ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN

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DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		28/5/26 at 12Pm.	Purab 9702905.	
Activity Sheet updated by Pharmacy	7:01	7:02		

ACTIVITY RECORD FOR BILLING

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Name: ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D5H (M
UHID No: .. Dr. SHOBANA RAJENDRAN

..... Consultant: ..... Dept: .....

Date of Adr ..... Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/26	@ 1:30pm	R-C-H OT	R-C-H MA	

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
25/5/26	RBS	7107	
25/5/26	RBS	7108	
2			

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5/26	Oxygen	25/5/26 1.30 pm	25/5/26 5pm	6730	
	Radiology				
26/5/26	NSG	(3978)			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 27/5/26 Time: 10 am Prepared By: T. Rose.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Tey paladai feeds 5ml ↑ every 12th hourly	
	C/S/B Dr. Shobana	
	P/A - removed OG Only paladai ↑ feeds upto 20ml by tomorrow plan Kosin Stop tomorrow.	
	CNS - To do USG cranium.	
	C/S/B Dr Shoban	
	✓ 20ml ozy	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9:30AM	S/B Dr. Aneesh.	
	MODERATE PRETERM (33+4) BOY BABY | AGA | MILD RDS	
	FEED ESTABLISHMENT.	
	~45 hours of life.	Bwt - 2.120kg Twt - 2.020kg ↓100g
	RS- B/LAE (+) Chest clear No oxygen	NOB (N) RR-40/m
	CVS- Baby pink HR- 150/m S1S2 (+) pulses Well felt, CRT < 3sec. No inotropes.	
	CNS- Af @ level. Cry tone activity - (N).	
	P/A - Soft no distension 25-30ml paladai feeds Q3H	
	No IV Fluids. U/O - 2.6ml/kg/hour	
	No antibiotics.	
	Can be shifted to ward.	Aneesh 16/5/26

ANC-00015819 IP25-00004460
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 3:00 PM	S/B/D/N: Mild RDS.	
	A: Moderate PT (33+4) | Boy | AGA | mild RDS.	
	Baby Rnd No new issues. On EBM+FF => 25 ml - 3rd day V/O: Adequate. O/E: Cry + Activity (N) Normocephalic PPWF CRT < 3 sec. S/E: CVS: S1S2 (+) RS: B/L AE (+) P/A: Soft Plan: T/C 3rd day	EBM+FF.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7.30AM	S/B Dr. Nithya	
	Baby Rnd On EBM + FF - 3rd/hrly 20 - 25ml	
	V/O: Thrice since afternoon Meconium: Thrice since afternoon.	
	O/E: Cry & Activity (N) PINK APWF	
	S/E: NAD	
	Plan: TC 3rd/hrly - paladai feeds	
	Nam	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10:40AM.	S/B Dr. Aneesh / Dr. Shobana	
	MOD. PT (33+4) | BOY BABY | AGA | MILD RDS	FEED ESTABLISHMENT.
	Baby feeding well Passing urine & stools	~~EBF~~ + FF 25ml Q3H stools Nly
	Cry ~~tone~~ ~~Activity~~ (N) CRT<3sec Pulses well felt	MBG - A+ve BBG - AB+ve.
	S/E- CVS - S1S2 (+) RS - B/L AE (+) CNS - Af @ level P/A - Soft.	Bwt - 2.120kg Ywt - 2.020kg Twt - 1.980kg (40g↓). 6.6% wt loss Aneesh 165765
	• D/c. • Review monday EBF + paladai 30ml/Q2-3hrs ROP / BERA Sh	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D4H (M
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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.12 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/5/26	1:20pm	Inj. VITAMIN K	1mg	IM	[signature] 16376		

