Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6AM					
Activity Sheet update by Pharmacy		9.26					

GUC-00093538 IP18-00036358
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0 Y 0 M 0 D 1 H (F)

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Dr. GIRIDHAR S

ACTIVITY RECORD FOR BILLING

Name: B/O. ARIVUTAMILAV.....

UHID No: 93538 IP No: 36352 Consultant: DR. GIRIDHAR Dept: LDR

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	9AM	NICU	6th floor	Sharini

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Rekha (Lactation)	8/7/26	To be raised	Jeej others
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
7/7/26	Blood Grouping	26021629	
7/7/26	RBS -	26021607	
7/7/26	RBS -	(1683)	
7/7/26	RBS -	1918	
8/7/26	RBS -	1918	
8/7/26	RBS -	1918	
8/7/26	RBS -	1919	
8/7/26	RBS -	21923	
8/7/26	RBS -	1953	
9/7/26	RBS -	1953	
9/7/26	S.BIL, OAE, NBS	24299.	
9/7/26	RBS -	22068	
		RBS	
10/7/26	RBS -	22078	
10/7/26	RBS.	22109.	

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: 9/6/26 Time: 6.0M Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcemënt					
	INTIME	OUT TIME			
Arrangement of File by Nursing	10/7/26 @ 10 AM		Anu 10/7/26		
Preparation of Discharge Summary	10/7/26 @ 10.15AM				
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

T.wt → 2.100 kg
HC - 31 cm
L - 45 cm

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07-07-2026 0Y0M0D1H (F
Dr. GURIDHAR S

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RBS CHART

Date	Time	RBS (mg/dl)	6hr IVF %	Signature
7/7/26	3AM	87 mg/dl	Dr. prasanna	
7/7/26	9AM	78 mg/dl	Dr. Prabama	
7/7/26	3PM	74 mg/dl	6th hourly.	
7/7/26	9PM	90 mg/dl	6th hourly	
8/7/26	3AM	90 mg/dl.	6th hrly	
8/7/26	9AM	71 mg/dl	6th hrly	
8/7/26	3PM	73 mg/dl	6th hrly	
8/7/26	9PM	69 mg/dl.	6th hrly	
9/7/26	3AM	52 mg/dl	@ 6H.	
9/7/26	9AM	57 mg/dl	6th hrly	
9/7/26	3PM	60 mg/dl	6th hrly	
10/7/26	12AM	97 mg/dl	6th hrly	
10/7/26	6AM	82 mg/dl	6th hrly	

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 : IP18-00036358 **Admit Date** : 07-Jul-2026 **Admit Time** : 02:25 AM **UHID** : GUC-00093538

Patient Details :

Patient Name	: Baby B/O ARIVUTAMILAVVAI A	**Age**	: 0 D
Guardian	: Mr GOVINDARAJAN R	**DOB**	: 07-07-2026 01:26 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no 57 sri sudharsan flat 1st floor f1 1st main road Madipakkam Chennai Tamil Nadu INDIA 600091	**Phone No**	: 9500126264
		E-mail	: grajan123@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE712-1 **Ward Name** : 7F-PVT/SUITE

Room No : CRDL-SUITE712-1 **Admission Type** : First Visit

Contact Details :

Name : Mr GOVINDARAJAN R **Relationship** : Father

Contact Address : plot no 57 sri sudharsan flat 1st floor f1 1st main road Madipakkam Chennai Tamil Nadu INDIA 600091 **Phone No** : / 9500126264

Signature

Doctor Details :

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

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O ARIVUTAMILAVVAI A**	**Age :**	**0 Y 0 M 0 D 5 H**
IP No:	**IP18-00036358**	**Sex:**	**Female**
Consultant:	**Dr. GIRIDHAR S**	**Ward/Bed No:**	**7F-PVT/SUITE/CRDL-SUITE712-1**

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 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: Govindaraj'an
Relationship: Father
Date: 07/07/2026 Time: 6.56 PM
Witness Name: Thamarai
Witness Signature: Thamarai

Patient Address:
plot no 57 sri sudharsan flat 1st floor
f1 1st main road Madipakkam Chennai
Tamil Nadu INDIA 600091

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mr Arivutamilavvai Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : ..... Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/o Arivutamilavvai

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 7/7/26 Time of Birth : 1.26AM.

