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: 18/1/26

Name of th: GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 1 D (F)
Dr. PADMAPRIYA EKAMBARAM

UHID No: ..

Gender: .....

Ward: .....

Room No: G06

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: 18/1/26	Date: .....
Time:	Time:	Time: .....

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

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 1 D (F)
Dr. PADMAPRIYA EKAMBARAM

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
	16/7/26 @						
Activity Sheet update by Nursing		12pm					
Activity Sheet update by Pharmacy							

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

ACTIVITY RECORD FOR BILLING

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Name: B/o Jyoti Gupta

UHID No: 93875 IP No: 36970 Consultant: Dr. Padmapriya Dept:

Date of Admission: 14/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

	Date	Time	From	To	Signature of Nurse
	15/7/26	7.30 pm	NDR	6TH 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
14/7/26	Blood grouping	2602266	
14/7/26	RBS	26022666	
14/7/26	RBS	26022698.	
15/7/2026	RBS	26022702	
15/7/26	RBS	22747	
15/7/26	RBS	22818	
16/7/26	AE	1728079	
16/7/26	NBS, SBE	2875	

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: 16/7/26 Time: 12pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

UHID: GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 0 D 20 H (F)
Dr. PADMAPRIYA EKAMBARAM

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	16/7/26 at 1 PM				
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		16/7/26 at 1PM			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Head → 35 cm.
Length → 46 cm.
T. W → ~~1998 kg~~ 2.898 kg

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036470 **Admit Date** : 14-Jul-2026 **Admit Time** : 02:59 PM **UHID** : GUC-00093875

Patient Details :

Patient Name	: Baby B/O JYOTI GUPTA		
Guardian	: Mr LOGESHWARAN MURUGESAN	**Age**	: 0 D
Gender	: Female	**DOB**	: 14-07-2026 01:14 PM
Occupation	:	**Religion**	:
Address (H)	: 18/19 uv suvaminatham st Alandur Chennai Tamil Nadu INDIA 600016	**Martial Status**	:
		Phone No	: 8870630403/ 8870630403
		E-mail	: no@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT612-1 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT612-1 **Admission Type** : First Visit

Contact Details :

Name : Mr LOGESHWARAN MURUGESAN **Relationship** : Father

Contact Address : 18/19 uv suvaminatham st Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : 9840017925

Signature

ctor Details :

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

Referral Doctor : Dr. Lucetta Amelia Dias

Co-Consultant : **Phone No** :

Payment Details :

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

Payor Name : SELFPAY

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BirthRight by Rainbow

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O JYOTI GUPTA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP18-00036470**	**Sex:**	**Female**
Consultant:	**Dr. PADMAPRIYA EKAMBARAM**	**Ward/Bed No:**	**6F-PRIVATE/CRDL-PVT612-1**

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: ~~d~~

Name: ~~d~~

Relationship: ~~d~~

Date: 14/7/26 Time: 4:08 pm

Witness Name: V. Naveen Antony

Witness Signature:

Patient Address:
18/19 uv suvaminatham st Alandur
Chennai Tamil Nadu INDIA 600016

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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 Jyothi Gupta	UHID Number : 9387
Self/Attendant Name : C	Relation : a
Self/ Attendant Signature : A Phone Number :	Name & Signature of Financial Counselor

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Jyothi Gupta Age : 27y Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Padma Priya Referring Consultant : Dr. Lucita.

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

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

BIRTH INFORMATION

Name : B/o Jyothi Gupta.

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 14/7/26. Time of Birth : 1:14pm

Place of Birth : Rch - LDR.

Mother's Blood Group : B POSITIVE

Birth Weight (gms) : 3.042kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38wk +1days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27yr Ht : ..... Wt : ..... BMI : ..... Married Life : 2yr LMP : 19/10/25 EDD : 26/7/26.

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

Booked at what GA. : B & T AN Steroids Drugs / Doses : .....

Last Scans Details : 7/7/26 - SLIUG, Cephalic, placenta posterior, SDP - 5:5 Dopplu - (N) ; EFW - 3040gm TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs NT - (N)

Consanguinity : ☐ Yes ☑ No FTS - Low Risk

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3rd Anomaly - (N)

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 : .....

ADM on OHA.