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

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN

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

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

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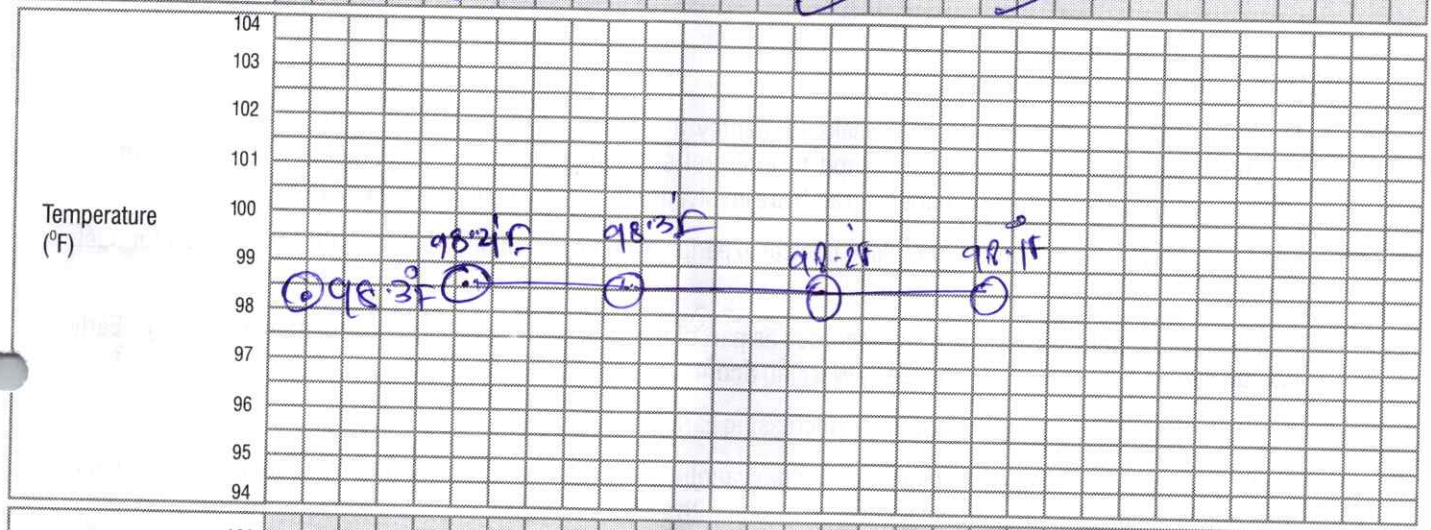
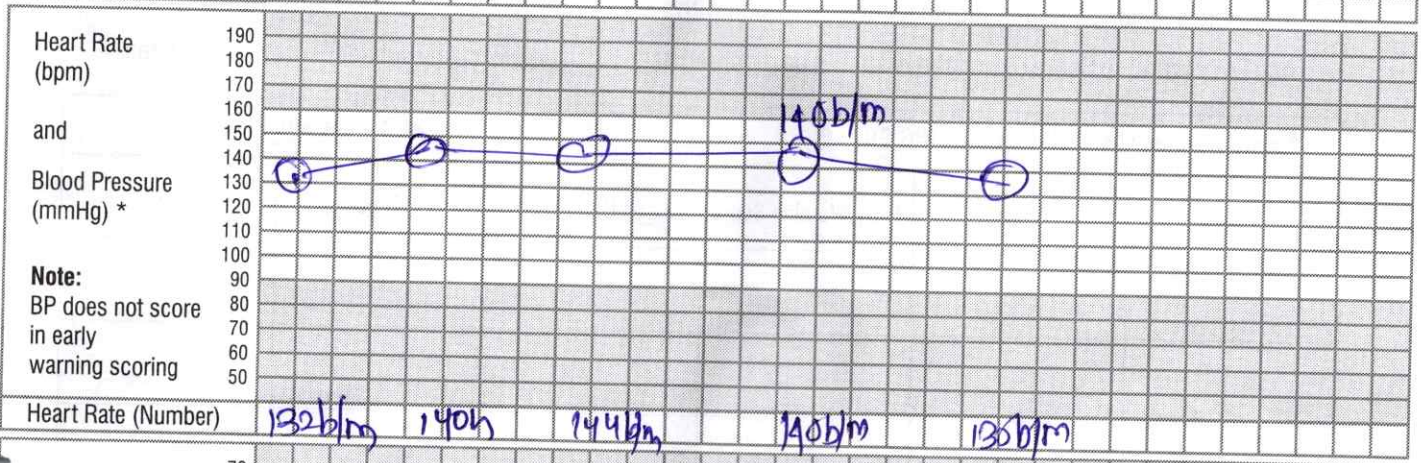
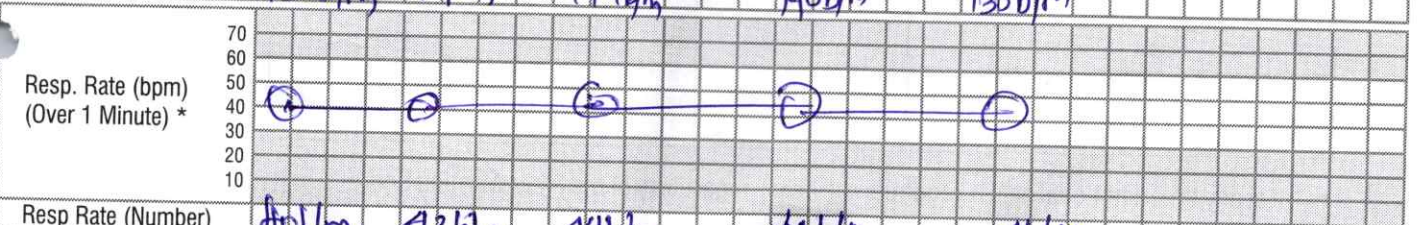
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/5/26 Time:	12Pm	4Pm	8Pm	12am	4am
Doctor/Nurse/Family Concern?	✓	✓	✓	✓	✓





