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Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLE/ [illegible] AND DISPOSABLES BILLING

Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

Date: 9/7/26.

Name of the Patient: .....

UHID No: ..... Gender: .....

Ward: ..... Room No: 604

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: 9/7/26
Time: 6AM

Pharmacy Sign
Date: 9/07/26
Time: 8:30 am

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

Rainbow Children's Hospital

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 2 D (M)
Dr. GIRIDHAR S

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		6AM					
Activity Sheet update by Pharmacy		8.30					

ACTIVITY RECORD FOR BILLING

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Name: ..... Baby B/O NIVETHIKA P 07-07-2026 0 Y 0 M 1 D (M) Dr. GIRIDHAR S .....

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

Date of Admis ..... 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	1.20pm	MICU	604	

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
7/7/26	Blood Grouping	2602687	
7/7/26	RBS	2602687	
8/7/26	RBS	2602727	
8/7/26	RBS	2602917	
8/7/26	RBS	2602917	
8/7/26	RBS	2602917	
8/7/26	RBS	21925	
9/7/26	RBS	1952	
9/7/26	RBS	1952	
9/7/26	SBR, NBS, OAE	24300	
		Total RBS (8)	
9/7/26	RBS	02206	
9/7/26	RBS		
10/7/26	RBS	26022104	
10/7/26	RBS		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/26	SSPT	2 PM.	10/7/26 11am.	24669	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 9/6/26 Time: 6AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

UHID- _ FLOOR- NAME OF CONSULTANT

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcemënt					
	INTIME	OUT TIME			
Arrangement of File by Nursing	10/7/26 @ 10am		Adl Doc		
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					

H - 32 cm
L - 48 cm
~~T.wt~~ - 2.403 kg.
T.wt - 2.395 kg.

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D3H (M)
Dr. GIRIDHAR S

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
7/7/26	12.30 Pm.	100 mg/dl	6th hourly	Devi
			Pre feed.	
7/7/26	7 PM.	66 mg/dl	6th hourly.	
8/7/26	01 Am	72 mg/dl	6th hrly	
8/7/26	7 Am	62 mg/dl	6th hrly	
8/7/26	1 pm	76 mg/dl	6th hrly	
8/7/26	7 pm	70 mg/dl	6th hrly	
9/7/26	1 Am	54 mg/dl	6th hrly	
9/7/26	7 Am	54 mg/dl	6th hrly	
9/7/26	4pm	44 mg/dl	6th hrly	
9/7/26	7.30 pm	72 mg/dl	6th hrly	
9/7/26	1.30 Am	47 mg/dl	6th hrly	
10/7/26	7.30 Am	99 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 : IP18-00036360 **Admit Date** : 07-Jul-2026 **Admit Time** : 09:28 AM **UHID** : GUC-00093543

Patient Details :

Patient Name	: Baby B/O NIVETHIKA P		
Guardian	: DHINESH KUMAR P	**Age**	: 0 D
Gender	: Male	**DOB**	: 07-07-2026 06:26 AM
Occupation	:	**Religion**	:
Address (H)	: F1, GANESH FLATS, ANBU NAGAR, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087	**Martial Status**	:
		Phone No	: 8870904654/ 8148483945
		E-mail	: NIVETHIKA03@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT604-2 **Ward Name** : 6F-PRIVATE

Room No : CRDL-PVT604-2 **Admission Type** : First Visit

Contact Details :

Name	: DHINESH KUMAR P	**Relationship**	: Father
Contact Address	: F1, GANESH FLATS, ANBU NAGAR, VALASARAVAKKAM Alwar Tirunagar Chennai Tamil Nadu INDIA 600087	**Phone No**	:

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 NIVETHIKA P**		
IP No:	**IP18-00036360**	**Age :**	**0 Y 0 M 0 D 3 H**
Consultant:	**Dr. GIRIDHAR S**	**Sex:**	**Male**
		Ward/Bed No:	**6F-PRIVATE/CRDL-PVT604-2**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Dhinesh Kumar. P
Relationship: Father
Date: 07/07/2026 Time: 9.31 Am
Witness Name: Savithra.
Wittness Signature:

