Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 3 D (M)
Dr. GIRIDHAR S

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	14/7/26 6 Pm		Priya for				
Activity Sheet update by Pharmacy							

RCH NO: 133800092046

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. GIRIDHAR S

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: B/O Niveditha

UHID No: 93765 IP No: 36433 Consultant: Dr. Giridha Dept: OT

Date of Admission: 11/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	10.55pm	OT	MICU	S/- Sruthi 01552
12/7/26	11.10Am	MICU	7th floor	Shalini 01407

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
11/7/26	RBS	26022357	
12/7/26	Hb, PCV, SBR, Blood grouping	26022411	
13/7/26	S. BiLi, NBS	26022510	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/7/26	OAE	1	1726516	

ANY OTHER INFORMATION:

Date: 13/7/26 Time: 6pm Prepared By: Praveena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. GIRIDHAR S

DR- NAME OF CONSULTANT-

ACTIVITY	TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	14/7/26 at 11am			
	INTIME OUT TIME			
Arrangement of File by Nursing	14/7/26 11am			
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 - 2.989 kg.

HC - 33cm

L - 48cm.

ELJAY
PROFESSIONALS IN HEARING CARE
SINCE 1976

NEWBORN HEARING SCREENING

1st Screening / 2nd Screening

Name: B/o Nivedha **Date:** 13/07/2026

Age/Sex: 20/male **D.O.B:** 11/07/2026

OP/IP No: 93765/36433

Hospital: Rainbow Hospital

High Risk Registers (if any):

Test Done: DP-OAE

Results:

Right Ear: } B/L Pass (5/5)

Left Ear: } B/L Pass (5/5)

Right Ear: Frequencies Present at 6 dB SNR

Left Ear: Frequencies Present at 6 dB SNR

Clap Screening: PASS/FAIL

Plan:

- ☑ Counseled regarding Normal Auditory and Language Development.
- ☐ Follow up for 2nd Screening after 2 weeks, Date: Time:
  For Appointment Contact +91-
- ☐ Detailed Audiological Evaluation at 2 months of Age.
- ☑ Review with Pediatrician.

13/7/26

(Audiologist and Speech Language Pathologist)

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 : IP18-00036433 **Admit Date** : 11-Jul-2026 **Admit Time** : 11:11 PM **UHID** : GUC-00093765

Patient Details :

Patient Name	: Baby B/O NIVEDHA S.B	**Age**	: 0 D
Guardian	: Mr NITHISH.R	**DOB**	: 11-07-2026 10:09 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: ANNA UNIVERSITY, STAFF QUATERS, L BLOCK 27, KOTTURPURAM,CHENNAI Kotturpuram Chennai Tamil Nadu INDIA 600085	**Phone No**	: 8148702016
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT706-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT706-1 **Admission Type** : First Visit

Contact Details :

Name : Mr NITHISH.R **Relationship** : Father

Contact Address : ANNA UNIVERSITY, STAFF QUATERS, L BLOCK 27, KOTTURPURAM,CHENNAI Kotturpuram Chennai Tamil Nadu INDIA 600085 **Phone No** : / 8148702016

Signature

Doctor Details :

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

Referral Doctor : Dr PRIYADARSENE P **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O NIVEDHA S.B**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP18-00036433**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT706-1**

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: 2

Name: 2

Relationship: 2

Date: 11/7/2026 Time: 11.38pm

Witness Name: V. Naveen Antony

Witness Signature:

Patient Address:

ANNA UNIVERSITY, STAFF QUATERS, L BLOCK 27, KOTTURPURAM,CHENNAI
Kotturpuram Chennai Tamil Nadu
INDIA 600085

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BILLING POLICY

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

DECLARATION

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

Patient Name : B/O Niveditha S.B	UHID Number : 93765
Self/Attendant Name : x	Relation : x
Self/ Attendant Signature : x Phone Number : x	Name & Signature of Financial Counselor

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Baby B/O NIVEDHA S.B
11-07-2026 0Y0M0D4H (M)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
12/7/26	1Am	76mg/dl	Dr.Karthick (stoped)	[illegible]

Pic Me : 133800092096

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0Y0M0D9H (M)
Dr. GIRIDHAR S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. NIVEDHA . Age : 27y. Father's Name : ..... Age : .....