Heart Rate (Number)	132b/m	140b/m	144b/m	140b/m	130b/m



Resp Rate (Number)	40b/m	42b/m	44b/m	44b/m	44b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	~	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	99%	99%	99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓
GCS *	15/15	4/4	4/4	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0/10	0/10	0/10	0/10	0/10
Observer's Initials	SS	SS	SS	SS	SS

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.
- 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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28/05/2026

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: 28/5/26 Time: 7.30PM

Doctor/Nurse/Family Concern? ✓

Temperature (°F)	98.2 F
Heart Rate (bpm) and Blood Pressure (mmHg) *	142b/m 120/80
Note: BP does not score in early warning scoring	
Heart Rate (Number)	142b/m
Resp. Rate (bpm) (Over 1 Minute) *	44b/m
Resp Rate (Number)	44b/m
Resp Distress: Mod/ Severe / None / Mild	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%
Conscious Level: Normal / Altered	✓
GCS *	15/15
TOTAL SCORE Number of shaded boxes	01
Pain Score	0/10
Observer's Initials	SS

ACTIONS

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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)

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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.

28/5/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						M —			**Total Output :**	U —		
	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 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 1

27/5/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am	:- Patient Rcvd from NICU :-										
	11:00 am											
	12:00 pm	FF	25ml									
	01:00 pm						✓			✓		
Total Intake :		25ml.				M – 1 time				**Total Output :** U – 1 time		
	02:00 pm	D										
	03:00 pm	DMF+	✓							✓		
	04:00 pm	FF+EBM	3ml = 28ml				✓					
	05:00 pm											
	06:00 pm	DMF 15ml FF+	EBM 20ml	30ml			✓			✓		
	07:00 pm											
Total Intake :		Dm2Hue + 58ml				M - 2				**Total Output :** U - 2		
	08:00 pm											
	09:00 pm											
	10:00 pm	FF	20ml				✓			✓		
	11:00 pm											
	12:00 am											
	01:00 am	FF+EBM	25ml				✓			✓		
Total Intake :		FF → 45ml				m-2				**Total Output :** U - 2 times		
	02:00 am											
	03:00 am	EBM	25ml									
	04:00 am											
	05:00 am											
	06:00 am	EBM	25ml				✓			✓		
	07:00 am											
Total Intake :		EBM → 50ml				M-1				**Total Output :** U - 1 times		

