Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 24/7/26

Name of the Patient: .....

UHID No: ..... GUC-00094183 Baby B/O RASHMI DAGA IP18-00036584 22-07-2026 0 Y 0 M 2 D (F) Dr. GIRIDHAR S ..... Gender: .....

Ward: .....

Room No: 616

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

Date: .....

Time: .....

Nurse Sign

Date: 24/7/26

Time: 01:18

Pharmacy Sign

Date: .....

Time: .....

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

Bombay Children's Hospital

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

LOOR- 6th floor ~~NAME OF~~ CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing							
Activity Sheet update by Pharmacy							

RCH NO: 133011758522

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
Name: ... 22-07-2026 0Y0M0D0H (F)
Dr. GIRIDHAR S

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	6 pm	OT	MICU	
23/7/26	4pm	JDR	616	

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
22/7/26	Cord blood sample - grouping	26023617	
22/7/26	RBS	26023631	
~~23~~/7/26	ODE	~~732156~~	
24/7/26	SBR / NBS	26023752	

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: 24/7/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

FLOOR- 6th Floor NAME OF CONSULTANT-

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

T.wt. 2.455 Kg
HC - 32cm
L - 46 cm

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
22/7/26 @ 4.53pm	23/7/26 @ 4pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Giridhar	Dr. Poojitha	further mgt

From Unit	To Unit	Information to Attendant
LDR	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
Caseshaet	-	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/Nparameswari 01/6808	Dr. Poojitha

Patient & Clinical Records Received by : Jeintha 01/4913

Date & Time of Patient Received : 23/7/26 @ 4pm

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

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 : IP18-00036584 **Admit Date** : 22-Jul-2026 **Admit Time** : 04:53 PM **UHID** : GUC-00094183

Patient Details :

Patient Name	: Baby B/O RASHMI DAGA	**Age**	: 0 D
Guardian	: Mr ARPIT RATHI	**DOB**	: 22-07-2026 04:36 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: B904, SAND SOLITAIRE APARTMENTS, SAKTHI NAGAR, PORUR, CENNAI Porur Kanchipuram Tamil Nadu INDIA 600116	**Phone No**	: 9393632363/ 9533049617
		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 ARPIT RATHI **Relationship** : Father

Contact Address : B904, SAND SOLITAIRE APARTMENTS, SAKTHI NAGAR, PORUR, CENNAI Porur Kanchipuram Tamil Nadu INDIA 600116 **Phone No** : 9393632363

Signature

Doctor Details :

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

Referral Doctor : Dr.. Aishwarya Parthasarathy **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy
Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O RASHMI DAGA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP18-00036584**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**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:

Name:

Relationship:

Date:

Time:

Patient Address:

B904, SAND SOLITAIRE APARTMENTS,
SAKTHI NAGAR, PORUR, CENNAI Porur
Kanchipuram Tamil Nadu INDIA
600116

Witness Name:

Witness Signature:

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 :	UHID Number :
Self/Attendant Name :	Relation :
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Rashmi Daga Age : 38 Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Giridhar. Referring Consultant : Dr. Aishwarya. Parthasarathy

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

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

BIRTH INFORMATION

Name : B/O Rashmi Daga

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 22/07/2026 Time of Birth : 4:36 PM.

Place of Birth : RCH OT, guindy

Mother's Blood Group : B- POSITIVE

Birth Weight (gms) : 2.632 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+3.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 38 Ht : 5.5ft Wt : 82.4 kg BMI : ..... Married Life : 9y NCM 2/11/25 LMP : 9/8/26 EDD : .....

Conception : Spontaneous or with Rx. : spontaneous

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

Last Scans Details : 11/7 - (35+6) EFW 2676 g doppler (N), breech, liq-(N). NT & anomaly scan -(N)

TT Immunization and Iron / Folic Acid : AF-1-16, placenta-fundal (L) lateral

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☑ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE G1 HTN since 3rd trimester

How many Drugs / Doses / Since how long : Tab Labet 100mg 1-0-1.

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? Tab Thyronorm 50mcg OD

Any other Chronic Medical Problems, when detected drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1) boy	2y3m	MSL	in labour	EmLSCS	AGH	Hypothyroidism

PERINATAL HISTORY

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

Duration of Labour presenting part → breech

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : prev. LSCS

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink			
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			
			TOTAL	8/10	9/10	

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

Comments :

urine & mec passed.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried at birth.

