Rainbow Children's Hospital

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

UHID-

HARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	13/6/26@ 6am						
Activity Sheet update by Pharmacy							

RCH NO: 133011702702

RCH NO: 133011702702

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

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ACTIVITY RECORD FOR BILLI

Name: B/O Anjana

UHID No: 93720 IP No: 36123 Consultant: Dr. Giridhar Dept: GOG

Date of Admission: 11/7/26 Time: 11.16AM Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/2026	10.30 am	OT	MICU	
11/7/26	4pm	MICU	4th floor	

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
11/7/2026	cord blood	26022289	
11/7/2026	RBS	26022285	
11/7/26	RBS	26022332	
12/7/26	RBS	22383.	
12/7/26.	RBS	22385	
12/7/26	RBS	26022339.	
13/7/26	SBP, NBS	26022436.	
13/7/26.	OAE	17 26208	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 13/7/26 Time: 6a m Prepared By: Nayis

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	10.20am				
	INTIME	OUT TIME			
Arrangement of File by Nursing		10.30am	P. Kavi 009261		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

BWt - 3.139
HC - 34 cm
L - 46 cm
Catch Score - 8.
Rv - Thursday
SBR

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BED SIDE CHECK LIST FOR NURSES

Date:	18/7	12/7 AN	13/7						
Doctor's Orders	yes	RO/Round	yes						
Carried out or not	yes	carried	yes						
Bed Side									
Structured Handover done	yes	yes	yes						
IV Site	NA	NO	NA						
Central Lines	NA	NO	NA						
Arterial Lines	NA	NO	NA						
Feeding Catheter	NA	NO	NA						
Urinary Catheter	NA	NO	NA						
Skin Care	yes	yes	yes						
Eye Care	yes	yes	yes						
Mouth Care	yes	yes	yes						
Sterillum Bottle, Stethoscope	yes	yes	yes						
Suction Bottle (Should be clean & empty)	yes	yes	yes						
Intubation Tray	NA	NO	NA						
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NO	NA						
Ventilator Tubing,(Any Water, Blood)	NA	NO	NA						
Humidification	NA	NO	NA						
Check all Infusion (Labelling,Correct Preparation)	NA	NO	NA						
Chest Physio & Neb	NA	NO	NO						
Handed Over By Name :	P.Vo	Sowmya	P.Vo						
Signature :	P.Vo	Sowmya	P.Vo						
Date & Time:	12/7/26 8 AM	13/7/26 8 AM	13/7/26 8 PM						
Hand Over Taken By Name :	Sowmya	P.Vo							
Signature :	Sowmya	P.Vo							
Date & Time:	8 PM	13/7/26 8 PM							

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 : IP18-00036423 **Admit Date** : 11-Jul-2026 **Admit Time** : 11:16 AM **UHID** : GUC-00093720

Patient Details :

Patient Name	: Baby B/O ANJANA V.R	**Age**	: 0 D
Guardian	: Mr MADHAN RAJA .A	**DOB**	: 11-07-2026 09:19 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: housea flot 8 thirmular st bharathi nagar pozhichalur Polichalur Kanchipuram Tamil Nadu INDIA 600074	**Phone No**	: 9444903121/ 9962844378
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE713-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE713-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MADHAN RAJA .A **Relationship** : Father

Contact Address : housea flot 8 thirmular st bharathi nagar pozhichalur Polichalur Kanchipuram Tamil Nadu INDIA 600074 **Phone No** : / 9444903121

Signature

Doctor Details :

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

Referral Doctor : Dr. Priyadharshini S M **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O ANJANA V.R**	**Age :**	**0 Y 0 M 0 D 4 H**
IP No:	**IP18-00036423**	**Sex:**	**Male**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE713-1**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. Madhan Raja
Relationship: Father
Date: 11/07/2026 Time: 11:16AM
Witness Name: A. Sivasankari
Witness Signature: A. Sr

Patient Address:

housea flot 8 thirmular st bharathi nagar pozhichalur Polichalur Kanchipuram Tamil Nadu INDIA 600074

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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 : Bb Anjana	UHID Number : AVE-0009B720
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor A. Rao

RCH/GDY/FRM/CLINICAL/426

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Anjana. V. R. Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : Dr. ..... Referring Consultant : Dr. Priyadharshini. S.M.

