Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 31/7/26

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

N .....

U ..... Gender: M

W ..... Room No: 609

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 31/7/26	Date: 31.7.26
Time:	Time: 9.30 AM	Time: 9.40 AM

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

Birthright Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	31/7/26 at 9:30AM						
Activity Sheet update by Pharmacy							

Twin-I

ACTIVITY RECORD FOR BILLING

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Name: GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

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

Date of Ad e: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/26	10:30AM	OT	NICU	

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	Cord blood	26024262	
30/7/26	RBS	26024455	
31/7/26	RBS	26024463	
31/7/26	RBS	26024463	
31/7/26	SBR / NBS	24492	
31/7/26	OAE	173529	
		24492	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 31/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Anu			

ACTIVITY RECORD FOR BILLING

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Name: Bio Kaviya Twin - 1

UHID No: 94440 IP No: 36668 Consultant: ..... Dept: NICU

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/7/26.	12.30pm	RCH NICU	RCH 6th floor	Kavi

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	RBS, CBC	24283, 24281	
29/7/26	RBS (1)	24341	P. Mythili/2026
30/7/26	RBS (2)	24373	P. Mythili/2026
30/7/26	RBS (1)	24421	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: ..... Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Rose 01/4/22			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UH GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 1 D (M)
Dr. PADMAPRIYA EKAMBARAM

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	31/7/26 10.00 am				
	INTIME	OUT TIME			
Arrangement of File by Nursing	31/7/26	10.20 am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

T.Wt → 2.050 kg
HC → 31.5 cm
L → 39 cm

B/o Kavitha T1

Patient Sticker

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Guc - 964440/36668.

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/7/26	12pm	57 mg/dl	feed	
29/7/26	6pm	62 mg/dl	feed	
30/7/26	12 AM	70 mg/dL	feeding	
30/7/26	6AM	74 mg/dL	feeding	
30/7/26	12pm	76 mg/dL	6th hrly	
30/7/26	6 pm	83 mg/dl	6th hrly	
31/7/26	12 AM	75 mg/dl	6th hrly	
31/7/26	6 AM	81 mg/dl	6th hrly	

B/o kavitha T,
GUC·74440/36668

Patient Sticker

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BED SIDE CHECK LIST FOR NURSES

	E	N	M						
Date:	29/7	29/7	29/7	30/7					
Doctor's Orders	✓	✓	Followed	✓					
Carried out or not	✓	✓	carried	✓					
Bed Side									
Structured Handover done	✓	✓	✓	✓					
IV Site	✓	✓	✓	✗					
Central Lines	✗	✗	✗	✗					
Arterial Lines	✗	✗	✗	✗					
Feeding Catheter	✗	✗	✗	✗					
Urinary Catheter	✗	✗	✗	✗					
Skin Care	✓	✓	✓	✓					
Eye Care	✓	✓	✓	✓					
Mouth Care	✓	✓	✓	✓					
Sterillum 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]	S. Valli	Manju	Kairu					
Signature :	[illegible]	S. Vallis 607940	Manju 02	[illegible]					
Date & Time:	29/7/26 @ 2pm	29/7/26 8pm	30/7 8AM	30/7 @ 2:30					
Hand Over Taken By Name :	S. Valli	Manju	Kairu	[illegible]					
Signature :	S. Valli 607940	Manju 0206	[illegible]	[illegible]					
Date & Time:	29/7 2Pm	29/7 8PM	30/7 @ 8AM	30/7/26 @ 8pm					

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036668 **Admit Date** : 29-Jul-2026 **Admit Time** : 09:56 AM **UHID** : GUC-00094440

Patient Details :

Patient Name	: Baby B/O KAVITHA TWIN -1	**Age**	: 0 D
Guardian	: MANIKANDAN	**DOB**	: 29-07-2026 09:36 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 10/89C, MOOGAMBIGAI NAGAR, CHINNAPANICHERRY Paraniputhur Kanchipuram Tamil Nadu INDIA 600122	**Phone No**	: 6383009424/ 8056494420
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT609-1 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT609-1 **Admission Type** : First Visit

Contact Details :

Name : MANIKANDAN **Relationship** : Father

Contact Address : 10/89C, MOOGAMBIGAI NAGAR, CHINNAPANICHERRY Paraniputhur Kanchipuram Tamil Nadu INDIA 600122 **Phone No** : 6383009424

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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 KAVITHA TWIN -1**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036668**	**Sex:**	**Male**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT609-1**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name:

Relationship:

Date: 29/04/2026 Time: 9.59AM

Witness Name: Amitha

Witness Signature:

Patient Address:

10/89C, MOOGAMBIGAI NAGAR,
CHINNAPANICHERRY Paraniputhur
Kanchipuram Tamil Nadu INDIA
600122

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BILLING POLICY

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

DECLARATION

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

Patient Name : Baby of Kavitha T-I	UHID Number : GUC-000944440
Self/Attendant Name : Y	Relation : Father
Self/ Attendant Signature : Y Phone Number : 6383009424	Name & Signature of Financial Counselor

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
Patient 29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Kavitha Age 26yrs. Father's Name : .... Age : ....

