is good. Maintained the	
		F/o chart. →	P.S. 019354
	11pm.	IV line out, Inform	
	11	to Dr. Poojitha Mam	
		order remove IV line	
		Baby Feeding taking well	P.S.
		DBF + EBM. Regularly.	019354

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... NIL.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue Notes ←	
29/7/26	12Am.	Vitals are checked seeded.	
		vitals are stable | PP | CP | CRT |	
		Maintain I/O chart ++ ++ C3s	
	2Am	SSPT on going Baby	
		Sleeping well. No any	
		fresh complaints →	P.S. [illegible] 019354
	4Am	vitals are checked seeded.	
		vitals are stable | PP | CP | CRT |	
	6Am.	Maintained ++ ++ C3s	
		I/O chart. Clean the baby	
		Checked the weight. SBR sended	
		to the lab.	P.S. [illegible]
	7.30Am.	Baby details Handing over	019354
		given to the Morning duty (N).	
		← 29/7/2026 ON Morning Duty →	
29/7	7.30am	The Baby Details handing over	
		taken from night duty to morning	[illegible] / 019801
		Duty staff. The baby is active and	
		alive.	
	8am	vital signs are checked and	
		recorded. vital are stable	
		| CP | PP | CRT |	[illegible] / 019801,
		++ | ++ | <3sec |	
	10am.	Baby is active and alive. Baby on	
		DBF tolerating well. passed. motion	[illegible] / 019801.
		passed. Br	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue note 29/7/26	
	11.30am	DR. Giridhar. sir seen by a child	
29/7/26		he adviced continue SSPT and	
		tomorrow morning SBR.	[illegible] 019801.
	12pm	Vital signs are checked and recorded	
		vital signs are stable	
		UP ++ / PP ++ / CRT <3sec	[illegible] 01989
	1pm	I/O chart was maintained no other	
		complaints of pain, vomiting.	[illegible]/019801
	1^30 pm	The child details handing over	
		given to Evening duty Staff.	[illegible]/01989
		→ Evening duty ←	
	1.30pm	Baby taken over from morning	
		duty staff conscious & awake	
	2pm	Baby taking feeds well.	
		NO other complaints	[illegible]
		Baby On single surface	
		phototherapy	
	4pm	vital signs checked & recorded	
		NO other complaints.	[illegible]
		PP ++ / UP ++ / CRT <3sec	
	6pm.	Baby Motion and urine passed	
		Baby DBF taken 3rd hrly	
		No any complaint's	[illegible] 01890

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... NOT Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue 29/7/26 ←	
29/7/26		Flo chart Maintained –	
		continue SSPT on flow –	
	7:30pm	Baby details hand Over	[signature] 018950
		given to night duty staff –	
29/7/2026	7:30 PM	Night duty note on 29/7/2026	
		Baby details taken over from	[signature]
		evening duty staff nurse using	020749
		ISBAR method. on Assessment, Baby	
		is conscious, oriented and afebrile	
		looks pink and actively crying. Baby	
	8	is on DBF + EBM every 2nd hourly	
		tolerating well, urine and motion passed	
	8PM	vitals checked and recorded	[signature]
		all are hemodynamically stable.	020749
		CP: ++ / PP: ++ / CRT: < 3 sec	
	9:30 PM	Baby taken DBF and EBM 10ml	[signature]
		urine and motion passed	020749
	12 AM	vitals checked and recorded	
		all are hemodynamically stable	
		CP: ++ / PP: ++ / CRT: < 3 sec	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PHLEBITIS ASSESSMENT

Patient's Name: GUC-00094179 IP18-00036637 Baby B/O YAMINI SURESHBABU 22-07-2026 0 Y 0 M 5 D (F) Dr. GIRIDHAR S

MRD NO:.........

Age :..................... Weight :...............Sex: ☐ M ☐ F

Consultant :...