Total 24 hrs. Intake	FF → 178ml	Total 24 hrs. Output	U → 6 times m → 6 times

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: RDS

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	25/5/26 E	26/5/26 M	26/5/26 E	26/5 N	27/5 M	
	Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS	RDS
	Diet:	Similac Neosure	Similac	similac	Similac	Similac	Similac
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.6	36.6	36.6	36.5°C	36.5°	36.5°
	Res:	51 b/m	52 b/m	50 b/m	51 b/m	52 b/m	55 b/m
	SpO_2:	98 b/m	98 b/m	99%	95%	99%	99%
	Pulse:	139 b/m	128 b/m	133 b/m	140 b/m	142 b/m	145 b/m
	BP:	69/47	58/41(50)	66/51	61/44(50)	55/42(47)	80/45(50)
	LOC:	active	Active	active	Active	Active	Active
	Fall Risk Score:	16	15	15	15	15	15
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	similac Neosure	similac	similac	similac	similac	similac
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Swetha	Abinaya	Pdeepika	Divya	P.deepika	
Signature / ID :							
Date:		25/5/26	26/5/26	26/5/26	27/5	27/5/26.	
Time:		8pm	8am	2pm	8am	2pm	
Taken Over By Name :		Abinaya	Pdeepika	Divya	P.deepika	Shivani	
Signature / ID :							
Date:		26/5	26/5	26/5	27/5	27/5	
Time:		8pm	8am	2pm	8am	8pm	

Docu. No. : RCH /FRM / CLINICAL / 097

ANC-00015819 IP28-00004460
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25-05-2026 0 Y 0 M 0 D 5 H (M
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGIA | NB | RDS

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	27/5 E	28/5 N				
Medical Condition (Any special condition to be noted):	–	–				
Diet:	DBF+FF	DBF+FF				
Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA				
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.3°F	98.2°F				
Res:	44b/m	44b/m				
SpO_2:	99.1%	98%				
Pulse:	144b/m	141b/m				
BP:	–	–				
LOC:	Alert	Alert				
Fall Risk Score:	15	15				
Pain Score:	0/10	0/10				
Skin Integrity	28	28				
Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	–	–				
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	–	FF+EBM				
Critical Lab Test / Values:	–	–				
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent				
Post Operative Procedure Special Orders:	–	–				
Handed Over By Name :	Shiwangi	Suga				
Signature / ID :		SS 21921				
Date:	27/5/26	28/5/26				
Time:	8:30pm	8AM				
Taken Over By Name :	Suga	Dercen				
Signature / ID :	SS 21921					
Date:	27/5/26	28/5/26				
Time:	8:30pm	8:30am				

Docu. No. : RCH /FRM / CLINICAL / 097

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D4H (M
Dr. SHOBANA RAJENDRAN

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: 25/5/26

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	2 pm	· Baby is on O2 support.	4 pm	· feeds going 5ml 2nd baby plan BD 5ml 9h	Baby vitals are stable.	Re-assessment was done.	RD 0216
Night	8p m	⇒ Assess the Gen. Condtn of Baby ⇒ Provide Comfort Position		⇒ Assessed the general Condition of Baby ⇒ Provided Comfort position	⇒ Baby Vitals are Stable	⇒ Re-assessment Done	

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR (M)
25-05-2026 0 Y 0 M 2 D
Dr. SHOBANA RAJENDRAN

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: 26/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	⇒ Assess the Baby genral condition ⇒ Provided the comFortable posetion	11 AM	⇒ Assess the Baby genral condition ⇒ provided the comFortable posetion	Baby vitals are stable	Re-assessment way done	
Afternoon	2 pm	⇒ Assess the baby geneeral condetion ⇒ To provided feed	4 pm	⇒ Assessed the baby geneeral condition ⇒ To provided feed with Similac through RIF	⇒ During feed baby is trances	⇒ Baby is vital sign stable.	
Night	8pm	⇒ Assess the baby general condition ⇒ To monitor vitals	6pm	⇒ Assessed the Baby general condit ⇒ To monitered vitals	⇒ Baby vital are stable	Reassessment done	

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D
Dr. SHOBANA RAJENDRAN (M)

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: 27/3/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 am	-> TO provided feed -> TO provided comfortable position	11 am	-> TO provided feed 95ml-5hrs through-P/T -> TO provided comfortable position	-> During feed No vomit Not desaturation	-> Baby is vital sign stable	27/3/26
Afternoon	2 Pm	-> To Assess the Pt general Condition -> To check the vitals.	3 Pm	-> Assessed the Pt general Condition -> vitals checked and documented	Vitals Stable.	Re-assessment done	
Night	8.30 pm	-> To assess the patient general condition -> To check the Patient vitals	9.30 pm	-> Assessed the patient condition -> vital signs were checked and documented	vital signs are stable	Re-assessment was done	