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

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

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

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

BIRTH INFORMATION

Name : B/o Kavitha Twin - I	Mother's Blood Group : 'B' positive
Gender : ☑ M ☐ F Blood Group : 'O' positive	Birth Weight (gms) : 2.105Kg. Length (cms) : ....
Date of Birth : 29/7/2026 Time of Birth : 9:36AM	OFC (cms) : ....
Place of Birth : RCH, Guindy	Estimated Gesth Age : 37+4 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26yrs Ht : .... Wt : .... BMI : .... Married Life : 2yrs LMP : 8/11/25 EDD : 15/8/26

Conception : Spontaneous or with Rx. : O I Conception

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

Last Scans Details : 4/4/26 - Fetal Echo - (N)

16/7/26 - Breech, Placenta-Anterior TT Immunization and Iron / Folic Acid : taken

AFI (SDP) - 4.8

EFW - 2,342 Kg

Dopplers - (N) Discordancy - 2%

Cx - 2.5cm

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 26yrs	**H/o GDM/ pre GDM/ on diet or insulin**
Consanguinity : ☐ Yes ☑ No	Controlled or not, recent values, HbA1 values : .... —
If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3	Compliance with Rx : ....
H/o PIH (after 20 weeks) / PE	Scans : LGA, TIFFA , Fetal Echo : ....
How many Drugs / Doses / Since how long : .... —	**H/o Hypothyriodism** : when diagnosed ? Medication? H/O PCOS
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .... —	Any other Chronic Medical Problems, when detected drugs ? —
IUGR - when detected :	(Anemia, SLE, Jaundice, CHD, Heart Disease)
Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus :	Infection : H/O, Fever (☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)
AFI : —	UTI : when — Any culture : ....

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

Medication during Pregnancy : — Duration : ....

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

A1 - Spontaneous conception
Raised miscarriage

PERINATAL HISTORY

Treating Obstetrician : MMA given 2025 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; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
7/10	8/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

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

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 150/min RR : 58/min NIBP : CFT : <3sec

Color of the extremities : pink

Jaundice : Pallor : SpO2 : 95%

Anthropometry : Birth Weight : 2.105kgs Length : HC : Present Weight : 2.105kg

Ponderal Index : AGA : SGA : LGA :

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	(N)
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags Nasal shape / Patency : — Patent Palate : — No cleft lip/ cleft palate Gums : Lips : Tongue :	
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump — 2UA, 1UV Discharge :	(N)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : — patent	(N)
HERNIAL ORIFICES		(N)
TRUNK and SPINE :		(N)
SKIN LESIONS :	—	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

Spo2 : 95% Auscultation : B/L A.E (+) Breath Sounds : NVBS Added Sounds : .....

Cardiovascular System :

HR : 150/min BP : .....

Femoral Pulses : felt

Other Peripheral Pulses : felt

Precordial Activity : No

Murmurs : No

Signs of Cardiac Failure : No

Abdomen :

Shape : N

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : N

Anal Patency : patent

Umbilical Cord : 2UA, 1UV

First urine passed : Not passed

Meconium passed : Not passed

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

State of wakefulness : N

Prechtle Score : .....

Nerves :

N tone

Motor System :

Passive Tone : .....

Active Tone : M

Neonatal Reflexes : .....

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

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

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

Patient Sticker

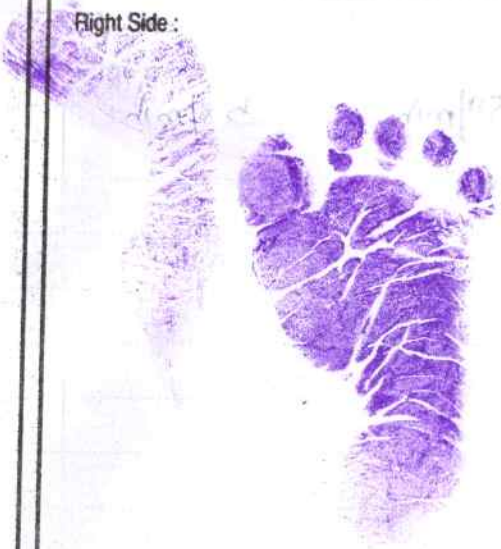
Any Congenital Anomalies : No congenital anomalies noted

Diagnosis : Term 37+4wks | SVD | Boy | DCDA Twin - I | Bwt 2.105 Kgs breech

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : Padmapriya

Name : Rakshitha

Date & Time : 29/7/26 @ 10 AM

Consultant :