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

-

Any other Chronic Medical Problems, when detected drugs ? -

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

Infection : H/O. Fever

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

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

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

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

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PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1					Induced abortion	D&C - 2005
G2	PP -					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NND

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

Gestational Age : ..... Weeks : .....

APGAR SCORE

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	9	9

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:

A single live term AIRL baby delivered via NVD [difficult (assoc). Baby cried immediately after birth. Normal position. Passed meconium

HR - 168/m
SpO_2 - 100% on RA / at 10 mins

Investigation details in previous Hospital :

-

Feeding History :

-

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System :

HR : 163/m BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : Patent

Umbilical Cord : Dry + IV

First urine passed : -

Meconium passed : Passed

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Patient Sticker

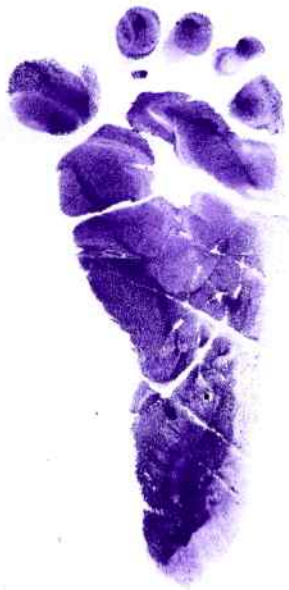
Any Congenital Anomalies : -

Diagnosis : Term 38+1 day | Cut | 3.042 kg | AGA | IDM

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : [signature]

Name : Dr Sruthi.

Date & Time : 14/7/26

Consultant :

Signature : for [signature]

Name : Dr Padma Raja

Date & Time : 14/7/26.

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

1. DBF / warth
2. CBG at 1 hour of life F/b CBG monitory Q6H for 48 hour
3. Post ductal SPO2 at 24 HOL
4. SBP, DBP, NBS at 48 HOL
5. Bath vaccination
6. One hour observation of HR, SPO2, RR, Activity

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

Pat

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 3.20pm	SB Dr. Padmapriya.	
	A live girl baby delivered by NVD (Kiwi assisted) to G2A1 27yr old B+ve mother; GDM on OHA.	
	Baby cried soon after birth.	
	No obvious external congenital anomalies noted.	
	Urine/ Mec/ NIL	
	Imp: Term (38+1 wks) /AGA/ @IRL /3.042kg/ IDM	
		Rp
	1st CBG 104 - 1hr post feed.	1) Advised Early feeds at breast
		2) Vaccine @ 24 hrs
		3) CBG monitoring q 6 1hrly.
		4) N/F urine & meconium.
		Dr. Padmapriya. 44268

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26		
9:55AM	S/R Dr. DEEPAK	
	ACN. TERM | Girl | 3.042 kg | AGA | IDM (38 week + 1 day)	
	Child reviewed Child has no new concerns	
	Urine | Passed Meconium | Passed	BW - 3.042 kg TW - 3.030 kg ↓ 12 gms 0.3%
	O/E: - Baby is alert, active - B/L PP well felt - Warm peripheries - CVS / RA / P / ABD	
	Last CBG - 95 mg/dl at 8:30 AM	→ DBF 2H → CBG monitor 2H for 48hrs
	SBR | NBS | OAE @ 12 noon on 16/7/26	→ Post ductal SPO2 at 24hrs → SBR, NBS, OAE at 48hrs → Birth vaccine given → Warmth
	K. Padmapriya 44268	(on 16/7/26 12 noon)

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

50

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/2[illegible] 10:00AM	S/B. Dr. Lucky Vignesh	
	Δ: Term (38w) / Girl / 3.042kgs / AGA / IDM	
	Baby	
	[illegible] reviewed	
	Baby - no new concerns	
		Bwt: 3.042kgs
	Urine / passing	Twt: 2.992kgs
	meconium	Δ: 48g
		%: 1.5%.
	M / Btw	
	B / Btw.	
	Baby reviewed	
	Pink in air	
	Warm peripheries	
	CRT <3sec	
	RS: NVBS	CVS: S1S2 (+) / No murmur
	PA: soft / NT / no masses	CNS: (+) tone / cry / activity
		Advice
		1) CBG - 06h till 48hours
		2) SBr / OAE / NBS at 48hours [12.00PM]
	Lucky[illegible] 20/33/[illegible]	3) Warmth / DBF on.
	K. Padmapriya 114268	