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

NICU Consultant : Dr. GIRIDHAR . Referring Consultant : Dr. Priyadarsene. P .

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

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

BIRTH INFORMATION

Name : B/O NIVEDHA .

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 11/7/26 Time of Birth : 10:09 pm

Place of Birth : RCH OT

Mother's Blood Group : AB +ve .

Birth Weight (gms) : 3-303 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37 +5

Current Obstetric History : (Booked / Unbooked Case) Primi .

Maternal Age : 27y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 18/10/25 EDD : 27/7/26

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

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

Last Scans Details : 6/7/26 : SLUG, 37 wks, AF 1-20.6 : Short Cervix, SDP 8.4 EFW - 3100 ± 453 .

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

Thyronorm 25 mcg od

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O. Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Priyadarsene Hospital : RCH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : Fetal Distress

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	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	2	2	
MUSCLE TONE	Limp	Some Flexion	Active Motion	2	2	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	1	2	
			TOTAL	8/10	9/10	9/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

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Baby B/O NIVEDHA S.B
11-07-2026 0Y0M0D9H (M)
Dr. GIRIDHAR S

History of Present Illness:

- Term Boy baby of Bw - 3.303 kg
- Cried immediately after birth.
- Routine Care given..
- HR - 150, spO_2 - 99%
- No gross cong. anamolies noted.
- Voided pass urine/mec @ birth.
- Inj. Vit K 1mg IM given on (R) thigh

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 96.1°C HR : 150 RR : 60 NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 96 1.2 RA

Anthropometry : Birth Weight 3.303 kg Length : ..... HC : ..... Present Weight : .....

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	
	Sutures	
	Shape / Moulding :	N
	Edema / Bruising :	
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion :	
	Asymmetry :	N
	Masses :	
EYES :	Symmetry :	
	Red Reflex :	N
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	N
	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 :	2A + IV.
	Discharge :	
GENITILIA :	Labia / Hymen :	
	Testicles/penis :	B/L testes descended, Scrotal rugae - mature
	Anus :	patent; hip stained
HERNIAL ORIFICES		
TRUNK and SPINE :		N
SKIN LESIONS :		N
EXTREMETIES :	Fingers / Toes :	
	Arms / Legs :	N
	Deformities :	
	Mobility :	
	Hip Joint Examination :	

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☑ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 60 SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 150 BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : patent

Umbilical Cord : 2A+1V

First urine passed : –

Meconium passed : –

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : .....

Diagnosis : Early Term (37+5) / Singleton / Boy / Bw - 3.303 kg / AGA. (73rd)

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Kaustubh Papa

Date & Time : 11/7/26

for **Consultant :**

Signature : .....

Name : .....

Date & Time : 11/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : Early Term / Singleton / Boy / AGA. (73d)

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications : Warmth.
DBF q 2-3 hrly.
RBS 1 hr post 1st feed.
Vaccination to be done
4 limb spO_2 @ 24 HOL.
OAE, NBS @ 48 HOL.

Plan during ward follow up :

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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STAT / ONCE ONLY DRUGS

Name: ....

Weight: 3.3.03 kgs

Sheet No: ......1...............

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/7/26.	10:15pm	Inj. Vitamin K	1mg	im	137251	PS	SM
11/7	4pm	Inj Hep B	0.5ml	IM		[illegible]	[illegible]
11/7	4PM	Inj BCG	0.05ml	ID.	[illegible]	[illegible]	[illegible]
11/7	4pm	OPV drops	2drops	Po	103377.	[illegible]	[illegible]

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Dr. GIRIDHAR S

D

No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/7/26 Time:	1PM	1AM	4AM
Doctor/Nurse/Family Concern?			
Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94	98°F	98F	98F
Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50			
Note: BP does not score in early warning scoring			
Heart Rate (Number)	152bpm	148bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10			
Resp Rate (Number)	54bpm	58bpm	45bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	100%
Conscious Level: Normal / Altered	✓	✓	Alert
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	PS	[illegible]	[illegible]

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

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

Patient Sticker

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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-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. GIRIDHAR S

(2)

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/7/26 Time:	8AM	12PM	4PM	8PM	12AM	4AM
Doctor/Nurse/Family Concern?						

