Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

DISCHARGE TRACKING SHEET

UHID : 28 - 4452 FLOOR: NICU CONSULTANT NAME: DR. Thinesh Kumar.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	24/8/26 @ 6.4 pm	28/8/26 @ 9am.		
Activity Sheet updated by Pharmacy	11.18 am	11.21 am		

ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
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Name: .....

UHID No: ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

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

Date of Admission: .....

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

Room / Bed No: ..... Ward: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	@ 8pm	Mother speciality	NICU	

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
24/5/26	CBC, I. Cal, Blood	(7054)	
	C/S, ~~VBG~~, ~~RBS~~,	(7054)	
	Blood grouping	(7054)	
	VBG, RBS	(7055)	
25/5/26	RBS	(7062)	
24/5/26	RBS	(7073)	
25/5/26	RBS	(7116)	
26/5/26	RBS	(7246)	
26/5/26	CRP, FT4, TSH, RP2	(7182)	
27/5/26	VBG, RBS	(7204)	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/5/26	BIPAP	@7pm	26/5/26 @6am	(6580)	
	oxygen.	@7pm	26/5/26 @10am	(6588)	
	Infusion pump	@7pm	27/5/26 @3.30pm	(6580)	
	Syringe pum.	@7pm	27/5/26 @3.30pm	(6580)	
24/5/26	X-ray	(3918)			
26/5/26	2d - Echo	(3982)			
26/5/26	X Ray	(3942)			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/5/26	uvc	1	(6579)	[illegible]

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: .... Time: .... Prepared By: ....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

ANC-00015795 IP2B-00004452
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24-05-2026 0 Y 0 M 0 D 19 H (M
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 6:20pm	S/B. Dr. Lavanya / D/w Dr. Thinesh	
	Term 38 wks / Boy delivered by emergency LSCS. for MSL, cried Respiratory distress at birth with grunt desaturations on oxygen prongs. hence transported to NICU by mothers specialty team	
	Concerns: Respiratory distress RA saturations 83%	
	RS: ~~mild~~ cyanosis (+) RA - 83% improved to 99% ↑ O_2, hyperinflated chest RR - 84/m SCR (+) No ICR / No grunt at present BLAE (+) —	Plan NIV 15/5/ CXR / Blood gas
	CVS: S1S2 (N), HR - 145/m +++/++ ~~CRT 3s~~ CRT 3s , reassess & start	mild dusky peripheries Dobutamine
	CNS: AF(-) Cry actively good	
	P/A: Soft cord - mec. stained	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	fluids	
	CBG - 85 mg%	
	on 60cc fluids ↑	4Ca
	sepsis	
	UVC to be inserted	
	CBC / Blood c/s ✓	
	to start Inj piptaz	
		O/
24/5/26	S/B. Dr. Lavanya	126940
6:45pm	UVC insertion	
	5fr size UVC inserted under sterile aseptic precautions & after obtaining informed consent	
	fixed at 9cm	
	Vitals stable.	
	CBC/ Blood c/s / VBG / ICa sent	
	O/	
	126940	

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

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Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 8pm	S/B. Dr. Lavanya	
	Term 38wks / AGA / 3.19kg / Boy / LSCS / MSL / Respiratory distress ? ~~RDS~~ MAS / congenital pneumonia	
	6 hrs of life	
	RS: on NIV 15/5 / Ti 0.4 / FiO_2 40%. RR - 40	
	retractions ↓ RR - 80-85/m	
	BIAE (+)	
	SpO2 - 96%	
	Blood gas 7.32 / PCO2 45.3 / PO2 33.5	
	BE - -3.1 HCO_3^- 23.1	
	↓ rates upto 30	
	CVS: S1S2 (N) HR - 145 BP - 65/40	
	⊕ on Dobutamine	4 ug/kg/min
	CNS: cry activity T/P (N)	
	P/A: Soft	
	To start 5ml Q3H OG feeds	
	fluids 60 cc + 4Ca	
	CBG - ~~70~~ 85 mg%	
	Sepsis - Blood c/s ✓	on fujitaz DD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 11:30 pm	c/o Dr. Lavanya	
	Baby maintaining spO2 on NIV RR upto 90 retractions reduced No grunt	
	Continue NIV 5/12/fi 0.4/	RR 35/ fiO2 40%
	RR ↓ upto 80 Continue NIV	
	CVS: HR - 126/m +++/++ Dobutamine 002 ↑ mic/kg/min	
	P/A: soft nontender OG ⊕	OG feed 5mL q3h
	CNS: Cry activity good	
	fluids - 60cc + 4Ca	
	Sepsis ex on piptaz	
		126940