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

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

BIRTH INFORMATION

Name : B/O Anjana. V. R

Gender : ☒ M ☐ F Blood Group : .....

Date of Birth : 11/07/2026 Time of Birth : 9:19 AM

Place of Birth : RCH, OT, guindy

Mother's Blood Group : AB POSITIVE

Birth Weight (gms) : 3.359 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39+2.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28 Ht : 160 Wt : 100.1 BMI : ..... Married Life : ..... LMP : 14/10/25 EDD : 21/07/26.

Conception : Spontaneous or with Rx. : Spontaneous. C. EDD 16/7/26.

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

Last Scans Details : NT - (N), anomaly - (N), 23/6 - 36w - cephalic, AFI 12.8 EFW - 3080 (68th centile)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs doppler Normal

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism: when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? Obesity

(Anemia, SLE, Jaundice, CHD, Heart Disease) S/p lap myomectomy

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 : .....

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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : MSL Gr II

Specify the reason : Non reassuring CTG

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : Grade II

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
0	1	
2	2	
2	2	
2	2	
2	2	
TOTAL 8	9	

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

Comments :

Urine paired

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried at birth.

At 2 mins, cyanosis ↓. SpO_2 - 55%.
HR > 100
vigorous, good spont efforts

FFO2 was initiated with FiO_2 - 30%.
(max: 50%), suctioning done.

At 4 mins, baby developed distress.
DOWNE: 5/10. grunt
retractions
RR - 66/min.

CPAP was initiated with PEEP 5, FiO_2 - 40%.
and given for 1 hour.

↓ Reassessed.

At 1 hour of life,

Investigation details in previous Hospital:

RR - 57/min. ↓RA No Retractions.
SpO_2 - 96%.
HR - 145/min
Shift to mother's side

Feeding History:

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 150/min RR : 68/min NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 96% ↓ 30% RA

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

Ponderal Index : ..... AGA : 47% ile SGA : ..... LGA : .....

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HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

AF ⟷

Facies :
(Any Facial Dysmorphism)

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex :
Discharge :

(N)

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

bil choana – patent
No cleft

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number :

N

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : – 2 AIV
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus : — patent

bil testis palpable

HERNIAL ORIFICES

TRUNK and SPINE :

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 : 68/min SCR / ICR See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : 0

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

Settings : 5/30%

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

Cardiovascular System :

HR : 150/min BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : .....

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

Abdomen : soft

Shape : ..... Hernia orifice : .....

Palpation : ..... Anal Patency : patent

Palpable masses : ..... Umbilical Cord : 2A, 1V

Abdominal girth : ..... First urine passed : ✓

Meconium passed : ✓

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 : .....

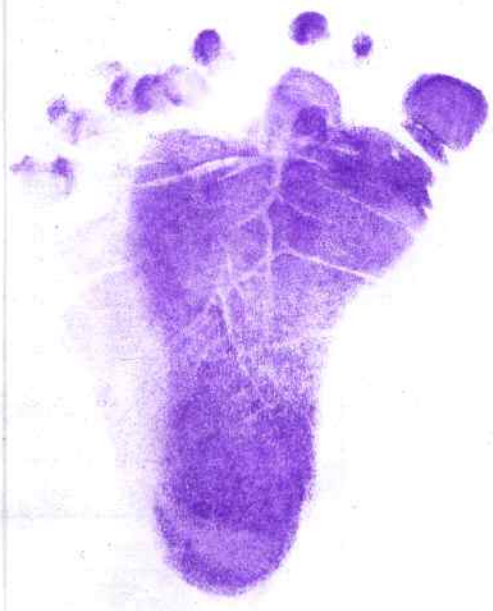
Patient Sticker

Any Congenital Anomalies : —

Diagnosis : Term / 39+2 / AGA / boy / MSL - grade II / vigorous / Respiratory distress @ - ? TTN. - resolved.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : Dr. Poojitha 15787

Name :

Date & Time :

Consultant : for Dr. Giridhar.