Signature : Padmapriya

Name : Dr. Padmapriya

Date & Time : 29/7/26 @ 10 AM

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 : Term 37+4 weeks | SVD | Boy | DCDA Twin - 2 Breech | Bwt 2.105 kgs

Present Issues :

Vital : ☐ HR : 150/min ☐ RR : 58/min ☐ BP : ☐ SPO2 : 95% Weight : 2.105 kgs

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Warmth care
DBF ffb buping
W/f danger signs
OAE, NBS and vaccination
CBG monitoring 8 hr

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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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
29/7.	Baby admitted for low birth weight, CBG monitoring. Started feed 10ml - Paladai	[signature] 113334	[signature]
30/7	Feeds 10-15ml paladai CBG monitoring Q6H	[signature] 198443	

B/O Kavitha T.

Patient Sticker

Gluc - 9HHHO/ 36668.

MBGL ⇒ 'B' POSITIVE

BBGL ⇒ 'O' POSITIVE

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RESULT SHEET

Date	29/4/26.					
Time	12.39 pm.					
Hb	22.1					
PCV	66					
RBC	5.35					
WBC	15.91					
N/L	70/26					
Platelets	157					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26	S/B Dr. Shirisha	
12pm	Term 37wks + 4 days / DCDA Twin I / Boy / 2.105kg / SGA	
	Baby received in NICU.	CBG - 57 mg/dl.
	In RA - SpO2 - 99%.	
	Feed 10ml Q2H paladai feeds.	
	HR - 142/min	
	Color pink	
	Activity (+)	Adv
		1. CBC, Blood grouping & typing
	Dr. Shirisha (113234)	2. 10ml EBM paladai feeds
	A Siva	

Dr. GIRIDHAR.S
MBBS MD DM (Neonatology)
CLINICAL HEAD - NEONATOLOGY
No. 69318
Rainbow Children's Hospital
Guindy, Chennai - 15.

B/o Kavitha T.
GUC: 9444 0/30668

Patient Sticker

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26	S/B Dr. Shiibu	
	Baby in RA	
8:20pm	SPO2 - 98%.	
	fed 10ml full paladai	CBG -
		Meconium passed.
	P/A - soft, BS(+)	
	HR - 123/min	
	BP - 47/35 (41)	
	Activity / tone (P)	Dr. Shiibu (113334)
30/7/26	S/B Dr. Shiibu	
8AM	Term 37 wk + 4 days / DCDA twin I / Boy / 2.105 kg / SGA / LBW / Polycythemia.	
	24 HOL	
	Baby in RA	T.wt - 2.034 ↓ 50g
	SPO2 - 98%.	U/o 24hr - 1.7 ml/kg/hr
		6hr - 1.3 ml/kg/hr
	Fed 10ml Q2H	PCR - 74 mg/dl
	EBM - full paladai	Stools - 3 times
	HR - 114/min	
	BP - 93/79 (86) mmHg.	

Dr. GIRIDHAR.S
NEONATOLOGY
Rainbow Children's Hospital
Guindy, Chennai - 15.

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

B/O kavitha Ti
GVC: 94440/36668

Patient Sticker

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	color pink.	
	Activity / fair (+)	
	Dr. (113334)	
30/7/26	S/B Dr. Shwetha	
8AM	10 to 15 ml paladai	
	Continue CBG monitoring	
	Shift to mother's side.	
	RBS Q6H X48hours.	
	NBS, OAE, BBR at 48HOL.	
	Dr. (113334)	
	S/B. Dr. [illegible]	
31/7/26 9:40AM	Term (37+4) / SGA / LBW / Polycythemia / DCDA-Twin II / Boy / 2.105kgs	
	Baby remained	
M/ O+ B/ O+	in room air	Bwt: 2105gms
	pink / active	Cwt: 2050
	CRT < 3sec	55g
	feeding well — Q2H feeding (MMF gold) / DBF	Δ: 2.6%
	vitals ; stable	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	RS: clear	CVS: S1/S2⊕/Nomurmur
	P A: soft/NT	CNS: NFND
		Adv
		1) DBF / formula feeds - cont
		2) monitor vitals
		3) Plan for discharge
		↓
		SBr. 10.7
	[illegible] 2033 H.	
SBr - 10.7 ↓ (discharge) ✓		

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

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.105 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/7/26	9.36AM	Inj vit K	1mg	IM		PT	
30/7	4PM	Inj HepB	0.5ml	IM			
30/7	4PM	Inj BCG	0.05ml	ID			
30/7	4PM	OPV drops	2drops	PO			

B/O Kavitha Ti

Patient Sticker

GIUC. 944440/ 36668.