CANNULA 1

Date : 24/7/26 Time: 5pm

Location : (R) meta carpal

Size :

Cannula inserted by : S/N Subba.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/7	5pm	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	7pm	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	9pm	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	11pm	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
28/7	1Am	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	3Am	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	5Am	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	7Am	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	9Am	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	11Am	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	1pm	☐Yes ☑No	☐Yes ☑No	Patter	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Patt	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Removed

Cannula removed : ☐Yes ☐No, if yes date and time : 28/7/26 11pm.
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/10

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE E 27/7	DATE N 28/7	DATE M 28/7	DATE E 28/7	DATE N 28/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4	4				
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	13	13	13	13

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

Intervention						
Bed in low position		✓	✓	✓	✓	✓
Call device within reach		X	X	X	X	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	X	✓
Other Intervention(s) Specify		X	X	X	X	–
Nurse's Name:		Gregory	[illegible]	Gregory	[illegible]	[illegible]
Signature:		Gregory	[illegible]	[illegible]	[illegible]	[illegible]
Date:		27/7	28/7	28/7	28/7	28/7
Time:		8PM	8PM	8AM	2PM	8PM

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F) Ref. No.: F/HW/BRD-Q/NSG/04
Dr. GIRIDHAR S

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age.....

				Date :	E 27/7	N ~~28/7~~	M 28/7	E 29/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	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	3
				TOTAL SCORE	21	21	21	19
				Evaluator's Name	Swapna	[illegible]	Swapna	[illegible]

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 6 D (F)
Dr. GIRIDHAR S

BRADEN 'Q' SCALE

					Date :	28/7	29/7	29/7	29/7
					Time :	8 PM	8 AM	2 PM	8 PM
Mobility	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.		3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		3	3	3	3
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	21	21	21	21
					Evaluator's Name				

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

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

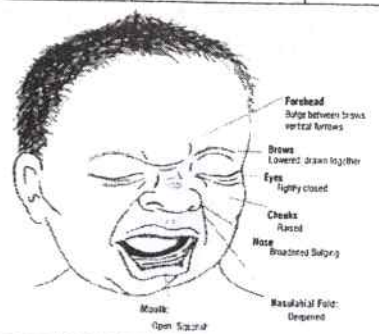
GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time
	-2	-1	0	1	2									
						Procedure →	—	—	—		—	—		—	—
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		0	0	0	0	0	0	0	0	0
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)		0	0	0	0	0	0	0	0	0
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual		0	0	0	0	0	0	0	0	0
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		0	0	0	0	0	0	0	0	0
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		0	0	0	0	0	0	0	0	0
						Gestational Age / Corrected Age	39+2	39+2	37+3	39+2	39+3	39+2	39+2	39+2	39+2
						Total Pain / Agitation Score	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10
						Intervention	feed	feed	feed	feed	feed	feed	feed	feed	feed
						Effectiveness	Good	good	good	good	Good	Good	good	Good	good
						Signature									



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  ◦ "Deep sedation": goal score of -10 to -5
	  ◦ Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  ◦ "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  ◦ A negative score without the administration of opioids/ sedatives may indicate:
	  ◦ The premature infant's response to prolonged or persistent pain/stress
	  ◦ Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  ◦ Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  ◦ Reassess patient per frequency of local pain policy.
		  ◦ If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

	E		M	E					
Date:	27/7	27/7	28/7	28/7					
Doctor's Orders	✓	✓	✓	✓					
Carried out or not	✓	✓	✓	✓					
Bed Side									
Structured Handover done	✓	✓	✓	✓					
IV Site	✓	✓	✓	✓					
Central Lines	✗	✗	✗	✗					
Arterial Lines	✗	✗	✗	✗					
Feeding Catheter	✗	✗	✗	✗					
Urinary Catheter	✗	✗	✗	✗					
Skin Care	✓	✓	✓	✗					
Eye Care	✓	✓	✓	✓					
Mouth Care	✓	✓	✓	✓					
Sterillium Bottle, Stethoscope	✓	✓	✓	✓					
Suction Bottle (Should be clean & empty)	✓	✓	✓	✓					
Intubation Tray	✗	✗	✗	✓					
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	✗	✗	✗					
Ventilator Tubing,(Any Water, Blood)	✗	✗	✗	✗					
Humidification	✗	✗	✗	✗					
Check all Infusion (Labelling,Correct Preparation)	✓	✗	✓	✓					
Chest Physio & Neb	✗	✗	✗	✗					
Handed Over By Name :	[illegible]	[illegible]	[illegible]	[illegible]					
Signature :	[illegible]	[illegible]	[illegible]	[illegible]					
Date & Time:	27/7 8pm	27/7	28/7 8pm	28/7/26 2:30pm					
Hand Over Taken By Name :	[illegible]	[illegible]	[illegible]						
Signature :	[illegible]	[illegible]	[illegible]						
Date & Time:	27/7	28/7 8AM	28/7						