Place of Birth : .....

Mother's Blood Group : A +ve

Birth Weight (gms) : 2.26kg Length (cms) : .....

OFC (cms) : 8

Estimated Gesth Age : 38+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : 4yrs. LMP : 8/10/25 EDD : 15/7/26.

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

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

Last Scans Details : 29/6 : SLUG, cephalic, placenta Anterior, Liquor (N)
AFI - 12.6, Doppler - (N)
EFW - 2477g. (9+4)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE —

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

.....

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

.....

IUGR - when detected : .....

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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 : 3 P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	Mixed nurseries			♂	Twin	
G2	Normal nursery			♂	Stable	
G3	PP + Spontaneous Conception.					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

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
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby cried immediately after birth

Activity, tone — good.

HR - 158 bpm.

SpO_2 - 95% RA

APGAR: 8/10 @ 1 min

9/10 @ 5 min.

1st IV/IM 0.1 ml/kg IM stat given (1mg)

Investigation details in previous Hospital :

—

Feeding History :

—

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 158bpm RR : 62 NIBP : ..... CFT : <3sec

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 99%

Anthropometry : Birth Weight : 2.26kg Length : ..... HC : ..... Present Weight : .....

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

Patient Sticker

HEAD TO TOE EXAMINATION

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

(N)

Facies :
(Any Facial Dysmorphism)

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

(N)

EYES :
Symmetry :
Red Reflex :
Discharge :

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

(N)

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

(N)

GENITILIA :
Labia / Hymen :
~~Testicles/penis~~ :
Anus : Patent

(N)

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Arms / Legs :
Deformities :
Mobility :
Hip Joint Examination :

(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

Spo2 : 99 l Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 158 bpm BP : ..... Precordial Activity : .....

Femoral Pulses : f Murmurs : .....

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

Abdomen : N

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

Palpation : ..... Anal Patency : .....

Palpable masses : ..... Umbilical Cord : .....

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

Meconium passed : .....

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

State of wakefulness : N .....

Prechtle Score : .....

Nerves : N .....

.....

.....

Motor System : ↓

Passive Tone : .....

Active Tone : ↓ .....

Neonatal Reflexes : N .....

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

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

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

Patient Sticker

Any Congenital Anomalies : NO

Diagnosis : Term (38+5) / SGA / Girl / 2.26 kg

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : 372223

Name : Dr. Praveena

Date & Time : 7/1/26

Consultant :

Signature : 372223

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

Advice

- Mothercide care
- To maintain warmth care
- CBG monitoring 8hr for 48 hrs.
- Birth vaccination @ 24Hr
- NBS, OAE @ 48 Hrs.
- To start on DBF.

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

13/223.

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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Dr. GIRIDHAR S

Patient

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 spm	S/B Dr Giridhar	
	Baby received feeding good pink & active Bleeding oral feeds good	
	O/E Pallor CVS-S1S2 (+) RS-clear	
		Adv - SBR, NBS, OAE at 48 hrs
8/7/26 10 am	S/B Dr. Gayathri Baby reviewed	
	48 HOL urine ✓ stool ✓ UTI - awaited SBR - awaited	TW - 2.0 stdy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.26 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/7/26	1.30pm	INJ-VITK	0.1ml	IM	13/7/23	TJ	SP
7/7	1.15pm	Inj BCG	0.05ml	IM.			
7/7	1.15pm	Inj HepB	0.5ml	IM.			
7/7	1.15pm	oPvdrops	2drops	PO	20337		

GUC-000
Baby B/O ARIVUTAMILA
07-07-2026 0Y0M0D1H (F)
Dr. GIRIDHAR S

(1)

