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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 26/7/26

Name of the Patient: GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

UHID No: .....

Gender: Male

Ward: .....

Room No: 405

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: 26/7/26	Date: 26.7.26
Time:	Time: 6.00 Am	Time: 8.11 Am

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

HID-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6.00AM	P.V. 607261				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

Name: B/o Vishali

UHID No: 94242 IP No: 36600 Consultant: Dept:

Date of Admission: 24/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	6.45p	LDR	705	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/7/26	blood grouping	26093805	
24/7/26	RBS	26023827	
26/7/26	YBS, SBR	26023939	
27/7/26	SBR	26024005	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/11/20	SSPr	10^{30} Am		1733207	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 26/7/26 Time: 6.06 pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
P-W607261			

Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	27/7/26 at 11AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		27/7/26 at 11AM	S. Madhu Lasya		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

27.7.26
T. Wt → 3.172kg

26/7/26 3.171kg
T. Wt → ~~3.100kg~~
H → 35 cm
L - 48 cm

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 : IP18-00036600 **Admit Date** : 24-Jul-2026 **Admit Time** : 01:23 PM **UHID** : GUC-00094242

Patient Details :

Patient Name	: Baby B/O VISHALI K	**Age**	: 0 D
Guardian	: Mr YADHUNAATH	**DOB**	: 24-07-2026 12:30 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.68/6, 4TH CROSS STREET, SBI COLONY Chromepet Chennai Tamil Nadu INDIA 600044	**Phone No**	: 9677299448/ 9790901813
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT705-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-PVT705-1 **Admission Type** : First Visit

Contact Details :

Name : Mr YADHUNAATH **Relationship** : Father

Contact Address : NO.68/6, 4TH CROSS STREET, SBI COLONY Chromepet Chennai Tamil Nadu INDIA 600044 **Phone No** : 9677299448 / 9677299448

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 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 VISHALI K**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036600**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-PVT705-1**

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 c[illegible]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: Mr. Yathunath
Relationship: father
Date: 24/07/2026 Time: 01:23pm
Witness Name: A. Sivasankari
Witness Signature: A. Sr

Patient Address:
NO.68/6, 4TH CROSS STREET, SBI COLONY Chromepet Chennai Tamil Nadu INDIA 600044

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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 vishali. k	UHID Number : GUC-00094242
Self/Attendant Name :	Relation : father
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor A.

Patient Sticker

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Vishali.K Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: 94292

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

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

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

BIRTH INFORMATION

Name : B/O Vishali K.

Gender : ☑ M ☐ F Blood Group : A1 POSITIVE

Date of Birth : 24/07/2026 Time of Birth : 12:30 AM

Place of Birth : RCH, Guindy.

Mother's Blood Group : B - POSITIVE

Birth Weight (gms) : 3-359 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+6.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27 Ht : 164 Wt : 92 BMI : ..... Married Life : ..... LMP : 25/10/2025 EDD : 1/8/2026

Conception : Spontaneous or with Rx. : spontaneous conception

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

Last Scans Details : 5/7/2026 – 36+2, cephalic, pl post. SDP 4.5/EFW-2702g.

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

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 /

Redistribution 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?

G. Tab Thyroxine 37.5mg

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O. Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour VAVD.

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
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried at birth

(N) SpO_2 transition

Inj vitamin K 1mg IM given.

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 173/min RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 97%

Anthropometry : Birth Weight : 3.359kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 56%ile SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	Caput ⊕.
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	b/l choana patent
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : — 2A, IV Discharge :	(N)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	b/l testis palpable. — patent, tip not drained
HERNIAL ORIFICES		
TRUNK and SPINE :		— continuous
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 : 50/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

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

Cardiovascular System :

HR : 173/min BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

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

Abdomen : soft Hernia orifice : .....

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

Palpation : ..... Umbilical Cord : 2A, 1V

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

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

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : cry / tone activity (N)

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

Any Congenital Anomalies : ....

Diagnosis : Term/ 38+6/ AGA/ [illegible]/ boy/ VAVD.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : [signature]

Name : Dr. Poojitha 155785

Date & Time : ....

Consultant : for Dr. [illegible]

Signature : [signature]

Name : 155785

Date & Time : ....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : ....
2. Name of te referring Hospital : ....

   Address : ....