ANC-00015819 IP28-0004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 0 D (M)
Dr. SHOBANA RAJENDRAN

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: 28/5/26

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	→ To Assess the feeding to baby.	10Am	→ Assessed each feeds to baby as Advised	Baby is Stable and active.	Baby Stor is Normal.	Lumb 28/5/26
Afternoon							
Night							

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D4H (M
Dr. SHOBANA RAJENDRAN

(1)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .... M

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receive note :-	
	1 pm	Baby Birth at 1:02 Pm Baby Birth weight 2.620 Kg Baby Resuscitation on cord at birth and Vitamin K Given. Baby Shift to NICU on transport incubator	[signature]
	2pm	. Baby Duty ... to Next duty staff	[signature]
		Evening Duty Notes. 25/5/26	
	2 pm	. Baby Details hand over taken from the Morning Duty staff. . Baby is on O2 prongs in 2 lit. Saturation was maintain . no IV fluid & any antibiotics.	[signature] 021606
	3pm	. feed Similac Neosure 5ml go Through The OG during no desat no vomit.	
	5pm	. Dr. Shobana mam rounds Come advised in tappon & stop O2 TM try paladai	[signature] 021606
	6pm	. Baby know Room air only maintaining.	
	7pm	. one RBS also checked That one normal Then feed also	[signature] 021606

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D4H (M
Dr. SHOBANA RAJENDRAN

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
		given to the Ob.	
		• Baby diaper 1st changed Not passed in urine.	0 s1bob
	8pm	Baby Details heard over given to next duty staff	
			0 s1bob.
25/5/26	8pm	Night duty Notes:-	
		Baby hand over received from the evening duty staff	
		Baby is in under the radiant warmer.	
		Baby is active, cry, tone and	
	10PM	Skin colour is normal.	
		Baby is on room air	
		Monitoring Vitals carried recorded. in Vitals Chart	
		Temp- 36.0°C HR-120 RR-50	
		SpO2 -98%.	
	12AM.	Feed 5ml @2nd hourly Ore Feed given	
		Baby tolerating feeds No cuy. noted	
		Baby passed urine and motion.	
	2am	monitoring intake and output	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D5H (M
Dr. SHOBANA RAJENDRAN

(3)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Feed increased 10ml 2nd hourly.	
	4am	O/G Feed continue	
		Tomorrow plan to try paladai feed.	
		No any issue baby is Stable.	
		morning vaccine come given to the baby.	
	9am	today weight 2.08 kg.	
		Bp - 62/42 (49)	
		Baby is stable No any issue baby hand over given to next duty staff	
26/5/26	8AM	Morning Duty Notes :-	
		Baby details Hand over taken From Night Duty staff	
		* Baby is under the warmer	
		* Baby is on Room air support	
		* Baby colour good in pink colour	
		* Baby Vitals are stable	
	9 Am	Baby feed 10 ml is given Full paladai No vomiting No Distion Baby is on Room air support Baby Vitals are stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D5H (M
Dr. SHOBANA RAJENDRAN

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/5/26	11AM	Baby feed is given 10 ml NO Vomiting NO Distion Full paladai feed is given Baby colour good & pink colour	
		* Baby Full paladai Feed Tube removed	
	1PM	Baby feed is given 15 ml 2nd hrly Similac Neosure is given Full paladai feed is given NO Vomiting NO Distion Baby cry actively also Done	
	2PM	Baby details Hand over given to Evening Duty staff	
		Evening duty staff	
	2PM	=> Baby details handover taken from Evening duty staff	
		=> Baby is on room air & under warmer & Baby tone Normal	
		=> Vital sign Temp: 36.5°C / RR-51 plus - 132 / SpO2 94 / BP - 64 (57) Maintained	
	3PM	=> Baby urine + stool passed change diapper	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D5H (M
Dr. SHOBANA RAJENDRAN