(N) SpO_2 transition

Inj vitamin K 1 mg IM given

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 167/min RR : ..... NIBP : ..... CFT : < 3 sec

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 96%

Anthropometry : Birth Weight : 2.632 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 26%ile SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	AF ↔ (N).
Facies : (Any Facial Dysmorphism)	(R) deviation of lower part of Mouth. probable (L) Depressor anguli oris deficiency	
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N
EYES :	Symmetry : Red Reflex : Discharge :	able to close both eyes completely wrinkling of forehead (N.
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	B/L 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 : – 2A, 1V' Discharge :	
GENITILIA :	Labia / Hymen : (N female genetalia Testicles/penis : Anus : – rectum patent	
HERNIAL ORIFICES	– free	
TRUNK and SPINE :	continuous.	
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

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

Cardiovascular System :

HR : 167/min BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : No murmur

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

Abdomen : soft Hernia orifice : .....

Shape : ..... Anal Patency : patent

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

Palpable masses : ..... First urine passed : ✓

Abdominal girth : ..... Meconium passed : ✓

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

State of wakefulness : ..... cry, tone, activity (N)

Prechtle Score : .....

Nerves : moves all 4 limbs equally.

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 / 37+3 / AGA / girl / 2.632 kg / ⊖ depressor anguli oris deficiency / breech presentation

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Dr. Poojitha 15787

Name :

Date & Time :

Consultant : for Dr. Elizabeth

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 : (1) .....

.....

.....

.....

.....

.....

Plan during ward follow up : (1) DBF Q2H (2) warmth
(3) To check RBS after 1 hour (post feed)
(4) To do NBS / OAE and BBR at 24 hours of life.
(5) To do pulse ox screen (4 limb SpO2) at
24 hours of life .....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GUC-00094183 IP18-00036564
Baby B/O RASHMI DAGA
22-07-2026 0Y0M0D0H (F)
Dr. GIRIDHAR S

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026 5:30 PM.	S/B Dr. Poojitha / Dr. Shri Lakshmi.	
	Attendees including father has been explained about the ① Depressor anguli Oris deficiency and its possible cosmetic issue, during crying and ② appearance during rest. It has also been explained that there will be no difficulties with sucking and swallowing. Possibility of spontaneous improvement with appearance with age. If needed botox or minor surgery for cosmetic reasons in the future were also explained	
		Avpit Rathi (father).

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0Y0M0D0H (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.632 kg kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/07/2026	5PM	Inj VITAMIN K	1 mg	IM	Dr 155785	RS	SA
23/7/26	4:30 pm	Inj BCG	0.05 ml	ID	Dr 155785	[illegible]	SL
23/7/26	4:30 pm	Inj HEPATITIS B	0.5 ml	IM	Dr 155785	[illegible] 01/8/26	SL
23/7/26	4:30 pm	OPV	2 drops	P/O	Dr 155785	[illegible] 01/08/26	SL

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

FRM / CLINICAL / 124

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/26 Time: 5pm 6pm 8pm 12am 4am.

Doctor/Nurse/Family Concern?

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

98°F | 98.1°F | 97.4°F | 97.4°F | 98.1°F

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

on Admission

140bpm | 140bpm | 135 bpm | 135 bpm | 138 bpm

Note: BP does not score in early warning scoring

Heart Rate (Number): 140bpm | 140bpm | 135bpm | 135bpm | 138bpm

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

60 | 40 | 85 bpm | 88 bpm | 40 bpm

Resp Rate (Number): 40bpm | 40bpm | 85bpm | 82 bpm | 40bpm

Resp Distress	Mod/ Severe / None / Mild	—	—	—	—	—
Receiving O_2 (l/min) O_2 Saturations (%)		98%	98%	99%	99%	100%
Conscious Level	Normal / Altered	—	—	—	—	—
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0		0	0	0
Pain Score						
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-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. GIRIDHAR S

(2)

CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8am	12pm	4pm	8pm	12am	4am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.6°F	98°F	98°F	97.9°F	98°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	140					
Heart Rate (Number)	140	130	136	140 bl/m	135 bl/m	139 bl/m
Resp. Rate (bpm) (Over 1 Minute) *	40					
Resp Rate (Number)	40	40	40	39 b/m	40 b/m	39 b/m
Resp Distress (Mod/ Severe / None / Mild)	NR	RA	RA	RA	RA	RA
Receiving O_2 (l/min) O_2 Saturations (%)	100	99	99	98%	98%	98%
Conscious Level (Normal / Altered)	Alert	Alert	Alert	Alert	Alert	Alert
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
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-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 01

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

22/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm	L. on Admission →										
	05:00 pm											
	06:00 pm	DBF							mecomi-passed	passed	NO	
	07:00 pm											
Total Intake :		1 Hmp DBF				Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm		DBF			✓						
	11:00 pm											
	12:00 am		None 20 ml									
	01:00 am	DBF				✓						
Total Intake :		(2) 2ml.				Total Output :						
	02:00 am											
	03:00 am	DBF										
	04:00 am											
	05:00 am	Nbm 2ml.										
	06:00 am					✓						
	07:00 am	DBF										
Total Intake :		(2) 2ml.				Total Output :						

Total 24 hrs. Intake	4 Hml + 40ml	Total 24 hrs. Output	(1) Hml.