   Contact Numbers : ....
3. Contact Details of the referring Doctor : ....

   Mobile No. : .... **E-mail ID :** ....
4. Name of the Doctor in Rainbow Team : ....

   .... on whose name the patient is being referred.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up : (1) DBF Q2H (2) warmth
(3) TO check RBS after 1 hour
(4) TO do pulse ox screening at 24 HOL (4 limb spO_2)
(5) TO check NBS, OAE & SBR at 48 hours of life
(6) Vaccination tomorrow

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 9:30 AM	S/B: Dr. [illegible]	
	A: Term (38+6) / AnA / Boy / VAVD.	
M/Bt. B		
		Bwt: 3359g
		TWt: 3263g
		Δ: 96g
		%: 2.8%
	Urine ✓ No obvious external congenital anomalies	
	Meconium ✓ Vitals: stable	
	PP well felt	CRT < 3sec
	Vaccination (today) Warm peripheries	
	↓ PA: [illegible]	CNS: ⊕ tone (?) / Activity
	CVS: S1/S2 ⊕ / No murmur	RS: NVBS
		Adv
		1) Pulse ox screen → 4 limb saturation ↓ Today 12PM
		2) SBR / OAE / NBS at 48hrs (Tomorrow 12PM)
		3) DBF - Q2h / warmth
		4) Monitor vitals
	[signature] 203377	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/2026 9:40 am.	S/B Dr. Poojitha	
	Term/ 38+6/ AGA/ boy/ VAVD	BW - 3359 g
		YW - 3263 g
	45 HOL.	TW - 3171 g
		188 g ↓
	On DBF (with shield)	5.6% loss
	predominantly on formula feeds.	
	Issues - flat nipple - on syringing secretions. - poor.	
	syringing & latching adviced	
	started on lactogogues.	
	vitals - stable	
	CVS - S1S2 ⊕	M / B-Positive
	RS: B/L AE ⊕	B / A1 Positive
	P/A soft	
	tone/ activity (N)	
	AF ⊖	
	SBR - 13.4.	
	PT cut off - 15.	
	Plan -	
	- To start phototherapy	
	- To do serum bilirubin	
155785 Dr. Poojitha		

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

30

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M2D (M)
Dr. GIRIDHAR S

2

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26 9:30AM	S/B Dr. DEEPAM	
	TERM /38+6 /AGA	/B+ /VAVD
		B.W - 3.359kg T - 3.172kg

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.359 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
24/07/2026		Inj VITAMIN K	1mg	IM	Dr 15785	MD	SA
25/7	10.45am	Inj BCG	0.05ml	ID.		N.S	S.S
25/7	10.45am	Inj Hep B	0.5ml	IM	Lucky 23377	N.S	S.S
25/7	10.45am.	ORV drops	2drops	PO		N.S	S.S

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

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

Patient Sticker

① INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/7/26 Time:

Doctor/Nurse/Family Concern?						
Time	12pm	2pm	6pm	8pm	12am	4am
Temperature (°F) (104–94)	98°F	98F	98F	97.8F	98F	97.7F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	140	130				
Heart Rate (Number)	140	130	136	140/m	138/m	140/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	46					
Resp Rate (Number)	46/m	44	42	40/m	42/m	40/m
Resp Distress — Mod/ Severe / None / Mild						
Receiving O_2 (l/min)	NR	99	99	—	—	—
O_2 Saturations (%)	100	RA	RA	99% (RA)	98% (RA)	99% RA
Conscious Level — Normal / Altered	✓	Alert	Alert			
GCS *	15/15	15/15	15/15	Alert	Alert	Alert
TOTAL SCORE — Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

On admission

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

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-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

Doc. No. : 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: 25/7/26 Time: 8AM | 12PM | 4PM | 8PM | 12AM | 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 98.6F | 98.8F | 98.4F | 98.1F | 98.4F | 98.8F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 130bpm | 131bpm | 136bpm | 124bpm | 138bpm | 146bpm

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

Resp Rate (Number): 42bpm | 42bpm | 40bpm | 36bpm | 34bpm | 48bpm

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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* 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

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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-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

3

Doc. 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: 26/7/26 Time: 8AM 12PM 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