Patient Address:
F1, GANESH FLATS, ANBU NAGAR,
VALASARAVAKKAM Alwar Tirunagar
Chennai Tamil Nadu INDIA 600087

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any Ppoint of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : B/o Nivethika.P	UHID Number : GUC-0009354 3
Self/Attendant Name :	Relation : Father
Self/ Attendant Signature :	Name & Signature of Financial Counselor
Phone Number : 8870904654	

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Nivethika, 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 Nivethika

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 9/7/26 Time of Birth : 6.20AM

Place of Birth : .....

Mother's Blood Group : O+ve.

Birth Weight (gms) : 2.557kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30y Ht : ..... Wt : ..... BMI : ..... Married Life : 5½y LMP : 6/10/25 EDD : 13/7/26.

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

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

Last Scans Details : 17/6/26 -> 33wks Cephalic, Placenta - Posterior, Liquor - (N) SDP - 4.3, AFI - 11.4. TT Immunization and Iron / Folic Acid : ..... EFW - 2584g Doppler (N). Cx - 34.1cm. Hc - 31cm AC - 30.1cm. BPD - 9.1cm

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 / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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

(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: ..... P: ..... A: ..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1		Biochemical Pregnancy				
G2	9 yrs	24 8/m,			USGS, fetal distress	2.8 kg
G3	PP	–	Spontaneous			

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : Fetal bradycardia

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
7/10	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.

HR - 140 bpm.

SpO_2 - 86% on RA, Meconium stained thick. Secretions (+).

Grunting (+).

Mild retraction (+).

started on delivery room CPAP - 5 / 30%

Retractions ↓.

only Mild grunting (+).

HR: 162 bpm

SpO_2: 95% on CPAP.

CRT < 3sec, Pink (+).

INJ. VITK 0.1ml IM stat 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 : 36.5°C HR : 160 bpm RR : ..... NIBP : ..... CFT : <3s

Color of the extremities : Pink

Jaundice : — Pallor : ..... SpO2 : 95%

Anthropometry : Birth Weight : 2.557kg 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) 2Art +1vein

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 Grunt (+)

Mention if baby has Respiratory distress : RR : 68cpm 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 : PEEP-5, FiO_2 - 30%.

Spo2 : 95% Auscultation : ..... Breath Sounds : BL CLEAR Added Sounds : Grunt (+)

Cardiovascular System :

HR : 162bpm BP : ..... Precordial Activity : —

Femoral Pulses : (+) 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) : A

State of wakefulness : .....

Prechtle Score : .....

Nerves : N

.....

.....

.....

Motor System : F

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 (39w) / BOY / AGA / 2.657kg / MSL / RDS.
Emg LSCS – Fetal bradycardia

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Dr Prasanna

Name : 137223.

Date & Time : 7/4/26.

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

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

.....

.....

- Warmth care
- On CPAP – for monitoring
- CBG 6thly
- Birth vaccine @ 24H
- NBS, OAE @ 48H

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

GDC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D7H (M)
Dr. GIRIDHAR S

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Dr. Prasanna	
9.30 AM	Baby on CPAP (6, 25%) ↓ Off CPAP → RA, HR - 156 bpm, SpO_2 - 96%. To start DBF	
	Dr. Prasanna	
8/7/26 10:40 AM	S/B Dr. DEEPAK	
	TERM / BOY / AGA / 2.557 / RDS / Fetal bradycardia	
	Baby reviewed, baby is taking DBF	BW - 2.557 kg, T.W - 2.460 kg, wt loss 3.7%
	O/E: baby is alert, afebrile, CVS: S_1S_2 (+), RS: NVBS, P/A: soft, CNS: NFND	Rx
	Birth vaccine given	- warmth care → NBS, OAE to be done → To monitor vitals, saturation → Ctn CGH

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D3H (M)
Dr. GIRIDHAR S

Rainbow Children's Hospital
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STAT / ONCE ONLY DRUGS

Name: ....