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. GIRIDHAR S

(2)

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

FLUID CHART

TW: 2-560gm

Sheet No. : (2)

23/7/26

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.

23/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	DBF.										
	09:00 am									✓	NO	
	10:00 am	nan.	30ml								IV	
	11:00 am										line.	
	12:00 pm	DBF					✓			✓		
	01:00 pm											
Total Intake : 2 times | 30ml							✓			✓		
	02:00 pm	nan	20ml									
	03:00 pm											
	04:00 pm	DBF										
	05:00 pm											
	06:00 pm						✓			✓		
	07:00 pm											
Total Intake : 25ml + DBF												
	08:00 pm											
	09:00 pm	DBF										
	10:00 pm										NO	
	11:00 pm	DBF					✓			✓	IV	
	12:00 am											
	01:00 am	DBF					✓			✓	line	
Total Intake : (3) - DBF												
	02:00 am											
	03:00 am	DBF										
	04:00 am										NO	
	05:00 am	DBF					✓					
	06:00 am									✓	IV	
	07:00 am	DBF					✓					
Total Intake : (3) - DBF												

Total Output : 3 times passed q1m. 200 IV line. 200 2x

Total Output : (1) time

Total Output : U-2; M-2

Total Output : U-1; M-2

Total 24 hrs. Intake	(9) - DBF + 55ml (FF)	Total 24 hrs. Output	U-7; M-7

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 22/7/26

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				I			
Afternoon	2pm	* Assess the Baby Condition * monitor vital * Comfort position		* Assessed the Baby condition * monitored vital * comfortable position	Baby vital Stable	Reassessment done	
Night	8 pm	* Assess the baby condition * Monitor vital sign *. To Provide comfort Position * To encourage oral DBF	8 pm	* Assessed the baby condition * Monitored vital sign * To proxided comfortable position * To encouraged oral DBF	* Baby vital sign are stable	* Reassessment on done	

Patient Sticker

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 23/7/26

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	8 am	Maintain good nutritional status	9.30 am.	Assess nutritional status and appetite. Assist with feeding if needed.	Baby activity is good.	Reassessment done.	SN Ben / 08:00
Afternoon	2 pm	Maintain good nutritional status	2:30 pm.	Assess nutritional status and appetite. Assist with feeding if needed	Baby activity is good	Reassessment done.	SN Ben / 14:00
Night	8 pm	Prevents falls and Injury.	10 pm.	→ Keep the bed in low lying position	Baby was kept in cradle with side rails up	Prevented Falls	Nurse / 20:00

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

(1)

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
		Baby shifting Note	
22/7/26	5pm	A single baby girl delivered @ 4:36 pm with birth weight of 2.632 kg. Baby cried immediately after birth. Immediate cord clamping done. Baby shift for routine care and routine care given.	
		Baby shifted to mcu given hand over to mcu staff	
	6pm 6.30	Baby details handing over taken from OT staff Baby is stable, Baby is on room air, Pink colour Baby vaccine and mcu passed DBF given. No vomiting on other complaint →	
	7.30 pm	Baby Checked abn 107mg iou Inform to DR. Poojitha mam advise stop order baby was actively urine passed. vaccine not done Baby handing over given Night duty staff Nurse.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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 ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night Duty Notes (22/7/26)	
22/7/26.	7:30 pm	Baby details handing over taken from evening duty SN →	[signature]
	8 pm	Baby is on RA, Baby on conscious & oriented, Baby activity on good, Baby colour on normal, Baby vital signs are recorded, urine output monitored, Baby on had DBF no vomiting →	[signature]
	10 pm	Baby vital sign are stable, no any other complaints →	[signature]
23/7/26	12 am	Baby on sleep well.	
	4 AM	→ Baby taking DBF & sleeping well No other complaints baby vital signs stable/SBA/ [illegible] →	[signature]
	5 AM	give [illegible] Baby care given baby oxygen [illegible] & recorded	[signature]
	6 AM	→ Baby passed urine & motion No other complaints →	[signature]
	7 AM	→ Baby taking DBF & sleeping well no other complaints →	[signature]
	7:30 AM	→ Baby report handed over to morning duty staff	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. GIRIDHAR S