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

25/5/26
9am

S/B. Dr. Raghu

Term (38weeks) / AGA / Boy / LSCS / MSL / Respiratory distress / ?MAS
Congenital pneumonia
DOL - 19hrs

B.wt = 3.19kg
T.wt = 3.12kg

RS : pink, SRE ⊕, B/L AE ⊕, clear
RR = 80-85/min, No retractions / grunting
SpO_2 - 100%
Bld gas = 7.32 / 45.3 / 23.1 / -3.1
CXR = ↑ space expansion c̄ granular infiltrates & haziness of (R) side
on NIV = 12/5, Rate = 30/min. Ti = 0.40, FiO_2 - 35%

CVS : pink, ppeel (N) volume, CRT < 3sec
HR = 122/min, BP = 55/45 (48)
S_1S_2 ⊕, No murmur.
On Dobutamine 4 mic/kg/min

CNS : AF, C/T/A = good.

P/A = soft, no distension
on 5ml/Q2H feeds (OG tube / formula)
10ml/Q2H ~ 40cc/kg/day
passed meconium

F/E = 4.0 = 2.9ml/kg/h
on 60cc/kg.

i.Ca = 1.26

Sepsis - NOTI, TC = 27850 NT3
(D2) PIPTAZ

UVC (D2)

Raghu
1215

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24-05-2026 0 Y 0 M 2 D (M
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 10.05am	S/B. Dr. Shobana	
	NIV → CPAP → Cannula by evening.	
	CXR done today.	
	Tomo ECHO.	
	Dobutamine 4 → 2 → 0.	
	5ml ↑ Q8H	
	25ml → fluids stop.	
	fluids 40cc by night.	
26/5/2026 10am	C/S/B Dr. Shobana	
	✓ Stop O2	
	✓ SpO2 - 95↗	
	✓ <70 - RR - start paladai	
	✓ tomorrow - UVC removal	
	✓ Blood C/S	
	✓ CRP - today	
	RR2.	
	✓ 25ml - PF	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 11.30am.	S/B. Dr. Raghu	
	Term (38 weeks) / AGA / Boy / MSL / LSCS / Respiratory distress ? MAS ? Cong. pneumonia.	
	DOL = 46hrs.	B.wt = 3.19kg
		T.wt = 3.06kg (60gr)
	RS - pink, SRE ⊕, B/L AE ⊕, clear.	
	RR: 80/min, No retractions/grunting	
	SpO2 - 98% RA. Rpt CXR = good expansion ⓡ (R) hemidiaphrag. dome shaped.	
	CVS - pink, PPcf ⓐ volume, CRT < 3S.	
	HR = 132/min, BP = 60/44(49) mmHg.	
	S1S2 ⊕, No murmur. ⊼ No Inotropes	
	CNS: AF ⊼, C/T/A = AGA.	
	P/A: soft, no distension	
	on 25ml/Q2H. feeds (OG / formula)	
	(~95ml/kg/day)	
	F/E = U.O = 2.3ml/kg/h.	
	on 0.5ml/hr UVC patency.	
	Sepsis: NOT I	
	Bld c/s - awaited	
	(D3) PIPTAZ	
		[signature] 11/28...