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

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Patient : PADMAPRIYA EKAMBARAM

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.042 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
14/7	11.30 pm	INJ. VIT K	1mg	IM	(1133 Dr. MD		SP
15/7/26	10.20AM	Inj HEP-B	0.5ml	IM			
17/7/26	10.20AM	Inj BCG	0.05ml	ID			
15/7/26	11.00AM	OPV drops	2 drops	Oral			

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

Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

Patient Sticker

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

(1)

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/7/26 Time:

Parameter						
Time	1pm	4pm	8pm	12AM	4AM	8AM
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 104–94)	98.6F	98F	98F	98.1	98.1	98.1
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50)	admission			140	140	130
Heart Rate (Number)	160/mt	144	142	140	140	130
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)				48	49	40
Resp Rate (Number)	58/m	40	38	48	49	40
Resp Distress: Mod/ Severe; None / Mild	—	RA	Nil	AW	AW	AW
Receiving O_2 (l/min) / O_2 Saturations (%)	(no O2)/RA	99	RA	RA	RA	RA
Conscious Level: Normal; Altered	—	Alert	✓	✓	✓	
GCS *	Alert	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE: Number of shaded boxes	0	0	0	0	0	0
Pain Score	0		0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™
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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)

B/o Jyoti Gupta

Patient Sticker

UHC - 9385

(2)

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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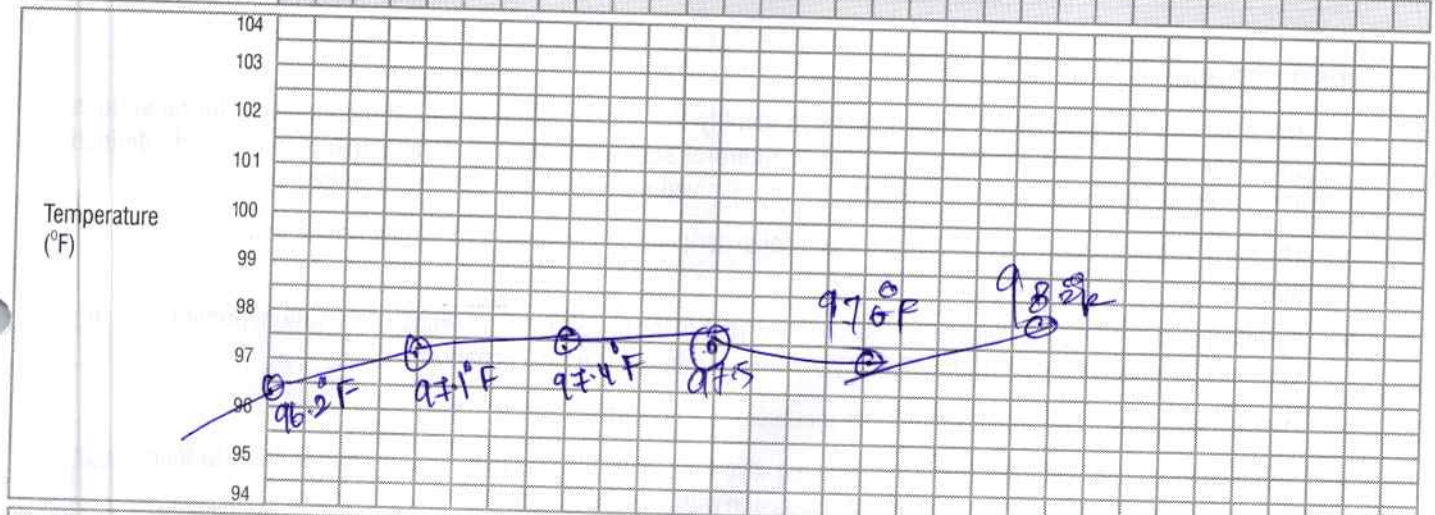
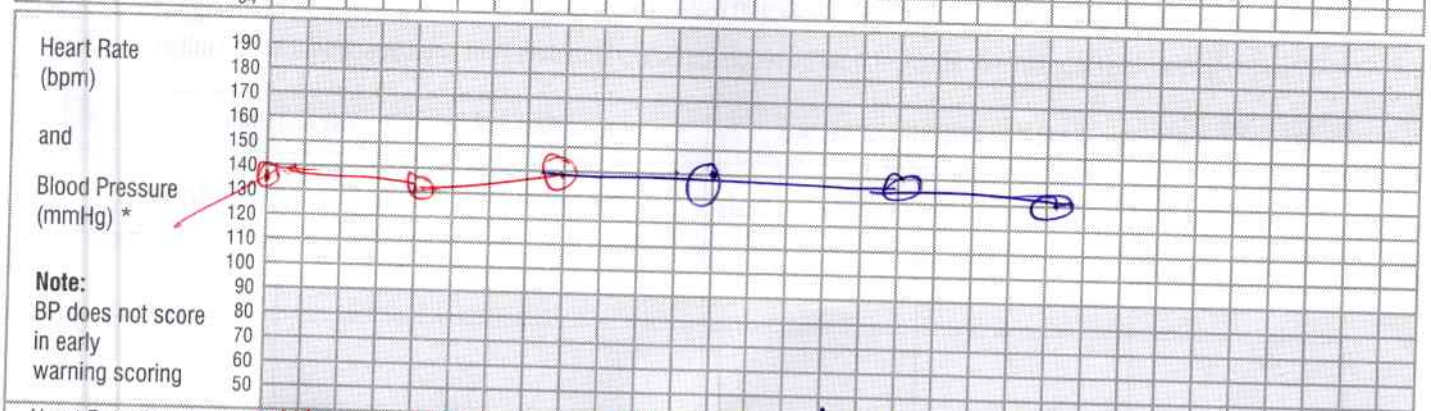
EARLY WARNING SCORE: CHILDREN'S UNIT