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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: "B" POSITIVE Baby's Blood Group: "O" POSITIVE Sheet No: (1)

Gest Age: 37+4 weeks. Birth Weight: 2.105kg

Date: 29/07/26	Date: 30/07/26	Date:
DOL NB 37+4W Weight 2.084kg	DOL 24 hrs 37+5W Weight 2.034 ↓50g	DOL Weight
Problems: Low birth	Problems: T/ polycythemia	Problems:
Rs. 50b/mt Exam done Vent. Setting RA ABG | NA CXR	Rs. 52b/m Exam Done Vent. Setting RA ABG | NA CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR 120b/mt BP Map Cap Refil <3 sec.	CVS HR 132 b/m BP 48/32 Map 39 Cap Refil <3sec	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 57mg/dl. U Output: - (CC/kg/hr) Exam not passed stool T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC | N/A Plats Transfusion	F / E / N T. Fluids 49ML/1cs/day CC /kg /day I / O / RBS: 74 mg/dL U Output: 1.7 (CC/kg/hr) 1.3ML/c/hr Exam Meconium passed (3) T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC | NA 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 -	Plan -	Plan

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

: RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/7/26 Time:	1pm	4pm	8pm	12Am	4Am
Doctor/Nurse/Family Concern?					
Temperature (°F) (scale 94–104)	97.4F	97.2F	96.8F	97.6F	96.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	⊙ ~150	⊙ ~133	⊙ ~150	⊙ ~148	⊙ ~141
Heart Rate (Number)	152bm	135b/m	150bm	146bm	138bm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	⊙ ~44	⊙ ~42	⊙ ~46	⊙ ~40	⊙ ~43
Resp Rate (Number)	44bl	42b/m	46bm	40b/m	43bm
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild	✓	✓	✓	✓	✓
Receiving O_2 (l/min)			RA	RA	RA
O_2 Saturations (%)	98%	100%	99%	100%	99%
Conscious Level — Normal	✓	✓	✓	✓	✓
Conscious Level — Altered					
GCS *	15/15	15/15	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

RH - 100% | LH - 98%
RL - 98% | LL - 99%

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : (1)

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

30/7/26

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 pm											
	01:00 pm	•										
Total Intake : Nil.						**Total Output :** Nil						
	02:00 pm											
	03:00 pm											
	04:00 pm										NO	Enforcing
	05:00 pm											
	06:00 pm	DBF+FF	15ml								IV	Enforcing
	07:00 pm					✓			✓		line	Enforcing
Total Intake : (1) DBF + 15ml						**Total Output :** 1 time						
	08:00 pm	FF	15ml									
	09:00 pm										NO	Dressing done
	10:00 pm	FF	15ml									
	11:00 pm										IV	Dressing done
	12:00 am					✓						
	01:00 am										line	Dressing done
Total Intake : 30ml						**Total Output :** Nil						
	02:00 am											
	03:00 am											
	04:00 am	FF	15ml								NO	Dressing done
	05:00 am					✓			✓			
	06:00 am	FF	15ml								IV	Dressing done
	07:00 am											
Total Intake : 30ml						**Total Output :** 1 time					line	Dressing done

Total 24 hrs. Intake	70ml + (1) DBF.
Total 24 hrs. Output	2 time

B/O Kanitha T1
Patient Sticker
GVL-94440/36668.

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: (LBW)			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	29/7 M	29/7 E	29/7 N	30/7 M	30/7 E	30/7 N
	Medical Condition (Any special condition to be noted):	noted	Noted.	Noted	Noted.	Noted	Noted
	Diet:	EBM	EBM	EBM	EBM	EBM.	EBM+Formula
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36.4°C	36.5°C	36.5°C	36.5C	97.9°F	96.8F
	Res:	50 b/mt	52 b/mt	50 b/m	52b/m	48b/m	48 bm
	SpO_2:	98%.	99%.	96%.	98%	100%	99%
	Pulse:	115 b/mt	118 b/mt	128b/m	128 b/m	140b/m	148m
	BP:	39/25(35)	47/35(42)	48/32(39)	95/62(8[illegible])	–	—
	LOC:	Alert	Alert	conscious	Alert	Alert	Alert
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	18	18	19	19	1 –	—
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No
	Physiotherapy:	–	–	—	—	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	–	–	—	—	–	—
	Critical Lab Test / Values:	–	–	—	—	–	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	dependent	Dependent
	Post Operative Procedure Special Orders:	–	–	NA	NA	NA	NA
	Handed Over By Name :	Paru	S.valli	PMydili	Kavitha	[illegible]	Anupriya
	Signature / ID :	020323.	S.valli 607940	Myd[illegible]	Kavi/09581	[illegible]	[illegible]
	Date:	29/7/26	29/7/26	30/7/26	30/7/26	30/7/26	31/7/26
	Time:	2pm.	8Pm	8AM	01:30pm	@-8pm	8AM.
	Taken Over By Name :	S.valli	Manju	Kavitha	[illegible]	Anupriya	
	Signature / ID :	S.valli 607940	Manju 020[illegible]	Kavi/0958	[illegible]	[illegible]	
	Date:	29/7/26	29/07/26	29/1/26	30/7	30/7/26	
	Time:	2 Pm.	8 PM	8:30A	2pm	8pm	