Weight: 2.557 kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/7/26	8.30AM	INJ. VIT K	0.1mL	IM	[signature] 13722[illegible]	[signature] 019507	[signature] 019507
8/7/26	11:10AM	OPV Drops	2°	Oral	[signature]	[signature]	[signature]
8/7/26	11:11AM	Inj Hep-B	0.5ml	IM	[signature]	[signature]	[signature]
8/7/26	11:12AM	Inj BCG	0.05ml	ID	[signature]	[signature]	[signature]

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

1 / 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: 7/7/26 Time: 6:25pm. 10pm. 2pm 4pm 8pm 12AM 4am

Doctor/Nurse/Family Concern?

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

98°. 98.4. 98.6 97.9 98.1 98.4 97.8

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

Note: BP does not score in early warning scoring

150bpm. 140 ① ① ① ① ①

Heart Rate (Number): 150bpm. 140 148/min 138b/m 138bpm 148bpm 140bpm

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

50bpm. 40 ① ① ① ① ①

Resp Rate (Number): 50bpm. 40bpm 34/min 39b/m 40bpm 40bpm 40bpm

Resp Distress: Mod/ Severe / None / Mild		Mr	Mr	RA	RA	RA	RA
Receiving O_2 (l/min) / O_2 Saturations (%)	✓	99%.	95%.	98%.	98%.	99%.	97%.
Conscious Level: Normal / Altered	✓	Alt	✓	✓	✓	✓	✓
GCS *	15/15	15/15	Alert	Alert	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	15	0	0	6	0	0	0
Pain Score	-	0	0	0	0	0	0
Observer's Initials	R.	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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 100·1· RL 99·1·
LR 99·1· LL 98·1·

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D7H (M)
Dr. GIRIDHAR S

Doc. No. : RCH/ 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: 8/7/26 Time: 8am 12pm 4pm 8pm 12am 4am

Doctor/Nurse/Family Concern?

Temperature (°F): 98.2°F | 98.4°F | 98.2°F | 96.4°F | 97.1°F | 97.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 120 | 130 | 128 | 130 | 140 | 132

Note: BP does not score in early warning scoring

Heart Rate (Number): 120bpm | 130b/m | 128bpm | 130bpm | 140bpm | 132bpm

Resp. Rate (bpm) (Over 1 Minute) *: 40 | 30 | 36 | 40 | 40 | 40

Resp Rate (Number): 42bpm | 38b/m | 36bpm | 40bpm | 40bpm | 40bpm

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

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

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

Patient Sticker

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

BirthRight
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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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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-00093343 IP 18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

3

Doc. No. : RCH/ 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.

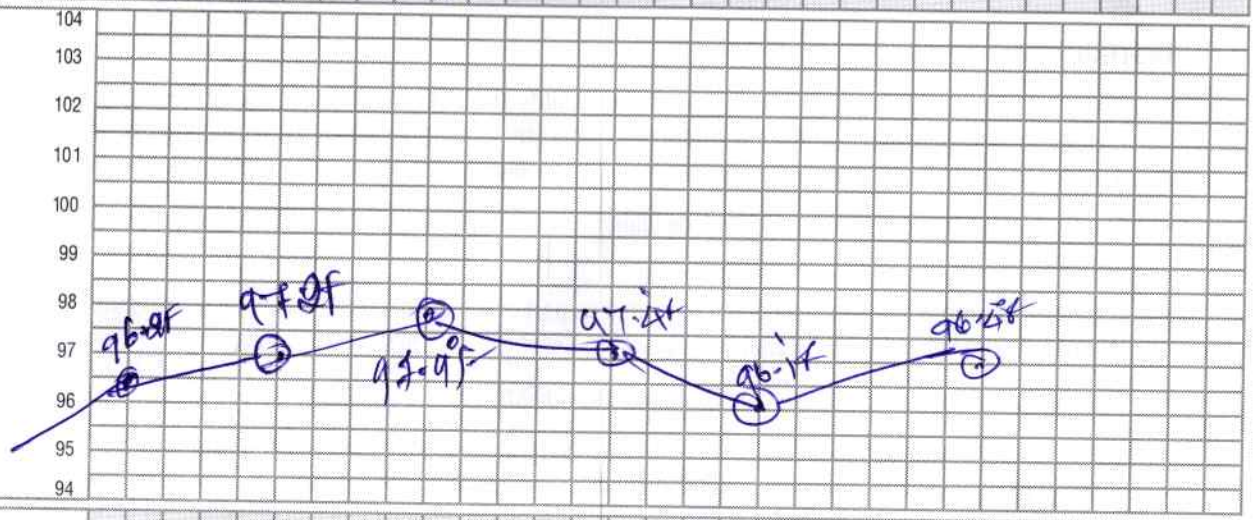
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/8/26 Time: 8AM 12pm 4pm 8pm 12am 4am