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ ~~No~~ Known Drug Allergies
☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		=> Feed given 15ml Similac 2ahs through PIF	M
		=> Dueing feed No complaint	
	5pm	=> Baby feed given 15ml Similac 2ahs through PIF	M
		Dueing feed No vomiting Not desaturation & vital sign stable	M
	7pm	=> Baby Urine passed Change diapper	M
		=> Feed given 15ml similac 2ahs through PIF Dueing feed No complaint	M
	7.30pm	=> Dr. Shobana mam, adviced to 2or↑ feed 30hs given TIm discharge to plan	M
	8pm	=> Baby details handover taken given next duty staff.	M
		Night Duty Note	
26/5/26	8pm	Baby received from evening duty staff	
		O/E Baby active alert room air. pink colour.	
		Baby vitals Checked and recorded	CS 9pm.
		FEED:- Baby 3rd July similac.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D5H (M
Dr. SHOBANA RAJENDRAN

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/5/26.	9PM	20ml P/F taken no vomiting complaints	
		Bowel:- passed stool	
		Bladder:- passed urine	Cy [signature]
		Baby I/O chart maintained.	
	10PM	Baby vitals are monitored and recorded.	[signature] 607257
27/5/26	12AM	Baby feed 20ml Similac given through paladai. there is NO vomiting, Baby feed tolerated.	[signature] 607257.
	2AM	Baby vitals are Stable.	
	3AM	Baby feed 20ml Similac neosure given through Paladai. Baby feed tolerated Diapper changed urine stool passed.	[signature]
	5AM	Baby Morning care done	
	6AM	Baby feed 20ml Neosure given through Paladai. there is NO vomiting NO desaturation.	[signature] 607257
	7AM	Baby vitals are monitored and recorded.	[signature]
	8AM	Baby details hand over given to next duty Staff.	[signature] 607257

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN

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 ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/5/26		Morning duty Notes	
	8am	=> Baby details handover taken from night duty staff.	607522.
		=> Baby is tone Normal & Skin pink & activity Good vital sign Temp. 36.5°C / RR-55 Pluse - 149 / SpO2 - 100 / BP - 60/45(50) Maintained	607522
		=> Dr. Shobana mam adviced to shifted to room side.	607522
	9am	=> Baby Feed given 25ml Similac - 3 hrs through PIF During feed No vomiting Not desaturation & vital sign Stable	607522
	10am	=> Baby shifted to room side & 14 floor.	607522
		Receival note on 27/5/26	
27/5/26	10:15am	> Baby Received from NICU with Stable condition on	
27/5/26	10:30am	> On observation, baby looks pink active, alert and cry is good.	
27/5/26	12Pm	Patient vital signs checked and Documented in HIP	607405.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN

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~~ ..... N.i.w.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/5/26	1Pm	Patient I/o completed and Documented in file → RN	
27/5/26	2Pm	Patient Hand over given to Evening duty staff → RN	
		Evening duty (27/5/26)	
	2Pm →	Baby details Handing Over taken from the morning duty staff baby on FF+EBM 2nd hourly Obs as per Order.	
	3Pm →	Baby warmth and pink. cord dry baby feeding baby fed well. DM2 +EBM 3ml FF 25ml given	
	4Pm –	to the baby vitals checked and documented vitals Stable no Other breath Complain.	
	6Pm –	child was sleeping well warmth and pink no Other breath Complain.	
	7Pm	→ Intake Output observed and documented.	
	8Pm	Vitals cheked and documented vitals Stable.	
	8.30 Pm	→ Handing Over given to the next duty staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN

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 ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty
27/5/26	8pm	Baby hand over taken from evening duty staff
		Baby active alert awake baby stable
		Baby on room air baby pink and warm EBM + FF→ 25ml 2-3hourly
		Baby is slept
	10pm	FF→ 25ml given paladai feed baby tolerate no vomiting Baby passed urine and motion Baby is slept
28/5/26	12AM	vitals stable room air saturation maintain
	1AM	FF+EBM 25ml paladai feed given no vomiting
		Baby passed urine and motion
	4AM	vitals checked and recorded
	5.30AM	Baby care done weight checked → 1.980kg
		Baby passed urine
	6.30AM	FF→ 25ml given no vomiting
		Baby passed urine and motion
	8AM	Baby vitals checked and recorted
		Baby hand over to next duty staff