Pa

(2)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26		Morning duty report on 22/7/26	
	7.30 am	Baby taken over from the	
		night duty staff. Baby activity	
		is good crying is well	
		Baby looking is fine. Baby	
		general condition is good.	Devi/01760
	8.00 am	Baby vital checked & recorded	
		Baby EBM given sucking is	
		good no vomiting. Baby	
		general condition is good	Devi/01760
	10.00 am	Baby vital checked & recorded	
		Baby EBM given sucking is	
		good Baby activity is good.	Devi/01760
	12.00 pm	Baby vital checked & recorded	
		passed urine motion Baby general	
		condition is good	Devi/01760
	2.00 pm	Baby given to formula feeding	
		20ml given sucking good no	
		vomiting Baby is sleeping well.	Devi/01760
	3pm	Baby side no complaints	
		Baby active & alert. Vitals	
		are checked & recorded.	Sropasaranges 016888
	4pm	Baby shifted to ward.	
		Baby details, files handed	
		over given to 6th floor staff	Sropasaranges 016898

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
23/7	4pm	On receiving Note from LDR Baby details hand over taken from LDR staff baby active and alert baby while receiving active and alert baby on DBF end hrly	Jej OHW
	4.30pm	vaccination done by Dr. pooja the mam tomorrow SBR/NBS DAE @ 6am Morning	
	5pm	Baby passed urine and motion Diaper changed Ito chart maintained & Rewarded	Jej DCW
	6pm	Baby taken DBF totally well for feeds. L → 2 A → 2 T → 2 C → 2 H → 1/9 need for supervision	Jej OHW
	7pm	Ito chart maintained & Rewarded	
	7.30pm	Hand over given to night duty staff	Jej OHW

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref. No.: F / HW / FALL / NSG / 05

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. GIRIDHAR S

Patien ..... IP No. : .....
Age...

Date of Assessment: ..... Evaluations Name : .....

PARAMETER	CRITERIA	SCORE	SCORING			SCORING		
			M	E	N	M	E	N
Age	Less than 3 year old	4						
	3 to less than 7 years old	3	4	4	4	4	4	4
	7 to less than 13 years old	2						
	13 years old and above	1						
Gender	Male	2						
	Female	1	1	1	1	1	1	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	1
Cognitive Impairments	Not Aware of Limitations	3		3				
	Forget Limitations	2	2		2	2	2	2
	Oriented to own Ability	1						
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4						
	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3						
	Patient Placed in Bed	2	2	2	2	2	2	2
	Outpatient Area	1						
Response to Surgery / Sedation Anesthesia	Within 24 hours	3						
	Within 48 hours	2	2					
	More than 48 hours / None	1		1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3						
	Hypnotics							
	Barbiturates							
	Phenothiazines							
	Antidepressants							
	Laxatives / Diuretics							
	Narcotics							
	One of the Meds listed above	2						
	Other Medications / None	1	1	1	1	1	1	1
	TOTAL		13	12	12	12	13	13

FALL RISK: Low Humpty Dumpty Score = 7-11 - **High** Risk Humpty Dumpty Score = 12 or above

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

BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

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

☐ F IP No. : .....

				Date :	22/7	22/7	23/7	24/7
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 life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name	DS			

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

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0Y0M0D0H (F)
Dr. GIRIDHAR S

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

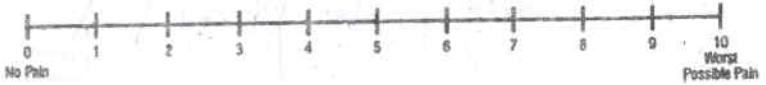
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7	5pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	607721
22/7	7pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
22/7	9pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
23/7	12AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No Pain	011724
23/7	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No Pain	011724
23/7/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no pain	01760
23/7/26	12pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no pain	01760
23/7/26	4pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	no pain	01760
23/7	10pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	607721
24/7	4 am	0/6	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	607721

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

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. GIRIDHAR S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/7/20	7.30 pm	107 mg/dl	Dr. poojitha	[illegible]

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
22/7/26 @	22/7/26 @ 6pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Giridhar	Dr. Poojitha	For further observation

From Unit	To Unit	Information to Attendant
OT	NICU	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
1 Fp 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
	Dr. Poojitha

Patient & Clinical Records Received by : S/N Sobeshwari

Date & Time of Patient Received :

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

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

GUC-00094183 IP18-00036584
Baby B/O RASHMI DAGA
22-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Rashmi Daga Mother's Name: mrs. Rashmi Daga

Date of Birth: 22/7/26 Time of Birth: 4:36 pm Gender: ☐ Male ☐ Female

Birth Weight: 2.632 Kgs HC: ~~34~~ cm Lenght: 45 cm

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

Term / Pre-term / Post-term: term

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: B true Baby: awaited

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

GUC-00094172 IP18-00036581
Mrs RASHMI DAGA
28-09-1987 38 Y 9 M 24 D (F)
Dr. AISHWARYA PARTHASARATHY

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.6 °C HR: 140 b /Min RR: 40 br/Min BP: — SpO_2: 98%

Pain Score: 6/10 (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: Rsns Signature: Date &Time: 22/7/26 e 5p

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