B/o Kamitha T,

Patient Sticker

WC- 9444 0/36668

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 29/7/26

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	12 pm	Promote adequate nutrition for healing & Recovery	2 pm	Assess the nutrition of Intake & appetite	Baby status will be Improv.	Re-assessment way done	Rani 020323.
Afternoon	2pm	⇒ Monitor vital ⇒ Monitor Intake ⇒ Provide feed	4h	monitored vital monitored Intake Provides feed	Improved Breathing Pattern	Re-assesment done	Kavya 01954
Night	8pm	⇒ Provided adequate feed ⇒ Maintain I/o chart		⇒ Provided adequate feed ⇒ Maintained I/o Chart	Baby breathing pattern are good	Baby reassessment done	P.Hazel. 040630

B/o. Kavitha T2
UHC - 94440/36668

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

Date: 30/7/26

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	8pm	→ monitoring vitals → Provide feed	8pm	The Baby kept. Feeding tolerating well.	Baby Urine passed well.	Re-assessment done	Kavya 01957
Afternoon	2pm	=> Prevent falls and injury.	3pm	=> Keep bed in low position. => side rails up.	=> Baby kepted in cradle	=> Baby clinically stable	Leavy
Night	8pm	promote adequate nutrition	9pm	Assess the feeding & position regularly	Assessed the feeding position regularly	Baby was stable	Dee

B/O Kavitha T1

Patient Sticker

(1)

GVC 94440 / 36668

NURSES NOTES

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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
29/7/26		Receiving Note (29/7/26)	
	12pm	Baby Received from Labour Reliving room. By Cradle Baby monitor connected. Baby kept in under warmer. Baby vitals are checked and Recorded HR-120 b/mt Bp- 43b7 mmHg Spo2-97. Baby weight checked and Recorded Baby passed urine. Baby condition Informed Dr. Sri Lakshmi mam. her advise to Check RBS and CBC.	
	12.30pm	Baby Blood sample taken sent to Lab. CBC. RBS checked and Recorded - 57mg/dl Baby. Paladai feeding 10ml Baby no vomiting and no abdominal distension →	Santhya 02/1929
	1pm	Baby lab Reports collected and Informed. Already Seen the Baby.	
	1.30pm	Baby Active well. Baby Paladai feeding 10ml in Syringe and hourly given Baby kept in under warmer. Baby is in room air Baby condition Handed over the Room next duty Staff Nurse with all Reports and Recorded →	Santhya 02/1929

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(Continue)

B/o. KarthiT,
avc - 94440/36668

Patient Sticker

(2).

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
		Evening duty staff Notes:	
29/7/26	1:30pm	Handed over / taken from	
		Morning duty staff S/N Sandhiya	
		to S/N Kaviya by ISBAR method	
		Baby kept under warmer	Kaviya 019581.
		on Room air active alert	
		warm looks pink vitals	
		are checked Tem-36.5 HR-142/m	
		RR-48b/m BP 47/35 (41) Abdomen	
		Soft. Skin assessment done	
		No Red scale. Urine	
		passes, V/P O/S feed 10ml	
		EBM fee paladai	
	3pm	feed 10ml EBM fee	
		Baby takes well.	
	4pm	Baby passes meconium diaper	
		Changed. Dr. Gudhe	Kaviya
		and Dr. Sreeha was	019581
		seended the Baby condition	
	5pm	feed 10ml EBM fee palad	
		Baby takes well.	
		RBS - 62 mg/dl informed	Kaviya 019581.
		to Dr. Gudhe.	
	6pm	I/o chart maintained.	
		Baby on Room air.	
		active alert warm looks	
		pink Vital Tem-36.5 HR 126/m	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(contd)

B/o. KavithaT, (3).

Patient Sticker

CWC-94440/36668

NURSES NOTES

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Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ......Not Know

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Contine Notes RR-48b/m BP-	
		Abdomen soft feel lone	
		EBM 02nd hly Paladai	
29/7/26	7:00 pm	Baby active well. feed 10ml	Kaviya/01258
		EBM full Paladai feeding	
		taken. No vomiting, No any	
		distention. Abdominal is soft →	S.valli 607940
	7:20 Pm	Baby active well. Baby Paladai	
		feeding 10 ml in every 2nd	
		hourly given. Baby kept in	
		under warmer. Baby is on	
		room air. Baby condition	
		hand over the from night	
		duty staff. →	S.valli 607940
		NIGHT DUTY NOTES 29/07/26	
29/07/26	7:30pm	Baby handover taken	
		from evening duty S/N kaviya	
		taken by S/N P.Manjuladevi,	
		Baby under the warmer	
		with room air, Baby colour	
		is normal, Baby activity is	
		good, Baby sleeping well,	
		Baby feed 10mL PDM full	
		paladai, Baby heartrate 150b/m,	
		SpO_2 96%. Baby vitals are	
		checked and recorded →	P.Manjuladevi 020630