Signature : 15787

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7 11AM.	Term / 39+2 / AGA / Boy / TTN resolved.	
	24 HOL.	
		RBS - 58 mg/dl.
	- vitals - stable.	
	- on DBF.	MBG : A,B+
	- vaccinations - today.	BBG : A1+
	Dr Prasanna. 12/7/23	
13/7/2016. 9.30am	S/B Dr Giridhar	
	Term / AGA / Boy / 3.35kg / Day 2 of life (39+2 week)	
	Baby on direct breast feeds	current weight - 3.135 kg; % wt loss - 6.54%
	cry & activity - good	S. bilirubin - 10.3 mg/dl
	pink, normothermic	
	neck stable	
	CVS S1S2+ RS - BAE+	
	P/A - soft CNS - AF(?) NNR(+)	
	Plan - 1) warmth	
	2) DBF Q 2nd hrly	
	3) Baby can be discharged. Review c Dr Giridhar as OP on 16/7/2016.	
		V. [signature] 16/144

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

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(1)

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.355 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/07/2026	10:00 AM	Inj VITAMIN K	1 mg	IM			
12/7	1 PM	Inj HepB	0.5ml	IM.		S.M	P.G
12/7	1 PM	Inj BCG	0.05ml	ID.		S.M	P.G
12/7	1 PM	OP drugs	2 drugs	PO		S.M	P.G

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

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(1)

RM / CLINICAL / 124

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 9AM 12PM 2PM, 4PM 8PM 12AM 4AM

Doctor/Nurse/Family Concern?

11/7/26

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94
99 98.7 98.2 98.5 97.8 96.9 97.3

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
140 144 140 141

Note: BP does not score in early warning scoring

Heart Rate (Number): 140 144 140 140bpm 138bpm 142bpm 140bpm

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10
50 48 46 49

Resp Rate (Number): 50 48 46 49bpm 42bpm 40bpm 42bpm

Resp Distress (Mod/ Severe / None / Mild)	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99	99%	99%	99%	98% RA	100% RA	100% RA
Conscious Level (Normal / Altered)	✓	✓	✓	✓			
GCS *	15	15	15	15/15	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	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
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. GIRIDHAR S

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

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

96.8F | 98.2F | 97.6F | 97.8F | 98.1F | 98.2F

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)	135bpm	136bpm	136bpm	140bpm	142bpm	138bpm

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

Resp Rate (Number)	48	40/m	40bpm	44bpm	48bpm	48bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	RA 100%	4Lpm 99%	4Lpm 99%	4Lpm 100%	4Lpm 100% RA	4Lpm 99% RA
Conscious Level: Normal / Altered	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	Alert	Alert	Alert	Alert 15/15	Alert 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	BM	✓	✓	✓	✓	✓

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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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-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

R/W - 3.808 kg
11/7/26

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
11/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	DBF				—	on	admission				
	12:00 pm										NO	NH
	01:00 pm	DBF					✓			✓	ei	NH
Total Intake : (5)						Total Output : 1 Parael						
	02:00 pm	DBF									NO	Two
	03:00 pm	DBF									No	Five
	04:00 pm						✓				1 line	Nil
	05:00 pm	DBF								30ml	NO	P.L
	06:00 pm										IV	P.L
	07:00 pm	DBF									1 line	P.L
Total Intake : DBF 8 times						Total Output : 30ml						
	08:00 pm										NO	
	09:00 pm	DBF										
	10:00 pm						✓			✓	IV	
	11:00 pm	DBF										
	12:00 am										1 line	
	01:00 am	DBF										
Total Intake : DBF (3)						Total Output : 1 + line						
	02:00 am											
	03:00 am	DBF								✓	NO	
	04:00 am											
	05:00 am	DBF									IV	
	06:00 am	DBF										
	07:00 am	DBF	MMS 15ml							✓	NO	
Total Intake : DBF (8)						Total Output : 0 + line.						