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

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Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 4pm	c/s/b Dr. Shobana	
	✓ CRP, RP2 repts, T4, TSH.	
	✓ 30ml - tomorrow	
	✓ DG-fisv	
	✓ to ↑ feeds to 30ml now	
	✓ Blood gas tomorrow morning	
	✓ to add Calcirox plus @ 150 mg/kg/day	as HCO3- -31,
27/5/2026 1AM	c/c/b Dr. Shobana	
	✓ Blood c/s → NU → remove UVC	2 oral Ab taken
	Trace	
	✓ 30ml feeds	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26. 9AM	S/B Dr. Aneesh	
	TERM (38WKS) | AGA | BOY | MSL | LSCS | RDS ? MAS.	
	67 hours.	Bwt - 3.19Kg 3.160Kg (↑100g).
	RS - B/LAE (+) SRE (+) chest clear - RR 78 to 80/m. NDB (N) SpO2 - 94% @ RA. CXR - Diaphragm (N) - 8 expansion	
	CVS - Baby pink, HR - 142/m, BP - 61/39 mm Hg pulses welt, CRT < 3sec No inotropes.	
	CNS - Af @ level Tone - (N) Cry activity - (N) No seizures.	
	P/A - Soft, no distension feeding 30ml Q2H.	
	Fluids - No IV fluids. U/o - 1.9ml/Kg/hour.	136 Na 4.7 K 103 Cl^- 0.97 Ca^{2+}
	Sepsis - NOTI Blood c/s - No growth (to remove UVC. after 48hrs. CRP - 20.	

Aneesh
163765

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10a	S/B. Dr. Shobana	
	- follow up with Dr Sri Vidhyani Mother	384.5 49
	- Ad lib	
	- vaccination	[illegible] 10:32
28/5/26 10:30a	S/B. Dr. Raghu	
	Term / AGA / Boy / MSL / LSCS / RDS / ? MAS / B.wt - 3.19kg	T.wt - 3.12kg (40g↓)
	DOL = 4	
	RS - pink, B/L AE ⊕, clear. RR = 60-70/min, No retraction / grunting. SPO₂ - 98% RA.	
	CVS: pink, ppcf ⓝ volume, CRT < 3sec. HR = 152/min, BP = 58/38 mmHg. No Inotropes.	
	CNS: AF, C/T/TA - AGA. No Seizures.	
	P/A: soft, no distention. on ad lib feeds 30ml/Q2H	

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

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24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10.30am	F/E = U.O = 2.1ml/kg/hr.	
	NO IVF	
	Sepsis - NOTI	
	CRP - 26	
	Bld CS - NG	
	On Oral Taxim-O.	
	Plan: D/C today	11252.

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CONSENT FOR SPECIAL PROCEDURES

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ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

Patient Name : ..... Gender: ☑ Male ☐ Female

UHID No : ..... Department : ..... Date : 24/5/26

I ..... S/D/W/O .....

Here by give consent for procedure of : UVC insertion

For my patient, Named : B/o karthika

The doctors have clearly explained to me that the procedure has following possible complications:

Bluding
injection
Thrombosis

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Lavanya

Patient Attendant :

Signature : M. Sha

Name : M. Shali Manjan

Relationship with Patient: Father

Date & Time : 24/05/26 6.28 PM

Witness :

Signature :

Name : Kannan.

Date & Time : 24/5/26 @ 6.pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Lavanya

Date & Time : 24/5/2026 6pm

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

I.P. No.	Sheet No.	Wards	Weight (kg)
28-4452.	①	NICU	3.1 b

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
27/5/26	6:30pm	ivf. 60cc = 191.4mL medicines = 4.8 + 6 = 10.8mL Net fluid = 180.6mL 4Ca = 12mL } 10%D = 168mL }		@ 7.5ml/h	126940	0193	26/5/26 @ 2		

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Dr. THINESH KUMAR J

Pat	I.P. No.	Sheet No.	Wards	Weight (kg)
	28-442	1	NICU	3.16 kg

REGULAR PRESCRIPTIONS

DRUG : INJ. PIPTAZ

Dose	Route	Frequency	Start Dt.
320 mg	iv	Q12H	24/5/26

Name & Signature of the Doctor starting the Drugs: Dr. Lavanya 126940

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	24/5	25/5	26/5	27/5
7 AM	X			D.N / SS
7 pm		SP / PS	SH	STOP
	D1	D2	D3	D4

A Madhu 111280

DRUG : SYP CALCIMAX-PLUS

Dose	Route	Frequency	Start Dt.
3 ml	P/o	TDS	26/5

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: (150 mg/kg/day)

Daily Doctor's Endorsement by a Sign.