Temperature (°F): 98.2°F | 98.4°F | 98.0°F | 97.9°F | 98.0°F | 98.2°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	130	140bpm	138bpm	140bpm	138bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	42br	48br	40brm	40brm	40br	40br
Resp Distress: None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA
O_2 Saturations (%)	99%	100%	99%	99%	97%	95%
Conscious Level: Normal	✓	✓	✓	✓	✓	✓
Altered						
GCS *	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						

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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

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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 (NOTED)	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
24/7/26	02:00 pm		DBF								NO IV line	
	03:00 pm											
	04:00 pm		DBF									
	05:00 pm		Nanexidlac 20ml (4.30pm								NO IV line	
	06:00 pm		DBF									
	07:00 pm					✓						
Total Intake :		DBF (3) + 20ml FF.				**Total Output :**					NIL.	
	08:00 pm											
	09:00 pm	DBF									No IV line	
	10:00 pm	NF	15ml							30ml		
	11:00 pm											
	12:00 am	DBF				✓				30ml	Not in line	
	01:00 am											
Total Intake :		2 m DBF + 15ml				**Total Output :**				60ml		
	02:00 am	DBF 15ml										
	03:00 am									30ml	No IV line	
	04:00 am	DBF				✓						
	05:00 am		15ml								No IV line	
	06:00 am									30ml		
	07:00 am	DBF									IV line	
Total Intake :		DBF (3) + 30ml Nanexidlac				**Total Output :**				60ml		

Total 24 hrs. Intake	(8) DBF + 4 times Nanexidlac	Total 24 hrs. Output	Urine 120ml / motions - 3 times

RA SpO_2 - 98% pulse - 136bpm	LA SpO_2 - 100%. pulse - 146bpm
SpO_2 - 98% pulse - 146bpm RL	SpO_2 - 98%. pulse - 136bpm LL

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M0D1H (M)
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FLUID CHART

T.wt - 3.263 kg

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.

25/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	Manexcel	30ml								NO	
	10:00 am											
	11:00 am	Nanexcel	30ml							30ml	IV	
	12:00 pm											
	01:00 pm	Nanexcel	30ml								line	
Total Intake : 90ml						Total Output : 30ml						
	02:00 pm											
	03:00 pm	DBF										
	04:00 pm	Nanexcel	30							20ml	NO	
	05:00 pm	DBF					✓				IV	
	06:00 pm											
	07:00 pm	DBF					✓			30ml	line	
Total Intake : 3 times DBF						Total Output : 50 ml - urine						
	08:00 pm	DBF										
	09:00 pm									20ml	NO	
	10:00 pm	DBF										
	11:00 pm						✓				IV	
	12:00 am									20ml	line	
	01:00 am	DBF 30										
Total Intake : 3 times +30						Total Output : 40ml						
	02:00 am	Nanex 30										
	03:00 am						✓			30ml	NO	
	04:00 am	Nanex 30									IV	
	05:00 am											
	06:00 am						✓			20ml	line	
	07:00 am	nan 30										
Total Intake : 90ml						Total Output : 50ml						

Total 24 hrs. Intake	DBF-6	Total 24 hrs. Output	170ml + 5 times

Nan > 8.

Urine - ~~7 times~~ ~~Bowel~~ opened
M — 5 times

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

Pat

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FLUID CHART

Sheet No. : 3

~~T.Wt : 3.400kg~~

T.Wt : 3.171kg

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.

26/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	DBF Mom E+L	30ml							30ml	No IV line	AA
	09:00 am						✓					AA
	10:00 am	DBF Mom E+L	30ml							30ml		AA
	11:00 am										No IV line	AA
	12:00 pm	DBF Mom E+L	30ml							30ml		AA
	01:00 pm											AA
Total Intake : 3 times of DBF + Naveen = 70ml						Total Output : 90ml						
	02:00 pm	DBF									No IV line	A
	03:00 pm											A
	04:00 pm	DBF								✓		A
	05:00 pm	FF	30ml									A
	06:00 pm	DBF									No IV line	A
	07:00 pm											A
Total Intake : DBF (3) times + 30ml.						Total Output : 140ml.						
	08:00 pm	DBF										~~A~~
	09:00 pm									40ml	No IV line	~~A~~
	10:00 pm	DBF										~~A~~
	11:00 pm											~~A~~
	12:00 am	DBF								20ml		~~A~~
	01:00 am	DBF										~~A~~
Total Intake : 4 times						Total Output : 60ml						
	02:00 am										No IV line	~~A~~
	03:00 am		30ml							30ml		~~A~~
	04:00 am	DBF										~~A~~
	05:00 am						✓					~~A~~
	06:00 am	DBF								30ml		~~A~~
	07:00 am											~~A~~ 1
Total Intake : 2 times DBF + 1 time naveen						Total Output :						