Patient Sti

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: 7/7/26 Time:		1.30 AM	4AM
Doctor/Nurse/Family Concern?			
Temperature (°F)	104 103 102 101 100 99 98 97 96 95 94	98F	98F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	150	148
Heart Rate (Number)		150	148
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 20 10	48	44
Resp Rate (Number)		48	44
Resp Distress: Mod/ Severe / None / Mild		-	-
Receiving O_2 (l/min) O_2 Saturations (%)		✓	✓
Conscious Level: Normal / Altered		Alert	Alert
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		Th	Th

On Admission

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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Dr. GIRIDHAR S

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/7/26 Time:	8AM	12pm	4pm	8pm	12AM	4AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.6°F	97.2°F	97.4°F	98°F	97.6°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	148 bpm	150 bpm	135 bpm	140 bpm	138 bpm	136 bpm
Resp. Rate (bpm) (Over 1 Minute) *	48/min	40/min	40/min	40 BPM	42 BPM	40 BPM
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	99%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	Alert	Alert	Alert	Alert	Alert	Alert
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SR	MJ	JG	JG	JG	JG

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.

RU LU
98·1· 100·1·
RL LL
98·1· 99·1·

Patient Sticker

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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)

Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 1 D (F)
Dr. GIRIDHAR S

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/7/26 Time: 8Am 12pm 4pm 8 Pm. 12Am. 4Am

Doctor/Nurse/Family Concern?

Temperature (°F): 98.2F 97.6F 97.8F 97.2F 98.5F 98.5F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 134bm 140bm 138bm 142bm 130bm

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

Resp Rate (Number): 40bm 40bm 40bm 42bm 40bm 42bm

Resp Distress	Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)		99%	100% 99%		99%	99%	99%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		2	3	0	0	0	0
Pain Score				0		6	
Observer's Initials				RM			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

(3)

. No. : RCH/ FRM / CLINICAL / 124

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

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

Date: 9/7/26 Time:	8am	12pm	4pm	8pm	12am	4am
Doctor/Nurse/Family Concern?						
Temperature (°F)	96.8F	97F	97.5°F	97.4F	96.9F	97.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						
Heart Rate (Number)	137bpm	140bpm	135bpm	140bpm	122bpm	138bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	42bpm	50bpm	42bpm	42bpm	40bpm	42bpm
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA	RA			
O_2 Saturations (%)	100%	99%	99%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	Alert	Alert	Alert	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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

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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-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Patient

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

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.

7/7/26

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											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 am											
	12:00 am											
	01:00 am	←			On Admission							→
Total Intake :						**Total Output :**						
	02:00 am	DBF									NOIV	Tw
	03:00 am										Line	Tw
	04:00 am	DBF									NOIV	Tw
	05:00 am										Line	Tw
	06:00 am	DBF				✓					NOIV	Tw
	07:00 am										Line	Tw
Total Intake :	DBF 3 times					**Total Output :**	Meconium passed / Urine Not passed					

Total 24 hrs. Intake	DBF 3 times	Total 24 hrs. Output	Meconium passed Urine Not passed

GUC-00093536 IP18-00036536
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0Y0M0D7H (F)
Dr. GIRIDHAR S

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FLUID CHART

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.

7/7/26

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

Total 24 hrs. Intake	10 times DBF	Total 24 hrs. Output	4 time.

GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 1 D (F)
Dr. GIRIDHAR S

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FLUID CHART

Sheet No. : (3)

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.

2/7/26

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

Total 24 hrs. Intake	12 times DBF	Total 24 hrs. Output	7 times.

GUC-00093536 IP18-00036536
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 2 D (F)
Dr. GIRIDHAR S

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FLUID CHART

T. wt → 2.050 kg

Sheet No. : 13

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.

9/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea motion.	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	~~[illegible]~~	DBF								NO	
	09:00 am									✓	IV	
	10:00 am											
	11:00 am		DBF								line.	
	12:00 pm									✓		
	01:00 pm		DBF									
Total Intake :		(2) DBF				Total Output : 2 time						
	02:00 pm											
	03:00 pm		DBF									
	04:00 pm						✓			✓	NO	
	05:00 pm		DBF								IV	
	06:00 pm										line	
	07:00 pm		DBF									
Total Intake :		(3) - DBF				Total Output : U-1 ; M-1						
	08:00 pm	DBF										
	09:00 pm	EBM	5ml								NO	
	10:00 pm									✓	DBF	
	11:00 pm	DBF									line	
	12:00 am											
	01:00 am	EBM	7ml									
Total Intake : 2 times DBF + 12ml.						Total Output : 1 time.						
	02:00 am	~~DBF~~										
	03:00 am	EBM	5ml								NO	
	04:00 am										IV	
	05:00 am	DBF									line	
	06:00 am						✓			✓		
	07:00 am	DBF										
Total Intake : 3 times DBF 17ml.						Total Output : 1 time.						