Total 24 hrs. Intake	13 time. 1 + ml. FF -	Total 24 hrs. Output	line (5) M - (3).

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0Y0M0D9H (M)
Dr. GIRIDHAR S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

↑ Wt - 3.206kg.

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.

12/7/26		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										NO	P.U
	09:00 am	DBF					✓					P.U
	10:00 am										IV	P.U
	11:00 am	DBF								30		P.U
	12:00 pm						✓				1 line	P.U
	01:00 pm	DBF										P.U
Total Intake : 3 times DBF						Total Output : 30ml						
	02:00 pm										No	V.A
	03:00 pm	DBF										V.A
	04:00 pm										IV	V.A
	05:00 pm	DBF					✓			diaper		V.A
	06:00 pm									Dpl	1 line	V.A
	07:00 pm	DBF										V.A
Total Intake : 3 times of DBF						Total Output : Nil						
	08:00 pm										No	
	09:00 pm	DBF										
	10:00 pm										IV	
	11:00 pm	DBF					✓			diaper		
	12:00 am										1 line	
	01:00 am	DBF										
Total Intake :						Total Output : U-1 M,						
	02:00 am											
	03:00 am	DBF									No	
	04:00 am											
	05:00 am	DBF					✓			diaper	IV	
	06:00 am						✓			diaper	1 line	
	07:00 am	DBF										
Total Intake :						Total Output : U-2 M-2						

Total 24 hrs. Intake	DBF - 12	Total 24 hrs. Output	U - 2 M - 6

12/07/2026 @ 9 AM.

R(H)	L(H)
P - 136 bl/m	P - 138 bl/m
SpO_2 - 100 %.	SpO_2 - 100 %.
R(L)	L(L)
P - 140 bl/m	P - 142 bl/m
SpO_2 - 99 %.	SpO_2 - 100 %.

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

NURSING CARE RECORD

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

Date: 11/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10am	Promote Adequate. Nutrition DBF	10.30 AM	→ Assess the Baby condition → Provide DBF Q2H. → Maintain Normothermia → Monitor weight Daily	Maintain good Nutrition	Reassessment was done	Shal 11/07/26
Afternoon	2pm	Promote Adequate. Nutrition DBF.	2.30 pm	Assess the Baby condition. Provide DBF 2Q4H Maintain Normothermia.	Maintain good Nutrition	Reassessment done	Devi 11/7/26
Night	8pm	Maintain good Nutritional. Status	8.30 pm	Maintained good Nutritional Status.	Breastfeeding DBF	Reassessment done	Soumya

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0Y0M0D9H (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: 12/7/26

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	Assessed the baby condition monitor vitals	12pm	Assessed the baby condition monitored vitals	Encouraged DBF Q.2Hrly.	Done.	
Afternoon	2pm	Assess the baby Condition monitor vitals	3pm	Assessed the baby condition monitored vital sign	encouraged DBF 2hrly	Done	
Night	8pm	* Assess the Baby/ Condition * monitor vital		* Assessed the Baby/ condition * monitored vital	Encouraged DBF 2hrly	Re-assessment done	

GUC-00093720
Baby B/O ANJANA V.R IP18-00036423
11-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S

Patien

NURSES NOTES

(USE BALL POINT PEN ONLY)

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
11/7/26	9.19 am	OT Notes
		Baby detail
		TOB : 9.19 am
		wt : 3.38g
		Gender : Male
		Baby well active, Baby cord
		blood send for cab, Vit K inj
		is given. Baby shifted to
		NICU, Baby All handed over
	10.30 am	the NICU staff [signature]
		→ Receiving Note ←
11/7/26	10:30AM	Receiving the baby from OT
		c IP 4 OP case sheet, while receiving
		the baby active cry 4 colour
		breathing is Normal. baby vital
		given steady, General condition
		fair [signature]
	11AM	→ Baby taking LOBF 4
		sucking well. No other complaints [signature]
	12pm	→ CBG - 53mg/dl. Inf to
		Dr Poornima mam. Advice to
		after 4 hrs. Re-check again one CBG Check
		4 informed to Dr Poornima
		Orders carry [signature]
	1PM	→ Baby Passed urine 4 motion