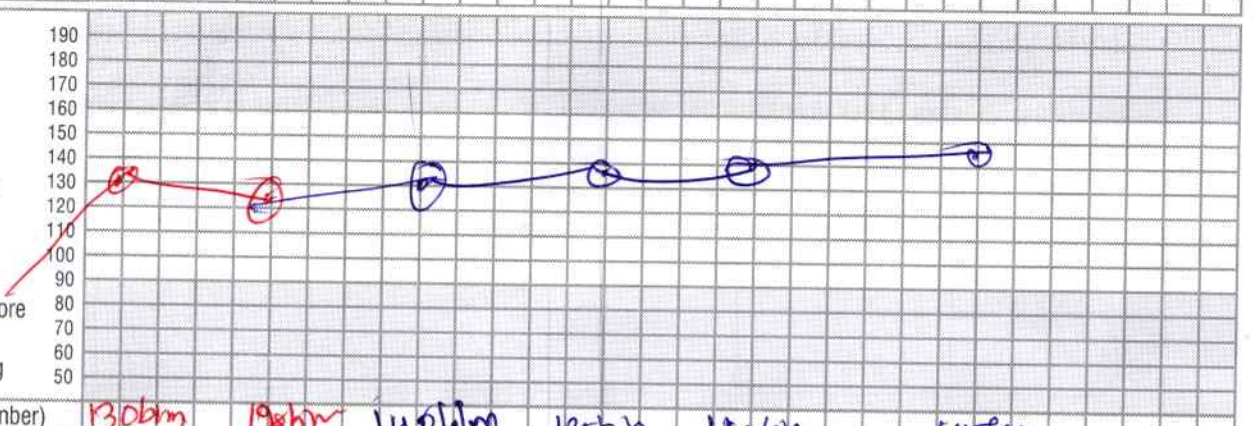
Doctor/Nurse/Family Concern?

Temperature (°F)



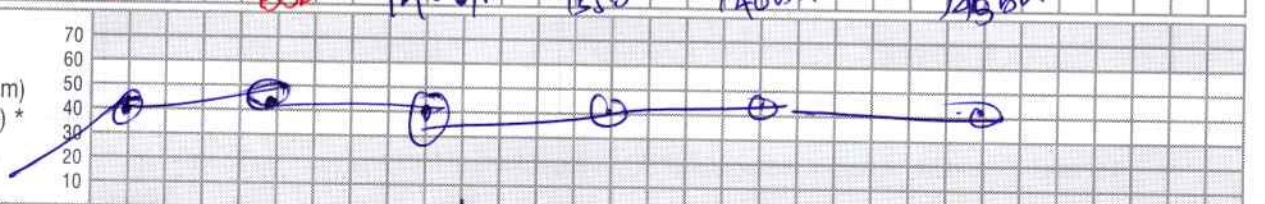
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	130bpm	98bpm	140bpm	125bpm	140bpm	145bpm