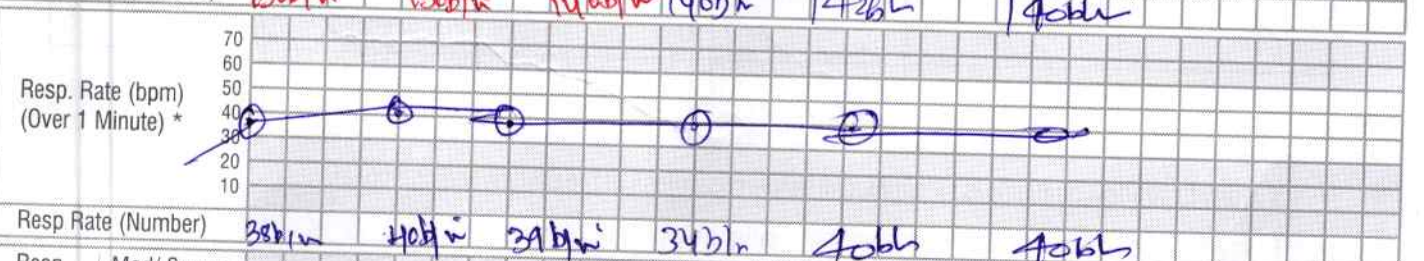
Date: 15/7/26 Time: 8am 12pm 4pm 8pm 12am 4am

Doctor/Nurse/Family Concern?





Heart Rate (Number) 136b/m 130b/m 140b/m 140b/m 140bb 140bb



Resp Rate (Number) 38b/m 40b/m 34b/m 34b/m 40bb 40bb

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

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

Pa

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FLUID CHART

Sheet No. : 1

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

14/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	← Admission from 14/7/26 →										
Total Intake :						Total Output :						
	02:00 pm		DBF				✓				NG	
	03:00 pm										IV site	
	04:00 pm		DBF + Nanocalla 20ml							✓	NO	
	05:00 pm										PV	
14/7/26	06:00 pm		DBF + Nanocalla 20ml								line	
	07:00 pm											
Total Intake :		3 time DBF + 2 time Nanocare				Total Output :					Urine / motion passed	
	08:00 pm											
	09:00 pm	DBF + Palad	20ml							✓	NO	
	10:00 pm										IV	
	11:00 pm										line	
	12:00 am	DBF + Palad	20ml				✓				NOIV	
	01:00 am										line	
Total Intake :		2 DBF 2 time palad.				Total Output :					U/M passed	
	02:00 am	DBF + Palad	20ml				✓			✓	NO	
	03:00 am										IV	
	04:00 am	DBF + Palad	20ml								line	
	05:00 am										NO	
	06:00 am	DBF + Nanocalla 20ml					✓			✓	IV	
	07:00 am										line	
Total Intake :		3 time DBF + 3 time Nanocalla.				Total Output :					urine / motion passed.	