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

98.6°F 97.8°F 97.0°F 97.5°F 96.7°F 97.2°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	146/m	146/m	148/m	132/m	140/m	120/m

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

Resp Rate (Number)	44/m	42/m	42/m	40/m	42/m	44/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)		Alert	RA			
O_2 Saturations (%)	98%	100%	100%	99%	98%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	Alert	Alert	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SL					

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

RA-99% | RL-100%
LA-98% | LL-99%

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. GIRIDHAR S

(3)

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

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

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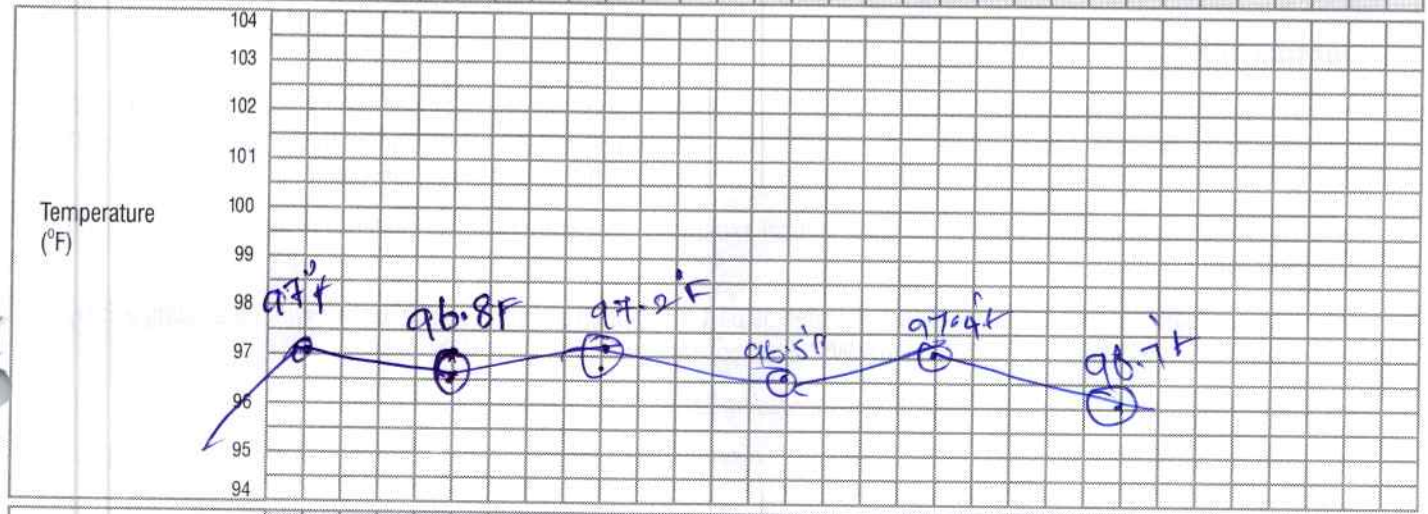
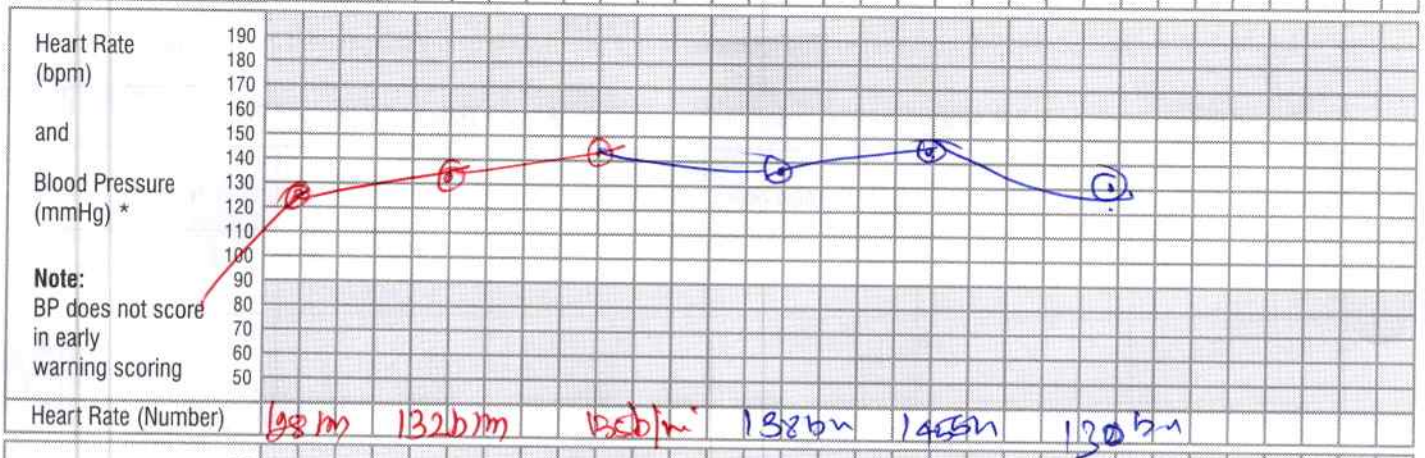
EARLY WARNING SCORE: CHILDREN'S UNIT