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



Resp Rate (Number)	40bpm	40bpm	42bpm	40bpm	38bpm	40bpm
Resp Distress (Mod/ Severe / None / Mild)	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	RA	RA				
O_2 Saturations (%)	100%	99%	100%	99%	98%	99%
Conscious Level (Normal / Altered)	✓	✓	✓	✓	✓	✓
GCS *	Alert	Alert	15/15	Alert	Alert	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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*B: 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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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:

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

GUC-00093543 IP18-00036380
Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D7H (M)
Dr. GIRIDHAR S

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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										NO	
	09:00 am										FLIT	
	10:00 am	DBF					✓			✓		
	11:00 am											
	12:00 pm											
	01:00 pm	DBF										
Total Intake : 2 time.						**Total Output :** passed						
	02:00 pm											
	03:00 pm	DBF									NO	
	04:00 pm									~~Boo~~		
	05:00 pm	DBF									IV	
	06:00 pm											
	07:00 pm	DBF									line	
Total Intake : 3 time DBF						**Total Output :** All						
	08:00 pm											
	09:00 pm	DBF								✓	NO	
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF								✓		
Total Intake : (3) time DBF.						**Total Output :** 2 times						
	02:00 am											
	03:00 am	DBF									NO	
	04:00 am											
	05:00 am	DBF										
	06:00 am	~~on admission~~					✓			✓	NO	
	07:00 am	DBF										
Total Intake : (3) times						**Total Output :** 2 times.						

Total 24 hrs. Intake	19 time DBF	Total 24 hrs. Output	4 times.

Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D7H (M)
Dr. GIRIDHAR S

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

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.

8/7/26

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		DBF								NO	
	10:00 am									✓		
	11:00 am		DBF				✓				IV	
	12:00 pm									✓		
	01:00 pm		DBF				✓				line	
Total Intake : 3 times DBF										Total Output : 2 times.		
	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) DBF										Total Output : 1 time		
	08:00 pm											
	09:00 pm		DBF.				✓					
	10:00 pm									✓	NO	
	11:00 pm		DBF								IV	
	12:00 am										line	
	01:00 am		DBF									
Total Intake : (3) times DBF.										Total Output : 2 times.		
	02:00 am											
	03:00 am		DBF									
	04:00 am										NO	
	05:00 am		DBF								IV	
	06:00 am											
	07:00 am									✓	line	
Total Intake : (2) times DBF.										Total Output : 1 time.		

Total 24 hrs. Intake	11 times DBF.	Total 24 hrs. Output	6 times.

Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

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

FLUID CHART

Sheet No. : (3)

T.wt – 2.403kg.

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	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	DBF									NO	
	10:00 am											
	11:00 am	DBF					✓			✓	IV	
	12:00 pm											
	01:00 pm	DBF									Line	
Total Intake :		(2) DBF				Total Output :					1 time	
	02:00 pm										NO Sy/o/oss	
	03:00 pm	DBF										
	04:00 pm										IV Sy/o/oss	
	05:00 pm	FF	20ml									
	06:00 pm											
	07:00 pm										Line Sy/o/oss	
Total Intake :		(1) DBF + 20 ml				Total Output :					NIL	
	08:00 pm	DBF										
	09:00 pm										NO	Pain
	10:00 pm	DBF										
	11:00 pm										IV	
	12:00 am	DBF								✓		Pain
	01:00 am										IV	
Total Intake :		3 times DBF				Total Output :				L		Pain
	02:00 am											
	03:00 am	FF	30ml								NO	Pain
	04:00 am											
	05:00 am	DBF									IV	
	06:00 am											Pain
	07:00 am										IV	
Total Intake :		8 times + 30ml FF				Total Output :					NIL	

Total 24 hrs. Intake	8 times DBF + 50ml	Total 24 hrs. Output	3 times.