Total 24 hrs. Intake	11 times DBF + 17ml.	Total 24 hrs. Output	5 times.

GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	1.30 AM	promote adequate nutrition		* Assess nutritional status * Assist with feeding * Monitor weight	Maintained Good nutritional status to some extend	Reassessment Done	Staff Nurse

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00053538 IP 18-00036538
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 1 D (F)
Dr. GIRIDHAR S

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

NURSING CARE RECORD

Date: 7/7/26

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	→ Assess the Baby Condition. → Monitored vital sign → Maintained IVF → Provided DSF Q2H	8:30 AM	→ Assessed the Baby condition → Monitor vital sign → Maintained IVF chart → Provided DSF Q2H	Nutrition was be maintain	Reassessment was done	Shalini 01407L
Afternoon	2 PM	Prevents falls and injury	4 PM	→ Keep the baby in bed with low lying position. → Keep the baby warm	Baby was kept in cradle with wheels are locked.	Prevented falls and injury.	[illegible] 607724
Night	8pm	To promote Health Hygiene		→ Encourage oral & Hand Hygiene → To changed dress & bed sheet	maintain hygiene	Reassessment done	Jey

GUC-00093536 IP16-00036536
Baby B/O ARIVUTAMILAVVAI A (F)
07-07-2026 0 Y 0 M 1 D
Dr. GIRIDHAR S

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 8/7/26

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	Prevent fall and injury	8 AM	keep bed in low position with side rails up. Assist during ambulation. follow fall prevention	the Baby mother followed the instructions	the Baby prevent falls and injuries.	
Afternoon	2pm	prevent falls and injury	3pm	=> keep bed in low position & side rails up.	=> Baby kept in cradle	=> prevented fall injury	
Night	8pm	Prevent fall and injury.		keep bed in low position with side rails.	Baby output monitoring.	Reassessed done.	

Baby B/O ARIVUTAMILAVVAI A (F)
07-07-2026 0Y0M0D7H
Dr. GIRIDHAR S

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

NURSING CARE RECORD

Date: 9/7/26

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	Ensure adequate nutrition and hydration	10AM	Encourage oral feed.	Encouraged oral feeding	Baby was stable	Anu
Afternoon	2 PM	Prevents falls and injury.	4 PM	→ Keep the bed in low lying position. → Keep the baby warm	Baby was kept in bed with low lying position	Prevented fall.	[illegible]
Night	8PM.	Ensure adequate nutrition and hydration		· Encourage breastfeed. · BBW.	maintained intake and output	Baby was Normal	[illegible]

Patient

GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (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

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	1.39pm	Admission Notes (7/7/26) B/o. Arivutamilavvai (Newborn) Girl Baby Delivered by mode of Kiwi assisted vaginal Delivery. Baby Resuscitation taken by Dr. Prasanna. Monitored vitals and Recorded. Maintained D/o. Baby well and active. Baby Motherside. Inj. Vit-K 0.1ml IM given. Urine/Meconium Not passed. Vaccination Not Done. No other complaints. Baby Details B - Alive Girl Baby A - 7/7/26 at 1.26Am B - 2.26kg A - 8/10, 9/10	
2Am		DBF given. Baby well and active. Baby Motherside. Urine/Meconium Not passed. Vaccination Not Done	
3Am		RBS Monitored 87mg/dl Informed to Dr. Prasand. advised to continue DBF. Urine/Meconium Not passed	
4Am		DBF given. Baby Motherside. Urine/Meconium Not passed.	