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(P.T.O)

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

B/o Kavitha T,
GVC: 94440/36668

Patient Sticker

④

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....Not known....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		—— CONTINUE NOTES on 29/07/26 ——	
29/07/26	9PM	Feed given to the baby 10mL PDM full paladai. Baby tolerate feed well →	P. Majilal/[illegible]
	11PM	Baby reassessment done. Baby heartrate 150b/m, spo₂ 96% Baby vitals are checked and recorded. →	P. Majilal/[illegible]
30/07/26	12AM	RBS monitoring, Baby no abdomen distension →	P. Majilal/[illegible]
	3AM	Feed given to the baby, baby tolerate feed well →	P. Majilal/[illegible]
	5AM	Morning care given to the baby, baby no abdomen distension →	P. Majilal/[illegible]
	7:30AM	Baby colour is normal. Baby activity is good, Baby sleeping well. Baby tolerate feed well. Baby IV line is pattern, Baby heartrate 152b/m, Spo₂ 96%, Baby vitals are checked and recorded, RBS monitoring, Baby handover given to the baby →	P. Majilal/[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

B/o Kavitha Ti
Patient Sticker
uvc-9444013666 8.

(5)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Not Known

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26		Morning duty Notes	
	7:30Am	Handed over taken from Night duty staff S/N Manjuladevi to S/N Kaviya by ISBAR method. Baby Kept under warmer on Room air active alert warmth looks pink. vitals are checked Tem-36.4 C HR-128 b/mts RR-46 b/mt SpO2-96% Abdomen soft feed 10ml EBM En Paladai Baby taken slowly. Skin assessment done.	Kaviya/01955
	9Am	diaper change. Baby passed urine. Abdomen soft. feed Dr. Sreecha advised fed 10 to 15 ml paladai feed 10ml EBM paladai. Baby taken slowly. informed to Dr. Rakesh	Kaviya/01955
			Kaviya/01955
	11Am	Dr Sreecha advice to RCa Shift to other side feed given 12ml EBM in palada	
	12:30pm	Room shift 6th floor 609. as per order. Baby is active alert warmth look pink 14/kid Removed as per order vital are checked Tem-36.5 HR-120 b RR-48 b feed 10 to 15 ml EBM (or) formula advised by Dr. Poojitha	Kaviya/01955

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PTO

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

B/o. Kavitha TJ

Patient Sticker

WC-9444/36668

(6)

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue Notes: Handed over	
30/7/26	12.45pm	given to 6th floor staff	Kays
		S/N Kays to S/N Praveen	01981
		Receiving Notes.	
30/7/26	12.45pm	Baby received from NICU	
		to 6th floor. Baby details	
		hand over taken from	
		NICU staff. Baby was	Praveen
		active and alert	
	1pm	Baby vitals checked and	
		recorded. Vitals normal. maintained	Praveen
		intake and output chart	
	1.30pm	Hand over given from	Praveen
		Evening duty staff	
		evening duty 30/7/26	
30/7	1.30pm	→ patient handover taken	
		by morning duty S/N →	Cissy
		→ patient clinically stable.	017129
	2pm	→ provide health education	
		→ provide comfortable bed	
		position →	Cissy
			017129
	4pm	→ checked vital signs	
		→ patient vitals is stable	
		CRT / CP / PP /	
		< 3sec / ++ / ++ / →	Cissy 017129
	6pm	→ Monitored intake/output	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/7/26		→ L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1 (Mother need to train)	[signature]
	7.30pm	→ patient handover given to night duty S/N	[signature]
		Night duty notes	
30/7/26	7.30pm	→ patient detail hand over taken from evening duty S/N patient warm n. ē active. EBM+HMF [illegible] only [illegible] RBS 6th hrly monitor	[signature]
	8Am	→ Baby vital signs checked and record & vitals are stable	[signature]
	10pm	→ Baby. Latching good feeding well. tolerated sucking ē swallowing reflex is present	[signature]
31/7/26	12AM	→ Baby vital signs checked and record. vitals are stable sleeping well.	
		L - 1	
		A - 2	
		T - 2	
		C - 2	
		H - 1	
		(need supervision)	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/96	2AM	→ Baby intake & output chart maintained & record	
	4AM	→ Baby vital signs checked and record. Vitals are stable.	
	6AM	→ Baby morning care given. Weight checked and record. Blo chart maintained & record	
	7.30AM	→ Baby detail hand over given to morning duty S/N	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

B/O Kavitha T-1

Patient Sticker

GVC-9440 / 36668

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Kavitha T1 Mother's Name: Mrs. Kavitha