Docu. No. : RCH /FRM / CLINICAL / 092

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 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	8 Am	-) Asses the Baby Condition -) Monitor vital sign -) Maintain Flo chart -) Provide DBF Q2H	8:30 Am	-) Assessed the Baby Conditon -) Monitored vital sign -) Maintained Flo chart -) Provided DBF Q2H	Nutrition was be Maintain	Reassessment was done	Shalini 01407c
Afternoon	1.30 Pm	maintain good nutritional Status	2 pm	Assess the Baby condition monitor vitals. Encourage the mother to give DBF Q2H	Nutritional Status was improving	Reassessment Done	012893
Night	8pm	To improve Nutrition Status.		Improved by provide proper feeding	Evaluate by input & output Chart	Improved Nutrition Status	

Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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: 8/7/25

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 falls and infection.	2 PM	Keep bed in low. position with side rails up. Ensure call bell is within reach	The mother followed instructions	Prevented falls risk.	
Afternoon	2 PM	Maintain Personal Hygine	10 PM	→ Educate the Mother about the taking care of baby → keep the baby wa	Baby was kept in Mother side with monitoring	Educated the mother to take care of Personal Hygine of baby	
Night	2pm	To prevent infection	9pm	→ hand hygiene to followed.	TO improve patient condition.	Improving Patient condition	

GUC-00093543 IP 18-00038560
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. GIRIDHAR S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
7/7/26	6:26Am	OT Notes.
		Baby Brith at : 6:26Am, Baby Gender: Boy Baby weight : 2.557kg. vitals charted & recorded (On monitoring) pulse: 150bpm, R = 50 b/m SPO2 = 100%. Baby in O2 2 litres. Through
	7:00Am	Nasal prongs. Baby skin tone good. Skin pinkish in color. Baby assessment done by DR. prasanna. Suctioning done. Inj. vit K given. Apgar score 7/10, 8/10. Identification tag applied. Baby shifted from OT to
	7:40Am	NICU. Baby documents & details hand over to nicu staff.
7.40 am		Receiving Notes on 7/7/26
		Baby received OT to nicu Baby activity is good crying is well Baby temperature is pink Baby observation in room.
9.30 am		Baby SM Dr. prasanna Sir. examin the Baby weight for 1/2 hour after feeding to be followed.
10.00 am		Baby vitals checked & recorded. DDR Gimi suction is good no vomiting Baby after feeding room CBY crying to be followed.
	12.00 pm	Baby vital checked & recorded Baby Genera condition is good

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
12:30 pm		Baby post feeding CBN crying comfortable Informed to Pujitha mom. 6th Nursery to be followed.
7/7/26	1:20 pm	Baby shifted 6th floor.
		Recieving Notes
	1.30 pm	The Baby recieved from LDR to 604. Baby handling over taken from LDR staff. Baby is conscious and active Baby is on room air. Baby is Pink in colour.
	2 pm	Baby feeding BF taking well tolerating well. no any other fresh complaints. Baby is stable.
	4 pm	vital Signs are checked and recorded. vital signs are stable

CP	PP	CRT

	6 pm	Baby taking DBF 2H tolerating well.
		I/o chart maintained
	7.20 pm	Baby details handing over given to night duty staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Baby B/o Nivethitha

Patient Sticker

CWC - 03543

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
7/7		Night duty (7/7/26)	
	7-30 pm	child Handover taken from evening duty staff Nurse and child was concious & oriented child under room air clinically child well	Poly ORBM
	8pm	vitals are monitored & recorded and vitals are stable.	

	CP	PP	CRT
8pm	++	++	<3sec

Poly ORBM

	10pm	Baby on DBF & 2nd hrly and Baby tolerated well and normal
8/7	12am	vitals are monitored and recorded and vitals are stable

	CP	PP	CRT
12AM	++	++	<3sec

Poly ORBM

	2am	Baby was kept in the cradle. warmth maintain well
	4am	vitals are monitored & recorded and vitals are Stable. no other complaints