Sterilech
Man.: 2025 - 06
Exp.: 2030 - 06
Ref.: 106.303.0500
Lot.: 14176
STEAM
Green = Sterilized
SV: 121°C - 15 min. 134°C - 3,5 min.
6 Type ISO 11140

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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7/7/26		Vaccination Not Done	0/6/26
	6AM	Maintained I/O. Monitored Vitals and Recorded. Baby well and active. Baby Mother Side. Urine Not passed. Meconium passed	0/6/26
	7.30 AM	Baby Care Handing over given to Morning duty staff	0/6/26
		Morning Duty on 7/7/26	
	7 AM	Report Received from Night Duty staff to Morning Duty staff Baby Activity are good No Ir Rash	
	8AM	Vitals Sign Checked & Recorded Vital Sign are stable Baby BSL taking well. No vomiting I/o Chart Maintain	0407
	9AM	Baby Shifted to 7th floor	0407
7/7/26		Recieving Notes	
	9AM	Baby recieved from NICU to 607. Baby details handing over taken from LDR staff Baby is conscious and active Baby is Pink. Baby is on room air	0128

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Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0Y0M0D7H (F)
Dr. GIRIDHAR S

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/26	9.15 Am	vital Signs are checked and recorded. vital Signs are Stable. CP ++ PP ++ CRT <3sec	012893
	10 Am	Baby taking DBF @3H no any other fresh complaints. Baby is Stable.	012893
	12 pm	vital Signs are checked and recorded. vital Signs are stable. CP ++ PP ++ CRT <3sec	012893
	1 pm	Io chart maintained	
	1:30pm	Baby details are handing over taken to Evening duty staff → Evening duty Nurse	60744
	1:30pm	Baby details are handing over taken from Morning duty staff. Baby is conscious and active. Baby is on room air.	012893
	2 Pm	Baby is taking DBF @3H tolerating well. L - 2 A - 2 T - 2 C - 2 H - 1 need Supervision	012893

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7	4 Pm	vital Signs are checked and recorded vital sigs are stable OP: ++ PP: ++ CRT: <3sec	Rani 07/2893
	6 Pm	Baby is taking DOF @2H no any other complaints. Baby is stable. L - 2 A - 2 T - 2 C - 2 H - 1 need Supervision 9	Rani 07/2893
	7.30 Pm	I/o chart maintained. The Baby details handing over given to night duty Staff Night duty Notes :- Baby details handing over taken from Evening duty s/n. Baby activity are good Baby consious & oriented.	Rani 07/2893
	1.30 pm	Vital signs checked & Recorded. Vitals are stable now	Jaya 07/8/93
	2.00 Pm		

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07-07-2026 0 Y 0 M 1 D (F)
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☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/7/24	6pm	CR: ++ PR: ++ CRT: <3s	
		Baby feed should be taken no special complaints	Jay 8.00pm
		B/o chart maintained	
	10pm	L - 2	
		D - 2	
		T - 2	
		C - 2	
		Rd - 1 need supervision.	
		Baby urine & motion passed no complaints	
8/7/24	12am	Vital signs checked & recorded vitals are stable now CR: ++ PR: ++ CRT: <3s.	Jay 8.00am
	2am	Baby sleeping well good no special complaints. feed and bby taken	
	4am	Vital signs checked & recorded vitals are stable now CR: ++ PR: ++ CRT: <3s.	
	6am	morning care should be given weight checked	Jay 8.00am.
	7.30am	Handing over given to morning duty S/N	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26		Morning duty notes.	
	7.30AM	Patient details Handing over taken from night duty S/N. No Wine, DBF and hurly, RBS bfr Recovery.	
	8AM	Patient vitals checked and recorded.	
	9AM	Baby fed mother feed L - D A - D T - D C - D H - 1/9 need supervision	
	8AM 12PM	Baby vitals checked and recorded. Maintained I/O Dr. Vijidhar Sir seen the baby advised to continue RBS Monitoring to do SBK/NBS CBE tomorrow	Dey
	1pm	I/O chart maintained & Recorded	Dey
	1.30pm	Hand over given to Evening duty Staff	Dey Olivas
8/7/26	1.30pm	Patient Evening duty 8/7/26 Patient turnover taken by morning duty S/N Patient Clinically Stable	Dey Olivas