DRUG : SYP. CALCIMAX - PLUS

Dose	Route	Frequency	Start Dt.
3 ml	P/o	TDS	26/5/26

Name & Signature of the Doctor starting the Drugs: DR. SUENGRA

Additional Instructions: (Ca - @ 150 mg/kg/day)

Daily Doctor's Endorsement by a Sign.

Date / Time	26/5	27/5	28/5
5 AM	X	DN / SS	DD / DT
1 pm	X	DV / ET	
9 pm	PR / SS	DD / DT	

DRUG : TAXIM O DROPS

Dose	Route	Frequency	Start Dt.
0.6 ml	PO	BD	27/5

Name & Signature of the Doctor starting the Drugs: A Madhu 111280

Additional Instructions: 1 ml/25 mg (10 mg/kg/day)

Daily Doctor's Endorsement by a Sign.

Date / Time	27/5	28/5
7 AM	X	DD / DX
7 pm	ET / SP	

Ref. No. : F / HW / DC / INPR / 05

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Patient Na ANC-00015795 IP28-00004452 ..... Age : .....
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Gender D Dr. THINESH KUMAR J .....
Consultan .....
Date of Admission : .....

DRUG ALLERGIES : NIL

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category be... / High Alert" medicines.
Please watch f... piratory depression while administering these drugs)

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24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

Patient Name : ..... Age : D1 Gender : ☑ Male ☐ Female

Weight : ..... Sheet No. : (1)

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.
24/5/26	7pm	DOBUTAMINE	96 mg in 24 mL 5% Dextrose	@ 0.2ml/h 0.5ml = 10mic/kg/min	1269			26/5/26 @10am		

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
Dexmedetomedine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension any cardiac arrhythmia, patency of IV line, status of skin at IV site and color and perfusion of the fingers and toes while administering these drugs)

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Patient Name : ..... Age : ..... Gender : ☐ Male ☐ Female

Weight : ..... UHID No. : ..... Sheet No. : .....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml.hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 – 3mg/kg/hr)

CONSENT FOR FORMULA FEEDS

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ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

Patient Name : B/o Karthika Age : 1d Gender : ☑ Male ☐ Female

UHID No : Department : NIW Date : 24/5/26

I Mr / Mrs. : Sudumarjan aged ..... years, hereby declare that I have admitted my ☑ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, ~~Hyderabad~~ Annanagar chennai on 24/5/2026 I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : M. Sud

Name : M. Sudi Manjan

Relationship with Patient: Father

Date & Time : 24/05/26 6.36 PM

Witness :

Signature :

Name : Ram

Date & Time : 24/5/26 @ 6:36 PM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Lavanya

Date & Time : 24/5/2026 6:30 pm

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24-05-2026 0 Y 0 M 0 D 19 H (M
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PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: UVC insertion Date: 24/5/26 In-Time: 6:30pm Out-Time: 7pm

Doctor Performing Procedure: Dr Lavanya Doctor Giving Sedation: nil Assisting Nurse: Kanna.

SIGN IN Time: 6:30pm	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	☑	☐	☐
All required documents, images, studies are available	☐	☐	☑
NPO Status Checked from Patient / Patient Attendant	☐	☐	☑
Consent is Signed	☑	☐	☐
Any need for blood products	☐	☐	☑
If Yes Comment:			
Any Risk of Hemodynamic Compromise	☐	☐	☑
If Yes Comment:			
Any drug or food allergy	☐	☐	☑
If Yes Comment:			
Correct Site of Procedure Marked	☐	☐	☑
All resources required are correct, available and functioning	☑	☐	☐

Signature of the Doctor: 126940

Name of the Doctor: Dr. Lavanya

TIME OUT Time: 6:30pm	Yes	No	NA
Correct Patient	☑	☐	☐
Correct Site	☑	☑	☐
Correct Procedure	☑	☑	☐
All the team members introduced	☑	☑	☐

Signature of the Nurse:

Name of the Nurse: Kanna.