Total 24 hrs. Intake	DBF - 12 times Naveen - 5 times	Total 24 hrs. Output	Urine - 210ml / 8 times Motion - 2 times

GUC-00094242 IP18-00036600
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24-07-2026 0Y0M0D1H (M)
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Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Newborn / Term

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: N/A

Surgery / Procedure:

Post OP Day: —

BACKGROUND

Date / Shift	24/7/26 Evening	25/7/26 N	25/7/26 M	25/7 E	25/7 N	26/7 M
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	DBF	DBF	DBF	DBF	DBF	DBF

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:	98°F	97.5F	98.0°F	98.0°F	97.6F	97.8°F
Res:	40bpm	40bpm	42bpm	40bpm	38bpm	42bpm
SpO_2:	99%	99% (RA)	98%	99%	100%	99%
Pulse:	138bpm	140bpm	140bpm	140bpm	136bpm	138bpm
BP:	—	—	—	—	—	—
LOC:	Conscious	Alert	Alert	Alert	Alert	Alert
Fall Risk Score:	~~19~~ 15	15	16	16	17	17
Pain Score:	0	0	0/10	0/10	0/10	0/10
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	NA	NA	NA	NA	NA	NA
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Special Diet:	DBF	DBF	DBF	DBF	DBF	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:	—	—	—	—		—
Handed Over By Name :	S/No passage					
Signature / ID :						
Date:	24/7/26	24/7/26	25/7/26	25/7/26	26/7/26	26/7/26
Time:	8PM	7.30PM	2PM	8PM	7.30AM	1.30PM
Taken Over By Name :						
Signature / ID :						
Date:	24/7/26	25/7/26	25/7/26	25/7/26	26/7/26	
Time:	7PM	8AM	2PM	7.30PM	7.30AM	

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M0D1H (M)
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BirthRight
BY RAINBOW HOSPITALS
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NURSING CARE RECORD

Date: 24/7/26

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				admission			
Afternoon	2pm	Reduce the risk of Infection	2.30 pm	Maintain hand hygiene. Use aseptic techniques any procedure	Baby active & alert	Reassessment done	016808
Night	7.30pm	- Assess the Baby Gener condition - provide warm care to baby	12am	- Assessed the baby Gener Condi - provided warm care to baby	Provided warm Care to baby	Baby temp maintain	

B/o Vishali

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 25/7/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain good nutritional status.	8:30 am	Maintained Good nutritional status.	Engaunge Direct Breast feeding	Reassessment done	[signature]
Afternoon	2pm	maintain good nutritional status	4Pm	Maintained Good nutritional status	Encouraged Mother DBF Q2Hrly	Done.	[signature] 693
Night	8PM	Maintain good Nutrional status	10Pm	Ensure Maintain the good Nutrional status	Encouraged Oracle	ReAssesment Done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

Patient

NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies NIL.

(1)

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26		Admission Notes 24/7/26.	
	12^{30} pm	A single Boy was deliveryes	
		at 12^{30}pm Baby birth cry colour	
		and breathing is normal,	
		Cord clamp & Cut, Nasal &	
		oral suction done, Inj. Vit. K	
		0.1ml IM given, Not passes	
		urine & meconium vitals are	
		checked and recorded	
		General condition is fair.	S/N Devi 015760.
	1pm.	Baby taking DBF & sucking	
		well vitals are checked	
		and recorded General	
		condition is fair ⟶	S/N Devi 015760
	1.30pm	Baby handing over to evening	
		duty staff to be followed	
		doctors order if 60 CBG Informed	
		Dr. Poojitha mam.	Devi 015760
24/7/26	1.40pm	Evening duty Notes:	
		Baby details	
		handed over taken from	
		morning duty staff. Baby active	
		& alert. Vitals are checked &	
		recorded. Direct breast	
		feeding given. Baby sucking	
		well. Nipple flat nipple	Gopalakrishnan 016808
	2.30pm	Baby urine & motion not	