Total 24 hrs. Intake	8 time DBF / Nanocall PRO 7 time.	Total 24 hrs. Output	urine 4 time passed. motion 4 time passed.

BIOJYOTI GUPTA

Patient Sticker

GUC-93895

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FLUID CHART

Today weight - 3.018 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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: ~~Diarrhoea~~ Stools	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
15/7/26.	08:00 am											
	09:00 am	DBF								✓	NO	
	10:00 am										IV	
	11:00 am						✓					
	12:00 pm	FF	30ml				✓			✓	line	
	01:00 pm											
Total Intake : (1) DBF + 30ml						Total Output : 2times						
	02:00 pm											
	03:00 pm	DBF								✓	NO	
	04:00 pm											
	05:00 pm										IV	
	06:00 pm	DBF								✓	line	
	07:00 pm											
Total Intake : (2) DBF						Total Output : 2 times						
	08:00 pm										NO	8hr.
	09:00 pm	DBF								✓		
	10:00 pm										IV	8hr
	11:00 pm											
	12:00 am	DBF								✓	line	8hr
	01:00 am											
Total Intake : (2) DBF						Total Output : (2) times						
	02:00 am										NO	8hr
	03:00 am	DBF										
	04:00 am										IV	8hr
	05:00 am											
	06:00 am	DBF								✓	line	8hr
	07:00 am											
Total Intake : (2) DBF						Total Output : (1) time						

Total 24 hrs. Intake	(7) DBF	Total 24 hrs. Output	(7) times

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 14/7/26

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	1pm	→ Assess the Baby Condition → Provide DBF Q2H → Maintain I/O chart → Monitored weight Daily		→ Assess the Baby Condition → Monitor vital signs → Provide DBF Q2H → Maintained I/O chart → Monitored weight Daily	Maintain good Nutrition	Reassessment was done	[signature] 01407
Afternoon	2pm	Reduce risk of hospital acquired Infection	2.30 pm	maintain strict hand hygiene Use aseptic technique any procedure	maintain hand hygiene for patients	Reassessment done	[signature] 01608
Night	8pm	Reduce risk of hospital acquired infection		maintain strict Hand hygiene use aseptic technique any procedure.	maintained hand hygiene to patients	Reassessment is done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 0 D 20 H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSING CARE RECORD

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

Date: 15/7/26

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	8Am	prevent pressure injuries and skin breakdown.	9Am	provid position Q2nd hry	provide comfort position Q2nds	patient was stable	Dy
Afternoon	2pm	Promote adequate nutrition for healing & recovery		Assess nutritional status and appetite. Assist with feeding if needed.	To encourage breast feeding output monitor.	Baby was Clinically Normal	Priy observe.
Night	8 Pm	Promote Cleanliness and Comforts	10 Pm	Assess daily bath oral care maintain hand hygiene.	Assessed daily bath oral care maintained hand hyg	Baby Clinically Stable.	Fm

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

Patie

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Note :	
14/7/26	1.14 pm	B/o Jyoti Gupta, A sryle live term girl baby Deliveid (Kiwi Assisted vaginal Delivery. Baby cried immediatly after bieth. Baby Meconium passed	Shalini 14072
		Baby Received Dr. Sailakshmi. Baby placed in warmer. Resuciated done. vital sign checked & Recorded Vital sign are Stable	
		Baby cleaned, Nasal, Mouth. Suction done. Cord clamped done. 2 Artery, 1 vein present.	Shalini 14072
		Baby Activity are good	
		Inj. vit. K 1mg Im given	
		Baby Delails	
		B - A sryle live girl Baby (Term)	
		A - At time of bieth - 1.14pm (14/07/26)	
		B - Bieth weigh 3.042 kg	
		Y - 8/10, 9/10.	Shalini 14072
	1.40 pm	Baby handing Over given to Evening Duty staff -	Shalini 14072
14/7/26	1.49 pm	Evening duty Notes: Baby details handed over taken from morning duty staff. Baby actives, vitals are checked /	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D5H (F)
Dr. PADMAPRIYA EKAMBARAM