Date of Birth: 29/7/26. Time of Birth: 9.36 Am. Gender: ☑ Male ☐ Female

Birth Weight: 2.105 Kgs HC: .... cm Lenght: .... cm

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

Term ✓ / Pre-term / Post-term: ....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: B' POSITIVE Baby: O +ve

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

AFFIX MOTHER'S IDENTIFICATION LABEL
Mrs. kavitha

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

Indication: Twin Gestation

Physical Assessment of New Born:

Temp: 36.5 °C HR: 126 /Min RR: 50 /Min BP: .... SpO_2: 97%

Pain Score: 0/10 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes ✓ / No

Capillary Blood Glucose Monitoring Done: Yes ✓ / No

Neonatal Screening Done: Yes ✓ / No

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

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

Newborn Screening Discussed: Yes ✓ / No

Nurse Name: Santhiya S Signature: [signature] 021929 Date & Time: 29/7/26 @ 12pm

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

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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

.... Gender : ☐ M ☐ F IP No. : ....

				Date :	21/7/26 (E)	29/7/26 (E)	29/7 (N)	30/7 (M)
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will 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	25	18	28	18
				Evaluator's Name	[illegible]	Swala 67940	[illegible]	[illegible]

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

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	M DATE 29/7/26	E DATE 29/7	N DATE 29/7	M DATE 30/7	E DATE 30/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours / None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

Intervention:

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

Bed in low position		–	✓	✓	✓	✓
Call device within reach		–	✓	[illegible]	..	✗
Wheels Locked		–	✓	✗	✗	✗
Room free of clutter		–	✓	✓	✓	✓
Adequate lighting		–	✓	✓	✓	✓
Wheel chair support		–	✓	✓	✓	✓
Other Intervention(s) Specify			✓	✗	✗	✗
Nurse's Name:		Thiru	Sandhi	Maji	Kavi	[illegible]
Signature:		[illegible]	[illegible]	Maji	Kay 01987	[illegible]
Date:		29/7/26	29/7/26	29/7	30/7	30/7
Time:		9:36AM	2PM	8 PM	8AM	8pm

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

B/O Kavitha T

Patient Sticker

Guc 94440 / 36668

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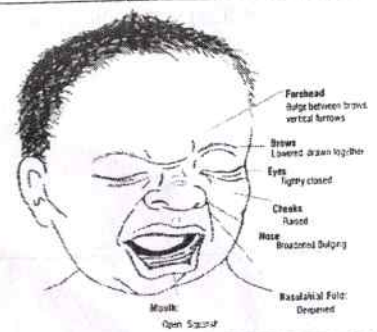
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						29/7	29/7	29/7	30/7	30/7	30/7			
						Time	Time	Time	Time	Time	Time	Time	Time	Time
	-2	-1	0	1	2	12pm	2pm	6pm	8AM	2pm	8pm			
						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			
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			
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			
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			
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			
					Gestational Age / Corrected Age	37/4 wks	37/4 wks	37/4 wks	37/4 wks	37/4 wks	37/4 wks			
					Total Pain / Agitation Score	0/10	0/10	0/10	0/10	0/10	0/10			
					Intervention	feed	feed	feed	feed	feed	feed			
					Effectiveness	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.

B/O Kavitha T1

Patient Sticker

Geex - 94440 | 36668

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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: 29/7 Time: 12pm	Date: 30/7 Time: 8Am	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	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				
	Total Score		0	0				
	Signature of the Nurse		[signature] 12192	Kaviya 9958				

Intervention: Position changed

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

Docu. No. : RCH /FRM / CLINICAL / 128

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Patient's Name: B/o Kavitha T.
MRD NO: .... Room No.: NICU.
Age : .... Weight : 2.084 Sex: ☑M ☐F
Consultant : Dr. Giridhar.

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 29/7 Time: 12pm
Location : Metacarpal
Size : 26 size
Cannula inserted by : S/N Sumithra

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/7	12pm	☐Yes ☑No	☐Yes ☑No	pattern	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	pattern	[illegible]
	6PM	☐Yes ☑No	☐Yes ☑No	pattern	Majo/o
	10PM	☐Yes ☑No	☐Yes ☑No	pattern	Majo/o
30/7	2AM	☐Yes ☑No	☐Yes ☑No	pattern	Majo/o
	6AM	☐Yes ☑No	☐Yes ☑No	pattern	Majo/o
	10Am	☐Yes ☑No	☑Yes ☑No	patten	Kavulag
	12pm	☐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		

(Removed)

Cannula removed : ☐Yes ☑No, if yes date and time : 12pm
RX any initiated : ☐Yes ☑No ☐NA If Yes specify-
Phlebitis score: 0/5.

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

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BILLING POLICY

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

All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.