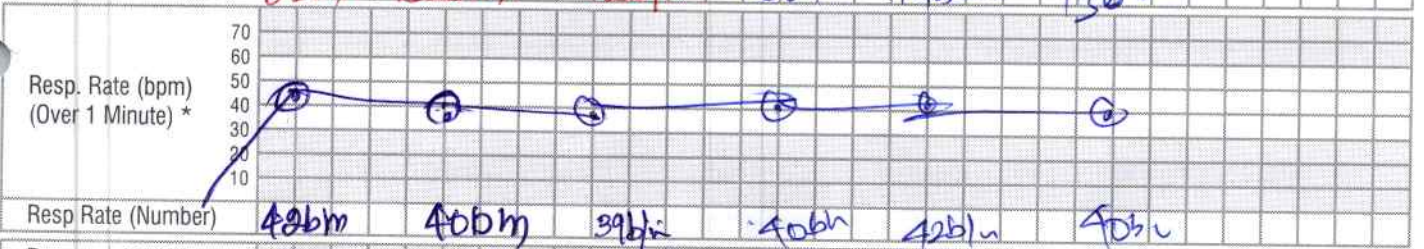
Date: 13/7/26 Time: 8pm 12pm 4pm 8pm 12mid 4am

Doctor/Nurse/Family Concern?





Heart Rate (Number)	98 bpm	132 bpm	136 bpm	138 bpm	145 bpm	130 bpm



Resp Rate (Number)	42 bpm	40 bpm	39 bpm	40 bpm	42 bpm	40 bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA			
O_2 Saturations (%)	100%	99%	98%	99%	98%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	Alert	Alert	Alert	Alert	15/15	15/15
TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 4 H (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.

22/TPD

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 :						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		→ ON			Admission ←					NO	SA
	11:00 pm	DBF									IV	SA
	12:00 am					01					Line	SA
	01:00 am	DBF				→			→			SA
Total Intake :		3 Times				Total Output :						
	02:00 am											
	03:00 am	DBF				→			→		NO	SA
	04:00 am										IV	SA
	05:00 am	DBF				→			→		Line	SA
	06:00 am	DBF				→			→		NO	SA
	07:00 am	DBF				→			→		IV	SA
Total Intake :		4 Times				Total Output :						

Urine passed 1 Time

Urine passed 3 Times

Total 24 hrs. Intake	6 Times DBF	Total 24 hrs. Output	Urine 7 Times Motion 4 Times

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FLUID CHART

Today weight → 3.227kg
12/7/2026

Sheet No. : (2)