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		& recorded. baby meconium passed at birth. Direct breast feeding given. baby sucking well.	S/N paramedical 016808
	2.15pm	~~Dr. padmapriya~~ RBS checked RBS-104mg/dl Informed to Dr. padmapriya advised to 6th hrly CBG monitoring.	
	3.20pm	Dr. padmapriya saw the baby advised to 6th hrly CBG monitoring. continue EBF.	S/N paramedical 016808
	4pm	Baby crying, Insufficient feeding, mother post partum depression Informed to Dr. Padmapriya advised to Nanoxcella p/o.	S/N paramedical 016808
	4.30pm	Nan excella pro 20ml given. There is no vomiting. Baby urine passed. Baby warmth. vitals are stable. S.B, OAE, NBS @ 48 hrs. vaccination tomarrow.	S/N paramedical 016808
	5.30pm		S/N paramedical 016808
	6.30pm	Direct breast feeding given. Nan excella pro 20ml given. Baby active & alert.	S/N paramedical 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093875 IP18-0003...
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

(2)

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
14/7/26	7.30pm	Baby details, files handed over given to night duty staff.	S/N paranga 0/b808
		Night duty	
	7:30pm	Baby care hand over taken from evening duty staff. Baby is stable, warmth, pinkish colour. Humpty Dumpty, Braden Q, pain assessment done. Placed the baby in mother side in cradle.	[illegible]
	8pm	Baby vital signs checked recorded. maintain to chart. Baby is sleeping well.	[illegible]
	9pm	DBF + paladai Nan excella pro 20 ml given to baby. CBG checked 80 mg/dl.	S/N [illegible]
15/7/26	12AM	Baby checked vital signs vital are stable. Patient DBF + Nanbei. 20ml given Baby good sucking Baby activity U/M passed normal Condition fair	[illegible]
	2AM	Baby provide DBF good sucking flow. Paladai Nan Gelipro 20ml given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/4/26	contd	Checked CBG - 99 mg/dl. Fbired by 6th hrs Baby was activity, U/M passed. Baby General condition fair	[signature]
	4 AM	Baby checked vital are stable Baby DBF given good sucking and 1 paladai Nan expresse some given Baby was activity	[signature]
	6 AM	Baby morning care given Baby DBF good sucking vital are stable Baby General condition fair. Baby DBF given good sucking	[signature]
	6.20 AM	Baby paladai given Nanexpresso some given Baby was activity U/M passed other No complaint	[signature]
	7.20 AM	Baby handing over given 6th floor staff Nurse Sathyesh.	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

B/O Sruthi Gupta

Patient Sticker

UHC · 99875 →

(3)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/20		Receiving notes -	
	7.00 AM	Baby details Handing over taken from LDR S/N. Baby pink, warm, DBF + non pro excella paladai feed Q5 - 30ml, urine motion passed	[illegible]
	7.30 AM	Handing over given to morning duty S/N.	[illegible]
		Morning duty note	
15/7/20	7.30AM	→ Baby warmth and active, Baby detail hand over taken from night duty S/N. Baby warmth and active pink. Today vaccine is due	[illegible]
	8Am	→ Baby vital signs checked and record. Vitals are stable	[illegible]
	10Am	→ Baby take feed. tolerated well no vomiting sensation	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1	
		9 need suction	[illegible]
	12pm	→ DR. padmapriya mam, advice Tomorrow 12pm need to take routine samples →	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7		=> Checked vital signs	
		=> Patient vitals is Stable	
		CRT / CP / PP	
		2sec / ++ / ++ →	Lucy
			5/7/09
	1 pm	=> Monitored I/O Chart	
		=> Maintain records & reports	
	1.30 pm	=> patient handover given	
		to evening duty S/N →	Lucy
		Evening duty Notes.	
15/7.	1.30Pm	Baby details Hand over taken	
		From Morning duty staff Baby was conscious	
		and Oriented →	Parvee
	2pm	Baby taking food No	
		Vomiting. DBF + Nan excellent	
	3 pm	Pre 24th hrly.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/9 (Need supervision) →	Parvee
	4 PM	Baby vitals are checked &	
		recorded. vitals are stabled.	
		CP / PP / CRT	
		++ / ++ / 2sec →	[illegible]
	7.30 Pm	Baby details handover	
		given to night duty	
		Staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