Poly ORBM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/11/24	12AM	Morning care given to the patient and weight checked and documented	
	7:30AM	Handing over given to morning duty S/N.	
8/11/24		Morning duty notes.	
	7:30AM.	Handing over given taken from night duty S/N. No vomit. DBF and bowel, RBS 6m bowel, vaccine due.	
	8AM	Vitals checked and recorded.	
	9AM	Mother give food.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/2 need supervision.	
	11AM	Vaccination done by Dr. Deepak. No complains.	
	12PM	Vitals checked and recorded	
	1PM	maintained IV charting.	
	1:30PM	Handing over given to evening duty S/N.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

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 Allergy

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		evening duty 8/7/26.	
8/7/26	1:30pm	→ Patient handover taken by morning duty S/N →	
		→ patient clinically stable	Leeya 017129
	2pm	→ provide health education to mother. Oral body once give feeding	
		→ Monitored I/O chart	
		→ checked vital signs	
	4pm	→ Patient vitals is stable	
		CRT / CP / PP / 1sec / ++ / ++ →	Leeya 017129
	5:30pm	→ provide health education.	
		→ provide comfortable bed position →	Leeya 017129
	6:30p	→ Maintained I/O chart	
	7:30pm	⇒ Baby details are handing over given to Night duty staff	→ [illegible] 607784.
		→ Night duty ←	
8/7/26	7.30pm	patient taken over from evening duty staff conscious & awake.	
	8pm	vital signs checked & recorded. No other complaints. PP ++ / CP ++ / CRT 1sec.	[illegible]
		~~[illegible]~~ care given. as per doctor's orders.	0410...

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GDC-00093543 IP 18-00036560
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue ←	
8/7/26	10PM	Baby taking oral feeding. NO other complaints.	MS Duty Nurse
	1AM	Vital Signs checked & recorded. NO other complaints.	MS Duty Nurse
		PP: ff / Lpi: ff / CRT: <3sec	
		Baby sleeping. NO other complaints.	
	4am	Vital signs checked & recorded. NO other complaints.	MS Duty Nurse
	6Am	Baby passed urine & motion. Weight checked & recorded.	
		Rp chart maintained.	MS Duty Nurse
	7.30AM	Baby handing over given to morning duty staff	
		Morning Duty Notes	
9/7/26	7.30am	— Baby detailed Hand over taken From night duty SIN Baby warmth and active DBF only, and my	Dy

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093543 IP16-00036560

Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26	8 Am	→ Baby vital signs checked and record. vitals are stable	Dr
	10 Am	→ Baby take feed. tolerated well. no vomiting sensation L – 2 A – 2 T – 2 C – 2 H – 1 9 (need supervision)	Dr
	12 pm	→ Baby vital signs checked and record. vitals are stable	Dr
	1 pm	→ Baby Intake and output chart maintained & record	Dr SCN47
	1.30 pm	→ Baby detail hand over given to Evening duty SIN evening duty 9/7/26	Dr SCN47
9/7/26	1.30pm	→ Patient ~~Handover~~ taken by morning duty SIN.	Lumy SNB
	2pm	→ Patient clinically stable → Provide health education to mother given Q2nd baby once DBF	Lumy SNB
	4pm	→ checked RBS, 144mg/dl is there, Informed to DR. poojitha mam	Lumy SNB

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/7/26.		→ doctor advice Give formula feed and check after 1 hour RBS	
		→ Given FF Feed 20ml and kept under ESPT machine	Cauyy 01109
	7pm	→ again checked RBS 72mg/dl is there	Cauyy
		→ Monitored I/O chart	01109
		→ Maintain records & reports	
	7.30 pm	→ Patient handover given to night duty S/N	Cauyy 01109
		Night duty Notes	
9/7/26	7.30pm	Baby details hand over taken from Evening duty Staff. Baby was Active and Alert →	Prenes 02
	8pm.	Baby vitals checked and Recorded. vitals Normal. →	Prenes 02
	10pm	Baby taking feed 2nd hrly DBF + FF Nan excella pro 20ml.	
		L - 2	
		A - 2	
		T - 2	
		C - 2	
		H - 1/9 (Needs support) →	Prenes 02