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
24/7/26		passed. Vaccination not done. Baby side no complaints.	Sfno paraga 01b808
	3.30pm	Mother breast nipple flat secretion mild Informed to Dr. poojitha adviced to Nan excella pro. explain mother mother willing for formula feeding.	Sfno Paraga 01b808
	4.30pm	formula Nan excella pro 60ml given. Baby urine & motion not passed.	
	5.30pm	Baby side no complaints. Baby not vaccinated. Baby vitals are stable. Baby shifted to ward	Sfno paraga 01b808
	6.45pm	Baby details, files handed over given to 7th floor staff. Receiving Notes.	Sfno paraga 01b808
	7pm	Handover Received from CDR. Staff. Child is active and oriented. DBF + Nan excella pro 2nd hourly RBS - STOP. Vaccine due. BWt - 2.341kg motion passed. Urine Not passed. Monitored input and output chart and Recorded.	Sfno paraga 01b808
	7.30pm	Handover given to Night Duty staff	Sfno paraga 01b808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

NURSES NOTES

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(2)

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night duty On 24/7/26	
	7.30pm	Baby details handing On taken from Evening duty staff. Baby active and good. Colour is pink and Normal. Vaccine tomorrow HBS, S.bilirubin after 48 hours →	[signature]
	8pm	Vital signs checked and Recorded →	[signature]
	10pm.	Baby is On Q2H JORF feed taking well. No vomiting. Urine passed →	[signature]
25/7/26	12 AM	Baby sucking is good. Vital signs checked and Recorded →	[signature]
	2 AM	Baby sleeping well. provided Warmth care to baby →	[signature]
	4 AM	Maintain Intake and Output chart. Vital signs checked and Recorded →	[signature]
	6 AM.	Morning care is given. weight checked and Recorded →	[signature]
	7.30A	Baby details handing On On Morning duty staff →	[signature]
		MORNING DUTY	
	7:30am	Baby details handing over taken from night duty. Baby active ranexcel. Baby have puffiness in face. today plan for	

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

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
		Morning Duty Notes.	
25/7/26.	7.30am.	Handover Received from Night Duty Staff. child is active and alert and warm. DBF and hourly. vaccine due. ~~BBR~~. RBS - Stop. 4 Comb saturation 8am checked vital sign and Recorded.	
	10am	C - 2 Dr. Siddhar is come A - 2 and seen the Baby T - 2 advice to day vaccine C - 1 SBR, NBS. Tomorrow 6am H - 1 ONE TOMORROW. Total - 8 Need supervision	
	10.45 am	BCH vaccine given. BCH - 0.05ml ID and OPV - 0.5ml IM polio drops - 2drops given.	
	12pm	checked vital sign and Recorded.	
	1pm	monitored Input and output chart and Recorded	
	1.30pm	Handover given to Evening Duty staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M2D (M)
Dr. GIRIDHAR S

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BirthRight™ BY RAINBOW HOSPITALS
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(3)

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/7/26	1:30 pm	Evening Duty	
		Baby details Hand over taken	
		from Morning duty staff,	
		Baby vaccine Done, SBR/	
		NBS LOAE at review, SBR/NBS	
		at 6Am, Baby have DBF+ non oxecollo	
		taking, U/M passed, tomorrow	
		D/s plan. →	Sd 60 7373.
	2pm	Baby vital signs checked	
		and recorded. Vitals are	
		stable. Maintained Flo chart.	
		Baby have DBF+ non oxecollo →	Sd 6073
	4pm	Baby feeding assisted for	
		paladai in formula feeding	
		baby intake is good and	
		well feeding, sucking is good.	Sd 60796
	6pm	Baby at that is no c/o	
		of vomiting and continues	
		maintain flo chart.	Sd
	7pm	L - 2	
		A - 2	
		T - 2	
		C - 1	
		H - 1	
		8	
	7.30pm	Baby details is tomorrow	Sd 607913
		SBR/NBS is plan and	