(7)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE M	DATE E	DATE N	DATE M	DATE E
			14/7	14/7	14/7	15/7	15/7
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	1					
	Female	2					
Diagnosis	Neurological Diagnosis	4	1	1	1	1	1
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	1	1	1	1	1
	Forget Limitations	2	3	3	3	3	3
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1	1	1	1	1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total		1/4	1/4	1/4	1/4	1/4

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	X	X	X
Other Intervention(s) Specify		NA	NA	X	X	X
Nurse's Name:						
Signature:						
Date:		14/7	14/7	14/7	15/7	15/7
Time:		2pm	4pm	8pm	8am	2pm

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00093875 IP18-0003
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

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

☐M ☐F IP No.: .....

					Date :	14/7/26	14/7	14/7	15/7
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	8pm 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.		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.		3	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	23	25	25	25
					Evaluator's Name	Shalini			

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

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

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

				Date :				
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.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				Evaluator's Name				

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

Patient Sticker

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

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Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

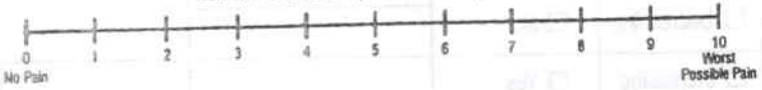
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

(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-00093875 IP18-[illegible]36470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

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
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					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
14/7/26	2pm	Nutrition & Diet	Explain about Breast feeding techniques	Mother	No learning Barriers	Oral	None	Verbalized understanding	good	Sheleni 0140726
15/7	8 Am	feed.	explained about feeding position	Mom	Nil	Oral	Nil	Yes	Good	[illegible]
16/7	10 am	Food		Mother.	Nil	Oral.	Nil	Yes.	—	[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

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. PADMAPRIYA EKAMBARAM

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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. Jyoti Gupta Mother's Name: Mrs. Jyoti Gupta

Date of Birth: 14/07/2026 Time of Birth: 1.14 pm Gender: ☐ Male ☑ Female

Birth Weight: 3.012 Kgs HC: 32 cm Lenght: 44 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: B Positive Baby: Awaited

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 2.10 pm

AFFIX IDENTIF

GUC-00090368 IP18-00036456
Mrs JYOTI GUPTA
26-12-1998 27 Y 6 M 18 D (F)
Dr. LUCETTA AMELIA DIAS

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

Indication: Kiwi Assisted vaginal Delivery

Physical Assessment of New Born:

Temp: 98.6°F °C HR: 160 b/m/Min RR: 58/m/Min BP: — SpO_2: 100% RA

Pain Score: 0/10 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: S. Shalini 21407 Signature: Shalini 21407 Date &Time: 14/7/26 1.30 pm

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

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Your Right to a Safe Delivery

RBS CHART

6th hrly

Date	Time	RBS (mg/dl)	IVF %	Signature
14/7/2026	2.15pm	104 mg/dl	Dr. padmapriya	
14/7/26	8pm	80 mg/dl	Dr. Annapoorani	
15/7/26	2am	99 mg/dl	DR. Annapoorani	
15/7/26	8.30am	95 mg/dl	6th hrly	
15/7/26	2.30pm	84 mg/dl		
		← → S-POP.		

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00093875 IP18-00036470
Baby B/O JYOTI GUPTA
14-07-2026 0Y0M0D3H (F)
Dr. PADMAPRIYA EKAMBARAM

	Date & Time of Admission	Date & Time of Transfer Order
	14/7/2026 at 2.59pm	15/7/2026 at 7.20AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
DR. padmapri	DR. Annapoor	Futer managm
From Unit	**To Unit**	**Information to Attendant**
CDR	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Fin		Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby cup - 01	
2.	Baby Dress - 01	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
C/N Sobaseeon 07/17	DR. Anna poorn

Patient & Clinical Records Received by : S. Ceeyathri 07/15/9

Date & Time of Patient Received : 15/7/26 @ 7.30 pm

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