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GUC-Q0053536 IP 18-Q0053536
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0Y0M0D7H (F)
Dr.-GIRIDHAR S

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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	2pm	→ Provide health education to Mother & 2nd hrly once feeding →	Chuyy ONRSG
	4pm	→ Checked vital signs → patient vitals is Stable. CRT CP PP Good ++ ++ →	Chuyy ONRSG.
	5:30pm	L - 2 A - 2 T - 2 C - 2 H - 1 needs supervision →	Mythili 607454.
	6:30pm	Maintained I/O chart for the baby. No other complaints →	Mythili 607454.
	7:30pm	Baby details are handing over given to Night duty staff → Night duty Nurses	Mythili 607454.
8/7/26	7:30pm	Baby details Heard over taken from evening duty staff. Baby was Active and Alert →	Bravee SRN
	8pm	Baby vitals checked and Recorded. Vitals Normal. PR - 130 b/m, RR - 46/m SPO2 - 97% →	Praveen SRN

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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/7/26	10pm	Baby taking feed and milk DBF. No vomiting. L - 2 A - 2 T - 2 C - 2 H - 1/9 (Need supervision)	
9/7/26	12am	Baby Vitals checked and Recorded. Vitals Normal → Praveen	
		maintained Intake and Output Chart.	
	1am	Baby RBS checked and Recorded → Praveen	
	4am	Baby Vitals checked and Recorded. Vitals Normal → Praveen	
	6am	Baby Morning cares given weight also checked, Baby, SBR. NBS, ~~Sent~~ sended to Lab → Praveen	
		maintained Intake and output chart → Praveen	
	7.30am	Baby handing over given to morning duty staff.	
		Morning Duty NOTES	
9/7/26	7.30am	→ Baby detail hand over taken from night duty SIN	
		Baby Warmth and active, Pink	Anu

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Patient Sticker

B/O Arivanil Anal OMC 93538

NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/24	8AM	→ Baby Vital signs checked and record. vitals are stable	
	10 AM	→ Baby take feed. tolerated well. no vomitting sensation	
		L – 2	
		A – 2	
		T – 2	
		C – 2	
		H – 1	
		9 (Head Supervision)	
	11AM	→ Dr. Giridhara Sir come and seen the baby Sir advised Today wait after that weight observation Tommorow DIS plan	
	12pm	→ Baby vital signs checked and record. vitals are stable	
	1pm	→ Baby Intake & Output chart maintained & record.	
	4:30pm	→ Baby detail Hand over given to evening duty SIN Evening Duty Noter.	
	1:30pm	→ Baby details are handling ours taken from Morning Duty Staff - RBS - & BH. Monitoring →	
	3 pm	Baby was initiated for DBF for & 2 Hourly →	

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	4pm	Baby vitals are checked & recorded. Vitals are Stabled. | CP ++ | PP ++ | CRT <2s | →	Mythili Bottan.
	5pm	Health education given the mother about the DBF technique C - 2 A - 2 T - 2 C - 2 H - 1 / 4 needs supervision →	Mythili Bottan.
	6.30pm	Maintained I/O chart for the baby →	Mythili Bottan.
	7:30pm	Baby details are handing over ~~from~~ to Night duty staff. Night duty NOPE. →	Mythili Bottan.
9/7/20	7:30pm	Baby details hand over taken from morning duty staff. Baby was Active and Alert →	Praveen
	8pm	Baby vitals checked and Recorded. Vitals Normal. →	Devi
	10pm	Baby taking feed 2hrs DBF. No vomiting. If weight increase then Romon DTs plan →	Devi

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GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			7/7/26	7/7/26	7/7/26	7/7	8/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
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	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