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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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	3pm	→ Baby report hand over to Evening duty Sister →
	1.30 pm	Evening duty report on 11/7/26 Baby taken over from the Morning duty staff Baby activity is good crying is weak Baby general condition is good.
	2.00 pm	Baby vital record & recorded Baby passed urine motion not passed. Baby general condition is good.
	3pm	DBF given. Baby Mother side. Urine/Meconium Passed. Vaccination Not done. Baby well and active. Baby Mother side. RBS 4pm to check
	4pm	Baby shifted from NICU to 7th Floor. Baby care Handing over given to 7th Floor staff
		Receiving Notes
11/7/26	4.10PM	Baby received from CDR to 7th Floor Baby Routine care given, DBF started RBS 58 HPm check and informed Dr. poojitha Mam RBS BBT, Urine and motion passed - YP RIW - 3.308 kg

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0Y0M0D9H (M)
Dr. GIRIDHAR S

(2)

NURSES NOTES

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
11/7/26	6.00pm	Baby talking DBF, sucking is good, Intake/output maintained → P. Kaumoz 607261	
	7.30pm	Baby details, handover given to night duty staff → P. Kaumoz 607261 Night Duty. NBEOS.	
	7.30pm	Handover received from Evening Duty staff. Wgld is active and alert. DBF and hourly. RBS 6th hourly. Baby have Motion passed	
	8am	checked vital sign and Recorded.	
	10pm	RBS- checked and Recorded - RBS- 65mg/dl.	
12/7/26	2am	checked Vital Sign. and Recorded L - 2 A - 2 C - 1 H - 1 Total 6 need supervision	
	4am	checked Vital Sign and Recorded.	
	6am	Morning care given. Baby weight checked and	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☐ ~~No~~ Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Recorded.	
12/7/26	7 am.	Monitored input and output chart and Recorded	
	7.30pm	Handover given to Noon duty staff	
		Morning duty	
12/7/26	7.30am	Baby details handover taken over from Night to Morning. Baby is DBF + NMS 6 old, Urine & motion passed, Vaccine today, NBS, SBR, D.A.F 48hrs, RBS 6th	→ P. Kanmoz 607261
	8.00am	Baby vitals checked and Recorded.	→ P. Logu 607261
	10.00am	Baby taking DBF, sucking is good, RBS - 58 mg/dL	→ P. Kanmoz 607261
	12.00pm	Baby vitals checked and Recorded. Dr. Sirisha Mam come and see the baby RBS stop, tommorrow 6th NBS, SBR. D.D.S Discharge Plan, Intake / output, Vaccine done.	→ P. Kanmoz 607261
	1:30pm	Baby details handover given to Evening duty staff	→ P. [illegible] 607261

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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11-07-2026 0 Y 0 M 0 D 2 H (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			11/7	11/7	11/7	12/7	12/7
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	1	1
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	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	18	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		✓	✓	✓	✓	
	Other Intervention(s) Specify		✓	✓	✓	✓	
	Nurse's Name:		Prad	Devi	[illegible]	[illegible]	
	Signature:		[signature]	[signature]	[signature]	[signature]	
	Date:		11/7	11/7	11/7	12/7	
	Time:		9-19 am	12pm	8pm	8am	

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Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (M)
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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
11/7/26	9.19 am	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	O2 only.
11/7/26	12pm	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no Pain	
11/7/26	3pm	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain.	
11/7/26	6pm	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
11/7/26	10pm	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
12/7/26	6am	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
12/7/26	10am	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
12/7/26	2pm	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
12/7/26	6pm	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
13/7/26	6pm	–	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

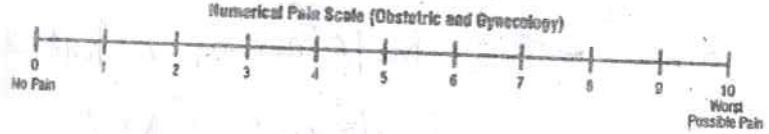
Re-assessment Frequency:

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.