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093543 IP-18-00058580
Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D7H (M)
Dr. GIRIDHAR S

Rainbow Children's Hospital
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THE HUMPTY DUMPTY SCALE

M F M M F

PARAMETER	CRITERIA	SCORE	DATE 7/7/26	DATE 7/7/26	DATE 7/7	DATE 8/7	DATE 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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
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		1	1		
	Other Medications / None	1	1			1	1
	Total		15	15	15	15	15

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:		SIN Segathi			
	Signature:					
	Date:		7/7/26	7/7/26	7/7	8/7	8/7
	Time:		6.26pm	8pm	8PM	10pm	2pm

GUC-00053543 IP No-00058560
Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D7H (M)
Dr. GIRIDHAR S

Rainbow Children's Hospital
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PAIN ASSESSMENT FORM

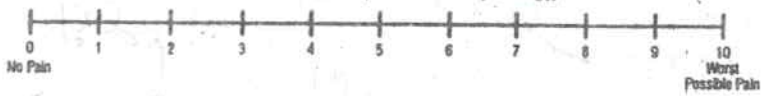
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7/26	6:26pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Sujatha 0 1950
7/7/26	2pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Basavi 082023
8/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	pdy
8/7	4AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	pdy
8/7	10AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	- Nil	
8/7	4pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sathish 60784
8/7	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	NP Jayalaxmi
9/7	4AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	NP Jayalaxmi
9/7/26	8AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Devi 082023
9/7/26	3pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Lucy

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

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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

Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. GIRIDHAR S

BRADEN 'Q' SCALE

(for Paediatric use)

ender : ☐ M ☐ F IP No. : .....

					M	E	N	M
				Date :	7/7/26	7/7/26	7/7	8/7
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent though slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	25	25	25	25
				Evaluator's Name				

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

Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 1 D (M)
Dr. GIRIDHAR S

RD-Q/NSG/04

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gender : ☐ F ☐ M

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	27	27	27	27
					Evaluator's Name				

Date :	8/7	8/7	9/7	9/7

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

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-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. GIRIDHAR S

ID No.	Date & Time of Admission	Date & Time of Transfer Order
	7/7/26 am	7/7/26 am 1.30 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Giridhar	Dr. Poojitha	Baby shifted to mortuary
From Unit	**To Unit**	**Information to Attendant**
MCU.	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**
Ip file-1	- -	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Baby shifted to mortuary sick onset by Dr. Poojitha,

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Siva Kan	Dr. Poojitha

Patient & Clinical Records Received by : Sathya 020046.

Date & Time of Patient Received : 7/7/26 at 1.30PM.

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

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PATIENT TRANSFER FORM

Baby B/O NIVETHIKA P
07-07-2026 0Y0M0D7H (M)
Dr. GIRIDHAR S

	Date & Time of Admission	Date & Time of Transfer Order
	7/7/26 at	7/7/26 at 1.30PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	DR. prasanna.	Further management
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
① Clinical 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
SN. Suganthi. 019507.	DR. Prasanna.
Patient & Clinical Records Received by : DEN / TNC	
Date & Time of Patient Received : 7/7/26 at 1.20PM	

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-00093543 IP18-00036360
Baby B/O NIVETHIKA P
07-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. GIRIDHAR S

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o - Nivethika. P. Mother's Name: mrs. Nivethika. P.

Date of Birth: 7/7/26 Time of Birth: 6:26 Am Gender: ☑ Male ☐ Female

Birth Weight: 2.557 Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: Due Baby: awaited

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

GUC-00085192 IP18-00036349
Mrs NIVETHIKA P
03-12-1995 30 Y 7 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

Indication: Acute prolonged bradycardia

Physical Assessment of New Born:

Temp: 36 °C HR: 150 /Min RR: 50 /Min BP: - SpO_2: 100%

Pain Score: N (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 15 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

Vitamin K 1 mg 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: IN Sangeetha Signature: Humpty Dumpty Date &Time: 7/7/26 at 6:26 Am