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

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
12/7												
	08:00 am		DBF									
	09:00 am										NO	
	10:00 am		DBF								IV line	
	11:00 am											
	12:00 pm		DBF				✓			✓	No	
	01:00 pm											
Total Intake : (3) DBF						Total Output :					1 time	
	02:00 pm											
	03:00 pm		DBF								NO	
	04:00 pm											
	05:00 pm		DBF				✓				IV	
	06:00 pm										line.	
	07:00 pm		DBF									
Total Intake : 3 times DBF						Total Output : Nil						
	08:00 pm											
	09:00 pm		DBF.				✓				NO	Rular
	10:00 pm											
	11:00 pm		DBF								IV	Rular
	12:00 am		DBF				✓			✓	line	
	01:00 am		DBF									Rular
Total Intake : 4 times DBF.						Total Output : 1 time.						
	02:00 am											
	03:00 am		DBF.								NO	Rular
	04:00 am											
	05:00 am									✓	IV	
	06:00 am		DBF								line	Rular
	07:00 am											Rul
Total Intake : 2 times DBF						Total Output : 1 time.						

Total 24 hrs. Intake	12 times DBF.

Total 24 hrs. Output	3 times.

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Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 16 H (M)
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FLUID CHART

Sheet No. : (3)

T. wt - 3.044kg

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.

13/7/26.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am		DBF								NO	
	09:00 am											
	10:00 am		DBF								IV line	
	11:00 am											
	12:00 pm		DBF									
	01:00 pm											
Total Intake : (3) DBF						Total Output : NIL						
	02:00 pm											
	03:00 pm		DBF								NO	
	04:00 pm											
	05:00 pm		DBF							✓	IV line	
	06:00 pm											
	07:00 pm		DBF									
Total Intake : (3) - DBF						Total Output : U - 1 , Motion - Nil						
	08:00 pm											
	09:00 pm		DBF								NO	
	10:00 pm					✓				✓	IV line	
	11:00 pm		DBF									
	12:00 am											
	01:00 am		DBF									
Total Intake : (3) times DBF						Total Output : 1 time.						
	02:00 am											
	03:00 am		DBF							✓	NO	
	04:00 am											
	05:00 am		DBF								IV line	
	06:00 am									✓		
	07:00 am		DBF				✓					
Total Intake : 3 times DBF						Total Output : 2 times.						

Total 24 hrs. Intake	12 times DBF

Total 24 hrs. Output	4 times.

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(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NB/Tetanus

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

Surgery / Procedure: —

Post OP Day:

BACKGROUND

Date / Shift	11/7/26 N	12/7/26 M	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	DBF	DBF	DBF	DBF	DBF	DBF

ASSESSMENT

	11/7/26 N	12/7/26 M	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E
Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	—	NA	NA	NA	NA	NA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98F	98.6F	97.6F	97.8F	97°F	97.2°F
Res:	50b/m	44b/m	46b/m	40b/m	48b/m	38b/m
SpO_2:	100%	98%	99%	98%	100%	99%
Pulse:	158b/m	148b/m	[illegible]b/m	138b/m	128b/m	135b/m
BP:	—	—	—	—	—	—
LOC:	Alert	Alert	Alert	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	Normal	Normal	Normal	Normal	Normal	Normal

Recommendations

	11/7/26 N	12/7/26 M	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E
Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	NA	NA	NA	NA	NA
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	DBF	DBF	DBF	—	PBP	DBF
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL. (Dependent / Non Dependent):	Dependent	Dependent	Dependent	dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	N/A	NA	NA	—	—	—
Handed Over By Name :	Shantala	Shalini	Soumya	Praveena	Soumya	Mythili
Signature / ID :	8A 01808	Shalini 01808	Soumya	Praveena	Soumya	Mythili
Date:	12/7/26	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26
Time:	8AM	@2pm	8PM	8AM	8PM	@8pm
Taken Over By Name :	Shalini	Soumya	Praveena	Soumya	Mythili	Praveena
Signature / ID :	Shalini 01808	Soumya	Praveena	Soumya	Mythili	Praveena
Date:	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	13/7/26
Time:	8AM	8PM	8pm	8AM	@2pm	2pm