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GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (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
		~~Feeding~~ is good.	
25/7	3pm	Baby details case file handing over given to the night duty staff.	
		Night duty ON 25/7/2026	
25/7	7.30PM	child Conditions and details hanging Our taken by Evening duty staff Nurse.	
	8PM	vital signs are Monitored & Recorded done clinically sfa CP PP CFT ++ ++ +++	02185
	10PM	Baby feeding process and latch sure maintain L-2 A-2 T-2 C'-2 V-1 Total Score 9 impro Oral Nutrition managem	
	12AM	Recheck the vitals Monitor & Recorded done	02187
	2AM	baby sleeping well done.	
	4AM	Rechecked the vitals H.D Stable. Recorded morning	
	5AM	morning care Personal care baby T:121 Kg	

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Patient

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

(A)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	6AM	S. Bili samples sended lab investigations. To follow Reports	
	7.30PM	Baby clinically stable. and child details handover opinion to Morning duty Staff Nurse 02187.	
		Morning duty Notes	
26/7/26	7.30AM	Baby details Handing Over taken from Night Staff. Bed Side Assessment done. Conscious & Oriented. Baby active & alert. Baby Breast feeding Sucking good. No any other complaints.	
	8AM	Baby vitals Sign. Checked & Recorded. vitals are Stable. I/O Chart monitored. DBF Q2 hourly, & warmth the Baby.	D2PM
	9AM.	Today Baby S. Bili - report done SBR. 13.4° Send the Report Dr. Giridhar Sir. S/B the Dr. Paititha mam Advised. TO Start phototherapy, RPT SBR Tomorrow.	
		Baby Attender Side Explain the Phototherapy.	
	10.15AM	Baby SSPT Start @ 10.30AM Breast feeding done. DBF Q2 hourly Continue & warmth. No any other Complaints.	

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/20	12pm.	Baby vitals sig checked & recorded. vitals are stable. I/O chart monitored. DBF sucking good. No any other complaints.	[signature]
	1.30pm.	Baby details handing over to Evening duty staff.	[signature]
		Evening duty on 26/7/21	
	1.30pm.	Baby details handing over taken from morning duty staff. Baby active and good. Baby urine and motion passed. Baby is on EBM [illegible] feed taking well. No vomiting. Baby is on [illegible]	[signature]
	3pm.	Baby sleeping on phototherapy. [illegible] S. bilirubin [illegible]	[signature]
	4pm	Vital sign checked and recorded. Vitals are stable.	[signature]
		Baby sleeping well. provided warm care to baby.	[signature]
	6pm	Maintain intake and output chart.	[signature]
	7.30pm	Baby details handing over to night duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			24/7	24/7	24/7	25/7	25/7
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				3	3
	Within 48 hours	2					
	More than 48 hours/ None	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	16	16

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		NA	NA	NA	NA	NA
	Other Intervention(s) Specify		NA	NA	NA	NA	NA
	Nurse's Name:						
	Signature:						
	Date:		24/7	24/7	24/7	25/7	25/7
	Time:		10:00 pm	2 pm	8 pm	8 am	1:3

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE M 26/7	DATE F 26/7	DATE N 26/7	DATE M 25/7	DATE
Age	Less than 3 years old	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	
	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	
Cognitive Impairments	Not aware of Limitations	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			4	4	
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	3	3	3	
	Within 48 hours	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	
	Total		16	16	16	16	

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

Bed in low position		✓	✓	—	✓	
Call device within reach		✓	—	—	✓	
Wheels Locked		✓	—	—	✓	
Room free of clutter		✓	—	—	✓	
Adequate lighting		✓	—	—	✓	
Wheel chair support		X	NA	NA	NA	
Other Intervention(s) Specify		X	NA	NA	NA	
Nurse's Name:						
Signature:						
Date:		26/7	26/7	26/7	26/7	
Time:		7:30AM	8PM	7:30	8 am	

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
M. GIRIDHAR S

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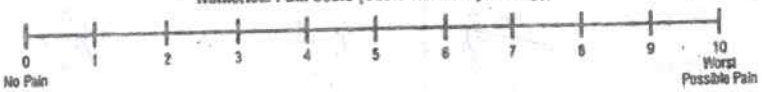
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7	1pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	–	015760
24/7	4pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	
24/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
25/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
25/7/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
25/7/26	6pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
26/7/26	12AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02/18
26/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	02 pm
26/7/26	4pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
26/7/26	8pm	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.