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

DECLARATION

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

Patient Name : Blo Kavitha T-I	UHID Number : GUC-0009444/0
Self/Attendant Name : M. Mani	Relation : Father
Self/ Attendant Signature : M. Mani Phone Number :	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

Patier

NICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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ARNING SCORE: CHILDREN'S UNIT

Date: 29/7/26 Time: 9:36 AM

Doctor/Nurse/Family Concern?

Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Heart Rate (Number)	160 bpm
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10
Resp Rate (Number)	40 bpm
Resp Distress: Mod/ Severe / None / Mild	–
Receiving O_2 (l/min) O_2 Saturations (%)	RA 99%
Conscious Level: Normal / Altered	–
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	—	—	—	—	—	Birth →			✓	—	—
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0Y0M0D0H (M)
Dr. PADMAPRIYA EKAMBARAM

Pati

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Baby shifting Notes	
29/7/26	9:36 Am	⇒ Alive Twin Baby delivery it's Twin - I Baby Boy delivered @ 9:36 Am with 2.105 kg.	
		⇒ Baby cried immediately. cord clamp done immediately.	
		⇒ Inj vit K 1mg given. Rowite care given.	
29/7/26	10:30 Am	⇒ Baby shifted to NICU and Baby handover to NICU staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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PATIENT TRANSFER FORM

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission: 29/7/26	Date & Time of Transfer Order: 29/7/26 @ 10:30AM
Treating Consultant Name: Dr. padmapriya	Transfer Ordered by: Dr. Rakshitha	Reason for Transfer: For Further Management
From Unit: OT	To Unit: NICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1 IP file	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant. Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Gotgal	Dr. Rakshitha

Patient & Clinical Records Received by :

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

GUC-00094440 IP18-00036668
Baby B/O KAVITHA TWIN -1
29-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. PADMAPRIYA EKAMBARAM

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Kavitha (Twin-I) Mother's Name: Mrs. Kavitha

Date of Birth: 29/7/26 Time of Birth: 9:36 AM Gender: ☑ Male ☐ Female

Birth Weight: 2.105 Kgs HC: – cm Lenght: – cm

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

Term / Pre-term / Post-term: Term

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

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

GUC-00092528 IP18-00036665
Mrs KAVITHA
08-03-2000 26 Y 4 M 21 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Twin Gestation.

Physical Assessment of New Born:

Temp: 98.4 °C HR: 140 b/Min RR: 40 b/Min BP: – SpO_2: 97%

Pain Score: 0/10 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Thanushya Signature: ..... Date &Time: 29/7/26 @ 7:36 Am

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 : IP18-00036668 **Admit Date** : 29-Jul-2026 **Admit Time** : 09:56 AM **UHID** : GUC-00094440

Patient Details :

Patient Name	: Baby B/O KAVITHA TWIN -1	**Age**	: 0 D
Guardian	: MANIKANDAN	**DOB**	: 29-07-2026 09:36 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 10/89C, MOOGAMBIGAI NAGAR, CHINNAPANICHERRY Paraniputhur Kanchipuram Tamil Nadu INDIA 600122	**Phone No**	: 6383009424/ 8056494420
		E-mail	: NO@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 : MANIKANDAN **Relationship** : Father

Contact Address : 10/89C, MOOGAMBIGAI NAGAR, CHINNAPANICHERRY Paraniputhur Kanchipuram Tamil Nadu INDIA 600122 **Phone No** : 6383009424

KM.M

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 KAVITHA TWIN -1**	**Age :**	**0 Y 0 M 0 D 2 H**
		Sex:	**Male**
IP No:	**IP18-00036668**	**Ward/Bed No:**	**3F-NICU 2/NICU 314**
Consultant:	**Dr. GIRIDHAR S**		

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:..............) M. Mani

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

Signature of Patient/Relative: M. Mani

Patient Address:
10/89C, MOOGAMBIGAI NAGAR, CHINNAPANICHERRY Paraniputhur Kanchipuram Tamil Nadu INDIA 600122

Name: Manikandan

Relationship: Father

Date: 29/07/2026 Time: 12.33 pm

Wittness Name: Pavithra

Wittness Signature: [signature]

Printed By : 607335

Printed Date / Time : 29/07/2026 12:33

B/o Kavitha T
GUC: 94440/36668

Patient Sticker

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) Monitoring
- ☑ 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: .....

Name of the Doctor: .....

Date & Time: 29/7/26 @ 12 pm

Patient Sticker

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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: .....

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Name: B/O Kavitha Twin -1 Age: 37+4 WKS Gender: Male ☒ Female ☐

Date: 29/07/26.

UHID.No : 9HHHO

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 : Small for gestational Age, low birth bulk

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 : M. Manikandan.

Relationship with Patient: Father

Date & Time : 29/07/26 @ 12 pm.

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : D. Sruthi 113324

Date & Time : 29/7/26 12 pm

Docu. No. : RCH /FRM / CLINICAL / 012