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0Y0M0D4H (M)
Dr. GIRIDHAR S

NURSING CARE RECORD

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

Date: 11.7.26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	12am	promote Adequate Nutrition for healing & recovery	12:30 Am	Assess Nutritional Status Assist with feeding if every 2hrs. Monitor weight.	Baby is good latching	Reassessment Done Latche Score 9/10.	Healy 01:30:80

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NURSING CARE RECORD

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- ☐ Relieve Pain & Discomfort
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- ☐ 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	6AM	Promote adequate Nutrition. DBF	8:30 AM	→ Assess the Baby. Condition → provide DBF @2H → Maintain Ibchart → Monitor daily weight	Maintain good Nutrition	Reassessment was done.	Shalini 0140Pr
Afternoon	4 PM	Prevent falls and injury.	4 PM	Keep bed in low position with side rails up. . Ensure call bell is within reach. focow the Fall prevention	the mother focow the instructions.	Prevented Falls and injury	Roy
Night	8PM	Promote adequate Nutrition.		To Assess the . Feeding position	To Encourge. breast feeding	Baby was Clinically Normal.	Prof 00:12

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
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(1)

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
11/7/26	10.00	New born notes on 11/7/26
		Baby Born at 11/7/26
		TOB - 10.09pm
		Gender ; Boy
		Wt : 3.303kg
		term Baby cried at Birth Immedi.
		Routine care given HR-150b/m, SpO2-99%.
		No congen anomalies. Inj. vit K 1mg IM
		given (R) thigh. suction done. Apgar
		score 1m: 8/10 5m-9/10 10m-9/10 ID
		Band applied. Baby shifted in charge of
	10.55P	LH one to LDR S/S Sd 01955
		Receiving Notes
11/7/26	11pm	Baby is receiving from OT to MKU
		Baby case hand over taken from OT
		Staff Nurse Baby was stable Active pink
		In 10/04 U/M Not passed Baby is
		mother side vaccination Not done → Alkady 01808
12/7/26	12am	DBF was given to Baby
		good latching chol[?]tion of milk is
		present Baby placed to mother side → SN Alkady 01808
	1Am	Baby Urine/Motion passed
		change the diapper, Baby was stable
		Baby is mother side → SN Alkady 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
12/7/26	continue NOPS	⇒ post 1 hr feeding CBG 76 mg/dl. Informed Dr. Karthik Advised to stoped DBF and hourly ——→ Akalya 01808
	3AM	⇒ Baby DBF taking well No vomiting Baby VSAI are stable Baby placed to mothes side ——→ Akalya
	4AM	⇒ Checked for VSAI sign recorded 01808 Baby VSAI are stable Un passed Change the Diapper resumed DBF ——→ AK 01808
	5AM	⇒ morning care given to Baby checked weight today weight 3.227kg DBF was given ——→ AK 01808
	6AM	⇒ Baby was stable Urine & motion passed Change the Diapper ——→ Akalya 01808
	7:30 Am	⇒ Baby care hand over given to morning duty staff Nurse ——→ Akalya 01808
		Morning duty ON 12/7/26
12/7	7:30 Am	Report Received from Night duty staff to Morning duty staffs
		Baby Activity are good. No Fever
	8AM	vital sign checked & Recorded vital sign are Stable
		Baby DBF taking well. No vomitting
		To chart Maintain

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0Y0M0D4H (M)
Dr. GIRIDHAR S

(2)