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
27/7/26	6pm	94 mg/dl	feed 1 IVF	Soopanyaboran
28/7/26	6Am	80 mg/dl	IVF	Tanushree [illegible]

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score of -2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 27/7 Time: 9pm	Date: 28/7 Time: 8pm	Date: 28/7 Time: 8pm	Date: 29/7 Time: 8AM	Date: 30/7 Time: 8am	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0	0	
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0	0	0	
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0	0	0	
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0	0	
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0	0	
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0	0	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0		0	0	0	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0	0	
9	Previously documented DVT (Assess for both legs)	1	0	0	0	0	0	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0	0	0	
	Total Score		0/10	0/10	0/10	0/10	0/10	
	Signature of the Nurse							

Intervention: Position changing

High Risk = >2 Score
Moderate Risk = 1-2 Score
Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

GUC-00094179 IP18-00036637
Baby B/O YAMINI SURESHBABU
22-07-2026 0 Y 0 M 5 D (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Yamini Mother's Name: Mrs Yamini

Date of Birth: 22/7/26 Time of Birth: 2.12pm Gender: ☐ Male ☑ Female

Birth Weight: 2.911 Kgs HC: 32 cm Lenght: 47 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: B+V

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

AFFIX MOTHER'S IDENTIFICATION LABEL
Mrs. Yamini

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.4 °C HR: 150 /Min RR: 52 /Min BP: ..... SpO_2: 96% V/ RA

Pain Score: 0 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Sugapriya Signature: Date &Time: 22/7/26 05pm

PATIENT TRANSFER FORM

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

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
B/o Yamini	27/7/26.	28/7/26.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. GIRIDHAR.	Dr. GIRIDHAR	
From Unit	**To Unit**	**Information to Attendant**
NICU	4 th floor.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(1)	—	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 ☐

On DBM 30ml 2hrly NaNPro feeds. TODO SBR - tomorrow.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
137223. Dr. Prasanna / Abhishna 620881.	Dr. GIRIDHAR

Patient & Clinical Records Received by : 010901. 28/7/26 @ 3:10 pm

Date & Time of Patient Received :

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

Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

BILLING POLICY

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

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

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

Patient Name : B/o Yamini Suresh Babu	UHID Number : G/UC-0009417 9
Self/Attendant Name : K KARTHIKEYENDRAN	Relation : father
Self/ Attendant Signature : K Phone Number : 7200690512	Name & Signature of Financial Counselor

भारत सरकार

Government of India

आधार

Issue Date : 31/12/2013

கார்த்திக் கஜேந்திரன்

Karthik Gajendran

பிறந்த நாள் / DOB : 07/08/1998

ஆண் / Male

9536 1501 8646

आधार पहचान का प्रमाण है, नागरिकता का नहीं।

Aadhaar is a proof of identity, not of citizenship.

9536 1501 8646

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

முகவரி: S/O: கஜேந்திரன், 120, மெயின் ரோடு, கவரப்பாளையம், அம்பத்தூர், திருவள்ளூர், தமிழ் நாடு, 600054

Address: S/O: Gajendran, 120, MAIN ROAD, KAVARAPPALAYAM, Ambattur, Tiruvallur, Tamil Nadu, 600054

Print Date : 02/05/2023

9536 1501 8646

1947 help@uidai.gov.in www.uidai.gov.in