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

	Bed in low position		✓	✓	—	✓	✓
	Call device within reach		✓	✓	—	✓	✓
	Wheels Locked		✓	✓	—	✓	✓
	Room free of clutter		✓	✓	—	✓	✓
	Adequate lighting		—	✓	—	✓	
	Wheel chair support		—	—	—	—	—
	Other Intervention(s) Specify		—	—	—	—	—
	Nurse's Name:		Shifaul	Shalini	Bai	Jaya	Sathya
	Signature:						
	Date:		7/7/26	7/7/26	7/7	7/7	8/7
	Time:		8pm	8pm	8pm	8pm	10a

Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 7 H (F)
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THE HUMPTY DUMPTY SCALE

E N M F

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	8/7 14	8/7 4	9/7 4P	9/7 4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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	
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	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	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
	Total		14	14	14	14	

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

Bed in low position		✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓
Wheel chair support		X	X	X	X
Other Intervention(s) Specify		X	X	X	X
Nurse's Name:					
Signature:					
Date:		8/7	8/7	9/7	9/7
Time:		3pm	8pm	8am	2pm

Docu. No. : RCH /FRM / CLINICAL / 005

GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0Y0M0D1H (F)
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PAIN ASSESSMENT FORM

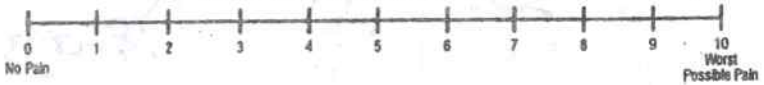
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7/26	2AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	0/6/26
7/7/26	8AM	duo	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	0 140 fr
7/7/26	2PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	0/2893
7/7/26	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0200hrs
8/7/26	4AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	0600hrs
8/7/26	10AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
8/7/26	4PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	
8/7/26	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
8/7/26	10PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
9/7/26	2AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

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

BRADEN 'Q' SCALE

(for Paediatric use)

Gender : ☐ M ☐ F IP No. : .....

				Date :	7/7/26	7/7/26	7/7	7/7
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 waking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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	3	3	3
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	26	26	26	26
				Evaluator's Name				

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 : .....

				Date :	M 8/7	E 8/7	N 8/7	M 9/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	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.	3	3	3	3
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	24	24	24	24
				Evaluator's Name				

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

GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

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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. Arivutamilavvai Mother's Name: Mrs. Arivutamilavvai

Date of Birth: 7/7/26 Time of Birth: 1.26AM Gender: ☐ Male ☑ Female

Birth Weight: 2.26 Kgs HC: 32 cm Lenght: 42 cm

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

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

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: A+ve Baby: Awaited

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 2AM

GUC-00080799 IP18-00036343
Mrs ARIVUTAMILAVVAI A
07-05-1988 38 Y 1 M 30 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: .....

Physical Assessment of New Born:

Temp: 98F °C HR: 150bt /Min RR: 50br /Min BP: - SpO_2: 99%

Pain Score: ..... (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: Mrs. Tamilselvi Signature: [signature] Date &Time: 7/7/26 at 2AM

PATIENT TRANSFER FORM

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GUC-00093538 IP18-00036358
Baby B/O ARIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

Date & Time of Admission	Date & Time of Transfer Order
7/7/26 at	7/7/26 at

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

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

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	1
2.	Baby Pampers	1
3.	2 set Dress fende	2
4.	Inj. BCG	1
5.	Inj. Hep. B	1

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini DMOH	Dr. Giridhar.

Patient & Clinical Records Received by : Anju

Date & Time of Patient Received : 7/7/26 @ 9pm

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-00[illegible]38 IP18-00036358
Baby B/O [illegible]RIVUTAMILAVVAI A
07-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. GIRIDHAR S

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis (Newborn)
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		
7/7/26	2AM	Nutrition Diet	Educated to notice about need of DBF	Mother	NO	oral	none	Verbal	Good	[illegible] SIDDO
7/7/26	8AM	Nutrition & Diet	Explain about Breast feeding techniques	Mother	No	Oral	None	verbal	good	[illegible] -4072
7/7/26	10AM	YES	explained about DBF Drol Power	Mother	YES	verbal	nil	verbal	~	[illegible]
9/7/26	9am	Yes	explained about feeding position	Mother	YES	oral	nil	Good	—	[illegible]

Part - III: CODES

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

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

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

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

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