NURSES NOTES

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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☑ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continuous 12/7/26 →	
12/7/26		Baby vaccination Not done	
	10AM	Baby Activity are good	
		Baby DBF taking well	
		No vomitting	
	11.10 AM	Baby shifted to 6th floor	Shalini staff nurse
		On receiving notes	
12/7/26	11.15AM	Baby details hand over taken from LDR staff baby active and alert baby on DBF → 2nd baby Blood grouping Not done vaccination today	Jey Others
	12pm	Baby vitals checked and recorded Baby on observation warmth pink in colour urine motion passed after birth	Jey Others
	12.30pm	Dr. Seeshd mam seen the baby advised to do SBR, NBS/OAE after 48 hours to do NOW Hb/PCV/RBR → and blood grouping Mother baby Rh+ve Yellowish	Jey Others
	1.10pm	Baby taken DBF latching well for feeds	Jey
	1.20pm	I/O chart maintained & recorded	Others
	1.30pm	Hand over given to Evening duty 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
11/7/26		Evening duty notes.	
	1.30pm	Baby details Handing over taken from morning duty SIN. NO IV line, DBF and Fourth, Blood reports due. Vaccine due.	
	3pm	Baby had mother feed. L - D A - D T - D C - D H - 1/2 need supervision maintained Temp chart recorded. Baby sleep well. Vitals checked and recorded.	PP ++ CP ++ CRT 1-2
	6pm	monitored intake and output chart and provide feed and baby one DBF	
	7.30 pm	Patient handover given to night duty SIN night duty Notes.	
12/7/26	7.30pm	Baby details Hand over taken from Evening duty Staff. Baby was Active & Alert	
	8pm	Baby vitals checked and	

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GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. GIRIDHAR S

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Recorded. Vitals Normal	Praveen
12/7/26		Baby taking feeds NO vomiting DBF 2nd Hrly.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 2/9 (Need supervision)	
		Maintained Intake and output Chart	Praveen
	12 Am.	Baby vitals checked and Recorded. vitals Normal.	Praveen
		Baby was sleeping well No any other complaints	Praveen
		Maintained Intake and output Chart & Recorded.	Praveen
	3 Am.	Baby vitals checked and Recorded. Vitals Normal	Praveen
	6 Am.	Baby Morning care given weight also checked and Recorded. maintained I/O chart	Praveen
	7.30 Am	Hand over given From Morning duty Staff	Praveen

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Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
31/7/26		Morning duty notes.	
	7.30AM	patient details handing over	
		taken from night duty S/N. DBF	[signature]
		only, vaccination done.	
	8AM	vitals checked and [PP: +2, CP: +2, CRT: <2]	
		recorded	[signature]
	10am	Baby [illegible] had mother feed.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1 need supervision.	[signature]
		9 maintained [illegible] chart and	
		recorded.	
	10.15Am	→ Dr. Vivekhae Sir come and	
		seen the baby Sir adviced	
		repeat SBR todo at 1PM	[signature]
	12pm	→ Baby vital signs checked and	
		record. vitals are stable	[signature]
	1pm	→ Baby I/O chart maintained	[signature]
	1.30pm	→ Baby detail hand over given	
		to evenings duty S/N	[signature]
		Evening duty Notes.	
	1:30pm	Baby details are handing over	
		taken from Morning duty staff.	
		Repeat SBR, - Sample send.	
		NBS - also sended to lab →	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

NURSES NOTES

Rainbow Children's Hospital — It takes a lot to treat the little.
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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26	2 pm	SBR - 10.8 mg/dl. Report sended to Dr. Giridhar sir and Dr. Annapoorni mam →	Mythili 60774
	4 pm	Baby vitals are checked & recorded. Vitals are stabled CP ++ | PP ++ | CRT 2sec →	Mythili 60774
	5 pm	OAE done to the baby.	
	6:30pm	Maintained I/O chart for the baby →	Mythili 60774
	7:30pm	Baby details are handing over given to Night duty Staff → Night duty Nurses.	Mythili 60774
19/7/26	7.30pm	Baby details hand over taken from Evening duty Staff. Baby was Active & Alert →	Bhavana OBS
	8pm	Baby vitals checked and Recorded. Vitals normal →	Praveen OBS
		Baby taking feeds No vomiting. OBF 2nd baby. L - 2 A - 2 T - 2 C - 2 H $\frac{1}{4}$ (Need Supervision) →	Praveen OBS
		Maintained intake and output chart →	Praveen OBS