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

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

Rainbow® Children's Hospital
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PAIN ASSESSMENT FORM

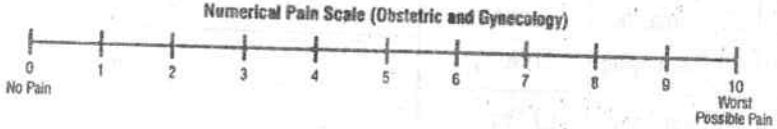
	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7/26	2AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ ~~Yes~~ ☐ No	Nil	[signature]
27/7/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

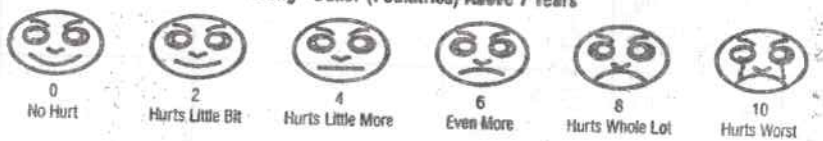
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00094242
Baby B/O VISHALI K IP18-0[illegible]500
24-07-2026
Dr. GIRIDHAR S 0 Y 0 M 0 D 1 H (M)

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Gender : ☐ M ☐ F IP No. : .....

				Date : 24/7	24/7	24/7	25/7
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.	3	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	27	25	25	24
				Evaluator's Name	[illegible] 015760	[illegible]	[illegible]	[illegible]

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

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

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

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Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date : 25/7	25/7	26/7	25/7
					Time : E	N	M	E
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.	3	3	3	3
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	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	27	27	27	27
				Evaluator's Name	Hari			

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

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

M

	Date :	26/7	27/7					
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		
"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 waking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	2	2		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
	TOTAL SCORE	22	22					
	Evaluator's Name							

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

GUC-00094242 IP18-0003...00
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION REC

Part - I.
Patient's / Learner Language: TAMIL Patient / Learner Literacy: ☐ Read ☐ Write ☑ Speak Willingness to Learn: ✓Yes No Healthcare Literacy: Yes☐ No☑

Identified Education Needs:

1. Diagnosis NB
2. ✓ Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
24/7	1pm	YES	Educate about the mother Breast feeding position	Patient	NO	verbal	None	oral	good	Devi 015260
25/7	10pm	yes	Explian about breastfeeding	patient	NO	verbal	None	oral	good	P.[illegible] 607261
26/7	8AM	yes	Explain about breast feeding.	patient Mother.	No	Verbal	None	oral	good.	[illegible]
27/7	8AM	yes	Explain about the breast feeding position	Mother	No	verbal	None	oral	good	[illegible]

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

P

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0Y0M0D1H (M)
Dr. GIRIDHAR S

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
24/7/26	3pm	63 mg/dl	Dr. Poojitha ↓ stop.	

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

PATIENT TRANSFER FORM

Rainbow® Children's Hospital — It takes a lot to treat the little.
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GUC-00094242 IP18-00036600 Baby B/O VISHALI K 24-07-2026 0Y0M0D1H (M) Dr. GIRIDHAR S	Date & Time of Admission 24/7/26@	Date & Time of Transfer Order 24/7/2026 @ 6.45pm
Treating Consultant Name Dr. Giridhar	Transfer Ordered by Dr. poojitha	Reason for Transfer Further mgt
From Unit LDR	To Unit 705	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File Caseshoot	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.	pampers	1
2.	wipes	1
3.	Nanoxcellapro	1
4.	feeding bottle	1
5.	paladi	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/o paramegam 016808	Dr. poojitha

Patient & Clinical Records Received by : 019088 @ 7pm

Date & Time of Patient Received :

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

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

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

GUC-00094242 IP18-00036600
Baby B/O VISHALI K
24-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. GIRIDHAR S

Patient Sticker

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Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 24/7/26 Time of Birth: 12.30pm Gender: ☑ Male ☐ Female

Birth Weight: 3.359 Kgs HC: 36 cm Lenght: 48 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: 1.20pm.

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN
AI IDEN

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

Indication: Poor maternal effort.

Physical Assessment of New Born:

Temp: 98 °C HR: 136 /Min RR: 36 /Min BP: — SpO_2: 99%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☑ No **Score:** 0/10 (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 Devi 015760 Signature: Devi/015760 Date &Time: 24/7/26 at 1PM