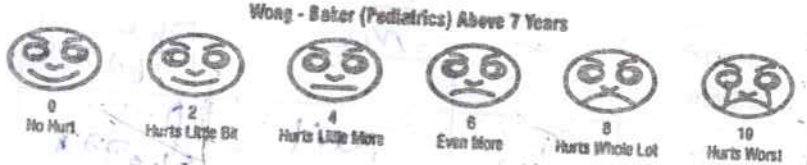
(P.T.O)

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 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

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0Y0M0D2H (M)
Dr. GIRIDHAR S

BRADEN 'Q' SCALE

(for Paediatric use)

Gender : ☐ M ☐ F IP No. :

					Date :	11/7	11/7/26	11.7	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 though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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	25	25	27
					Evaluator's Name		Dev GIR.		

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

(2)

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0Y0M0D9H (M)
Dr. GIRIDHAR S

☐F IP No. :

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BRADEN 'Q' SCALE

(for Paediatric use)

					E	N	M	
					12/7	12/7	13/7	
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	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	
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	
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	
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	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	
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	
				TOTAL SCORE	27	27	27	
				Evaluator's Name	Bonny			

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

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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 Newborn/Term
2. Treatment and Care
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	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
11/7/26	10am	Nutrition & Diet	Explain about Breast feeding techniques	Mother	No learning barrier	Oral	None	verbalized understanding	good	Staff Nurse
12/7/26	10am	yes	explain about Nutrition	Mother	NO	oral	None	Verbal	Good	PICU Staff Nurse
13/7/26	10am	yes	Explain about feeding	Mother	NO	oral	None	verbal	good	PICU Staff Nurse

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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PATIENT TRANSFER FORM

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
11/7/26 at 11:3AM	11/7/26 at 10.30 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Poojitha	Dr. Poojitha	fever management
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
One file	–	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
Staff Nurse	Dr. Poojitha.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 11/7/26

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

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

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 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 Anjana
Mother's Name: ANS - Anjana
Date of Birth: 11/7/26
Time of Birth: 9.19 am
Gender: ☑ Male ☐ Female
Birth Weight: 3.389 Kgs
HC: 32 cm
Lenght: 49 cm
Meconium in Liquor: ☑ Yes ☐ No
Cried at Birth: ☑ Yes ☐ No
Term / Pre-term / Post-term:
Blood Group: Mother: AB +ve Baby: await
Resuscitated: ☐ Yes ☐ No
First Feed Time: 10.40 AM
Feeding: ☑ Breast Feeding ☐ Formula ☐ Both

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

Mode of Delivery: ☐ Normal ☑ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD
Indication: N S L

Physical Assessment of New Born:

Temp: 37 °C HR: 150 /Min RR: 50 /Min BP: — SpO_2: 100
Pain Score: 0 (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 IM 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: Dr adeya Signature: Date & Time: 11/7/26

4.9.101

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PATIENT TRANSFER FORM

GUC-00093720 IP18-00036423
Baby B/O ANJANA V.R
11-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. GIRIDHAR S

Treating Consultant Name: Dr. Giridhar	Date & Time of Admission: 11/7/26 at 11.16AM	Date & Time of Transfer Order: 11/7/26 at 1PM
From Unit: NICU	Transfer Ordered by: Dr. Poojitha, Paediatrician	Reason for Transfer: Baby shifted to Mother side.
Number of Sheets in Clinical File: Tp. file-0	To Unit: 7th floor	Information to Attendant: Yes ☐ No ☐
	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 ☐
Baby shifted to Mother side ordered by Dr. Poojitha.

Name & Signature of Person who is Transferring: SIN M. Devi 010626	Name of Person Ordered Transfer: Dr. Poojitha
Patient & Clinical Records Received by : P. Kanimozhi	
Date & Time of Patient Received : 11/7/26 @ 4.10PM	

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