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13-7-26	11.30pm	Baby Condition informed to Dr. Prasana Sir Advice to no need Blood sample. continue direct feed	Praveen Dr.e
14-7-26	12Am	Baby vitals checked and Recorded. vitals Normal maintain & Intake and output chart. Baby was Sleeping well	Preeti Dr.e
	4Am	Baby vitals checked and Recorded. vitals Normal	Praveen Dr.e
	8Am	Baby morning Care given weight also checked and Recorded.	Praveen Dr.e
	7Am	Maintained. Intake and output chart	Praveen Dr.e
	7.30Am	Hand over given from morning duty staff	Praveen Dr.e

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0Y0M0D4H (M)
Dr. GIRIDHAR S

(1)

Rainbow® Children's Hospital
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			11/7/26	12/7/26	12/7	12/7	13/7
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					
	History of Falls or Infant-Toddler Placed in Bed	4				4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3		
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	15	15	15	15

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		–	–	–	✗	✗
	Other Intervention(s) Specify		NIL	–	–	✗	✗
	Nurse's Name:		Sunil	Rahul	Sathya	Praveen	Sathya
	Signature:						
	Date:		11/7/26	12/7/26	13/7/26	12/7	13/7
	Time:		1PM	8AM	4 PM	8PM	8AM

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. GIRIDHAR S

(1)

PAIN ASSESSMENT FORM

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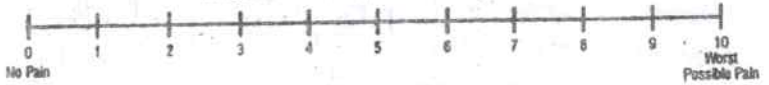
Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	10.00	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
12/7/26	6AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	
12/7/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	
12/7/26	4PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
12/7/26	10PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
13/7/26	4AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
13/7/26	10AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
13/7/26	4PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
13/7/26	10PM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
14/7/26	4AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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

BRADEN 'Q' SCALE

(for Paediatric use)

Pa
Ag

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0Y0M0D4H (M)
Dr. GIRIDHAR S

IP No. :

					11/7	12/7	12/7	12/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	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.	1	1	1	1
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: Spastically, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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	20	25	25
				Evaluator's Name				

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

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. GIRIDHAR S

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Nivedha Mother's Name: Mrs. Nivedha

Date of Birth: 11/7/26 Time of Birth: 10.09 pm Gender: ☑ Male ☐ Female

Birth Weight: 3.303 Kgs HC: 38 cm Lenght: 42 cm

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

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

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: AB +ve Baby: Await

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 1 pm

GUC-00093710 IP18-00036419
Mrs NIVEDHA S.B
30-08-1998 27 Y 10 M 12 D (F)
Dr. SELF

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

Indication: Fetal Distress.

Physical Assessment of New Born:

Temp: 36 °C HR: 150 bt /Min RR: 52 br /Min BP: - SpO_2: 99 %

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 15 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: S/N Smitha Signature: Date &Time: 11/7/26 @ 1 pm

PATIENT TRANSFER FORM

(1)

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GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. GIRIDHAR S

	Date & Time of Admission	Date & Time of Transfer Order
	11/7/26 @ 11pm	11/7/26 @ 10.55pm
Treating Consultant Name Dr. Giridhar	**Transfer Ordered by** Dr. Kartik	**Reason for Transfer** Further Management
From Unit OT	**To Unit** MICU	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File IP file-1	**Number of Imaging Films** —	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Sneha 01750	Dr. Kartik

Patient & Clinical Records Received by : S/N Akshaya 01800

Date & Time of Patient Received : 11/7 about 11pm

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00093765 IP18-00036433
Baby B/O NIVEDHA S.B
11-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
11/07/26 at 11"pm	12/7/26 at 11"15 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr: Giridhar	Dr. Giridhar	Further treatment

From Unit	To Unit	Information to Attendant
NICU	6th floor	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
OP file -	-	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	1
2.	Baby Nappies	1
3.	Baby Dress Male	2 set
4.	Inj- BCH	1
5.	Inj- Hep. B (Peads)	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalem RN07	Dr. Giridhar.

Patient & Clinical Records Received by : Jeevitha RN083

Date & Time of Patient Received : 12/7/26 @ 11.15 am.

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