S
27/5/26

P.T.O

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN

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 ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning Shift (28/5/26)
28/5/26	8Am	Baby Hand over taken from Night Duty staff, Baby is stable and well oriented, NO IV Line present → PA
28/5/26	9Am	Baby is Warmth and Pink in colour and tolarating feeds Normally → PA
28/5/26	11:35 Am	DR. Shobana maam came and She saw the child She said to discharge the child → PA
28/5/26	12Pm	Patient File sended to Billing as per doctor Advice → PA

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)

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)

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)

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)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 0 D 4 H (M
Dr. SHOBANA RAJENDRAN

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/5 E	DATE 25/5 N	DATE 25/5 N	DATE 26/5 M	DATE 26/5 E
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	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
Environmental Factors	History of Falls or infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	15	15	15	15

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

Intervention:

Intervention						
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:		[illegible]	[illegible]	[illegible]	[illegible]	Deepa
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		25/5	25/5	25/5	26/5	26/5
Time:		8pm		8pm	8AM	2pm

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/5	DATE 27/5	DATE 27/5	DATE 27/5	DATE 28/5/26
			N	M	E	N	M
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	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	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					
	Patient Placed in Bed	2	2	2	2	2	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:		Divya	Pooja	Shivani	Pooja	Pooja
Signature:						
Date:		26/5	27/5	27/5	27/5	28/5/26
Time:		8pm	8am	3pm	8.30pm	9Am.

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

Patient Sticker

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THE HUMPTY DUMPTY SCALE

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

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

Intervention:						
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:						
Signature:						
Date:						
Time:						

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D4H (M
Dr. SHOBANA RAJENDRAN

BRADEN 'Q' SCALE

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					Date : 25/5	25/5	26/5	26/5
					Time : E	N	M	E
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.	3	3	3	3
"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.	3	3	3	3
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.	2	2	2	2
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."	3	3	3	3
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.	2	2	2	2
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.	3	3	3	3
				TOTAL SCORE	17		17	17
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

(2)

					Date : 26/5	27/5	27/5	
					Time : N	N+E	N	
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.	3	3	3	
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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.	3	3	3	
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.	2	2	2	
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."	3	3	3	
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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.	3	3	3	
				TOTAL SCORE	17	17	17	
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D4H (M
Dr. SHOBANA RAJENDRAN

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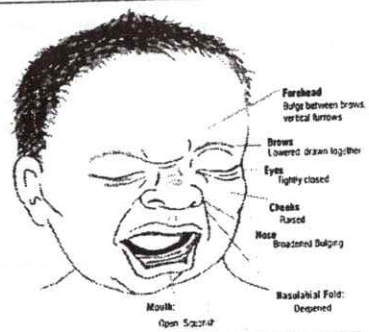
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						25/5	26/5	26/5	26/5	26/5	27/5	27/5	28/5/26	
						Time	Time	Time	Time	Time	Time	Time	Time	Time
	-2	-1	0	1	2	E	N	M	E	N	M HE	N	M	
					Procedure ➡	—	—	-	-	—	+	-	—	
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	0	0	0	0	0	0	0	0	
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)	0	0	0	0	0	0	0	0	
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0	0	0	
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	0	0	0	0	0	0	0	0	
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	0	0	0	0	0	0	0	0	
					Gestational Age / Corrected Age	33+ wks	33+ wks	33+ wks	33 wks	33wks	33 wks	33 weeks	33 weeks	
					Total Pain / Agitation Score	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	
					Intervention	—	—	—	-	—	-	—	—	
					Effectiveness	—	—	-	-	—	-	-	—	
					Signature									



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record
Interpretation	• Desired levels of sedation vary according to the situation. • Discuss and determine sedation goal with provider. ◦ "Deep sedation": goal score of -10 to -5 • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea ◦ "Light sedation": goal score of -5 to –2 • Reassess patient per frequency in local sedation policy • A negative score without the administration of opioids/ sedatives may indicate: • The premature infant's response to prolonged or persistent pain/stress ◦ Neurologic depression, sepsis, or other pathology	• Does not provide pain intensity rating. • Any score greater than 3 indicates the possibility of the presence of pain in the infant • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). ◦ Reassess patient per frequency of local pain policy. • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 0 D 4 H (M
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ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- ☑ Respiratory Distress
- ☐ Congenital Heart Disease
- ☐ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☐ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Ompalecele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydrouretero Nephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☐ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: .....

Name of the Doctor: Dr. Karthika

Date & Time: 25/5/26 @ 1pm

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DISCHARGE CRITERIA – NICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- ☐ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- ☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- ☐ Preterm babies maintaining normal temperatures (36.5-37.5°c) in room temperature.
- ☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0Y0M0D4H (M
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Shifa Tanwar Mother's Name: Shifa Tanwar

Date of Birth: 25/5/26 Time of Birth: 1.02pm Gender: ☑ Male ☐ Female

Birth Weight: 2.120 Kgs HC: ..... cm Lenght: ..... 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: .....

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both First Feed Time: 1.30pm

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.3 °C HR: 130 /Min RR: 53 /Min BP: 68/45 SpO_2: 96

Pain Score: 1.6 (Follow N Pass)

Fall Risk Assessment: ☑ Yes ☐ No **Score:** 0/10 (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: P. Sumathi Signature: ..... Date &Time: 25/5/26 4PM

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

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 0 D 4 H (M
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Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ~~A+ve~~ ..... Baby's Blood Group: ..... Sheet No: 1

Gest Age: 33wk+2d ..... Birth Weight: 2.120kg .....

Date: 26/5/26	Date: 27/5/26	Date:
DOL D1 Weight 2.08kg	DOL D2 Weight 2.020kg	DOL Weight
Problems: MPT/MRDS	Problems: MPT/RDS	Problems:
Rs. /Room air Exam Vent. Setting ABG CXR	Rs. Room Air Exam Vent. Setting /- ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Pink HR 130 BP Map Cap Refil <3	CVS Pink HR 142 b/m BP Map Cap Refil <3	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: /Nil WCC Plats Transfusion	F / E / N 20ml Similac T. Fluids 160 CC /kg /day (79.2ml/kg/day) I / O / RBS: U Output: (CC/kg/hr) Exam 130 T. Bil/D (2.8ml/kg/hr) Na Hc03 K BUN Cl Crea Hemat HB: /- WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP /Nil Antibiotics	C/s Results CRP /- Antibiotics	C/s Results CRP Antibiotics
Med Neuro: /Nil	Med Neuro: /-	Med Neuro:
Assessment done.	Assessment Done	Assessment
Plan	Plan —	Plan

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Patient Sticker

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: .....

Gest Age: ..... Birth Weight: .....

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

Patient Sticker

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CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: .....

Gest Age: ..... Birth Weight: .....

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 0 D 3 H (M
Dr. SHOBANA RAJENDRAN

COUNSELLING CHART

	DATE						
	26/5						
RESPIRATORY SYSTEM							
HIGH FREQUENCY OSCILLATION							
VENTILATOR							
INHALED NITRIC OXIDE							
NON-INVASIVE VENTILATION							
CPAP							
HFNC							
OXYGEN							
ROOM AIR	✓						
CARDIOVASCULAR SYSTEM							
INOTROPES (Y/N)	NO						
HYPOTENSION (Y/N)							
ABDOMEN:							
FEED INTOLERANCE (Y/N)	Ryl						
FLUIDS	feeds						
TPN							
PPN							
ONLY FLUIDS							
INFECTION (Y/N)	–						
GENERAL CONDITION							
MORIBUND							
CRITICALLY ILL							
SICK							
IMPROVING	✓						
STABLE							

P.T.O.

DATE	REMARKS	DOCTOR'S SIGN	PARENT'S SIGN
26/5	Moderate preterm on Room air Feed establishment. vitals stable. Planned to teach Paladi today, Rooming in tomorrow	Dr. Monika Soni	Kumar

PATIENT TRANSFER FORM

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ANC-00015819 IP28-00004460
Baby Of SHIFA TANWAR
25-05-2026 0 Y 0 M 2 D (M
Dr. SHOBANA RAJENDRAN

	Date & Time of Admission	Date & Time of Transfer Order
	25/5/26 @ 8.52pm	27/5/26 @ 10 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Aneesh.	Dr. Shobana.	P. Deepika.
From Unit	**To Unit**	**Information to Attendant**
M floor.	NICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
50	NSG - D.	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
P. Deepika Doctor	

Patient & Clinical Records Received by : Nobangsi

Date & Time of Patient Received : 27/5/26 at 10:30 AM

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