SIGN OUT Time: 7pm	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☑	☐	☐
Instrument, Sponge and Needle Count Completed	☑	☐	☐
Specimens are labeled	☑	☐	☐
Any equipment problems are addressed	☐	☐	☑

Signature of the Nurse:

Name of the Nurse: Kanna.

Any Adverse / Unexpected Events

nil

Docu. No. : RCH /FRM / CLINICAL / 083

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o - Karthika . Mother's Name: Karthika .

Date of Birth: 24/5/26 Time of Birth: 2.16 pm Gender: ☐ Male ☐ Female

Birth Weight: 3.19 kg 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: O+ve Baby: ....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: ....

Physical Assessment of New Born:

Temp: 36.5 °C HR: 134 b /Min RR: 89 B /Min BP: 73/41(51) SpO_2: 92%

Pain Score: 0/10 (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: Ramya Signature: K Date &Time: 24/5/26 @ 6pm

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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. Lavanya.....

Date & Time: ...24/5/26 @ 6pm.....

Patient Sticker

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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-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
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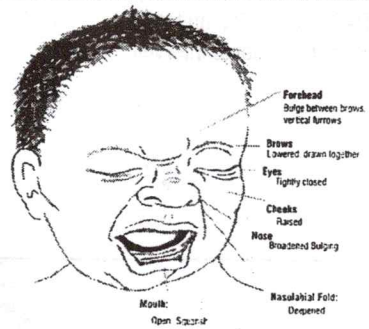
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						B	N	M	E	N	M+L	N	M+E	N
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	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	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	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	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	0
Gestational Age / Corrected Age						38 wks	38 wks	38 wks	38 wks	38 wks	38 wks	38 wks	38 wks	38 wks
Total Pain / Agitation Score						0/10	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

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.

Patient Sticker

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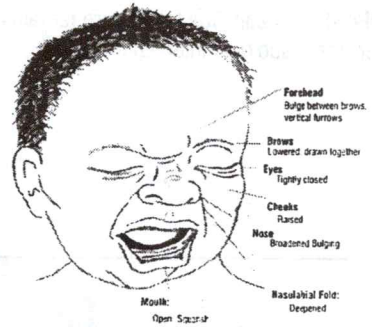
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						28/5								
						PM								
					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								
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								
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	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								
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								



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

Gestational Age / Corrected Age	38 wks													
Total Pain / Agitation Score	0													
Intervention	-													
Effectiveness	-													
Signature	[signature]													

Docu.No: RCH /FRM /CLINICAL /094

(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-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/5 E	DATE 24/5 N	DATE 25/5 M	DATE E	DATE 25/5 N
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					
	Oriented to own ability	1	1	1	1	1	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:		[illegible]	[illegible]	[illegible]	[illegible]	Divya
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		24/5	24/5	25/5	25/5	25/5
Time:		8pm	9pm	8Am	8PM	8pm

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

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

(2)

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/5	DATE 26/5	DATE 27th	DATE 27/5	DATE 28/5
			M+E	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	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					
	History of Falls or Infant-Toddler Placed in Bed	4	[illegible]	[illegible]			
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
	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		17	16	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:		Pradha	Sandiya	Hari	Divya	Deepika
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		26/5	26/5	26/5	27/5	28/5
Time:		9 AM	8PM	8[illegible]	8PM	8am

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2025 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : 24/5 24/5 25/5 25/5 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.	2	2	2	2
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.	3	3	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."	2	2	2	2
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.	1	1	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	15	15	15	15
				Evaluator's Name	K.	Saun		

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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Patient's Name:.....

MRD ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 1 D (M
Dr. THINESH KUMAR J
No.:.....

Age ...Sex: ☐ M ☐ F

Consultant .....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 24/5/26 Time: @6pm.
Location : Left metacarpal.
Size : 26.
Cannula inserted by : outside.

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/5	6pm	☐Yes ☐No	☐Yes ☐No	–	
	7pm	☐Yes ☐No	☐Yes ☐No	–	
	8pm	☐Yes ☐No	☐Yes ☐No	–	
	9pm	☐Yes ☐No	☐Yes ☐No	–	
	10pm	☐Yes ☐No	☐Yes ☐No	–	
	11pm	☐Yes ☐No	☐Yes ☐No	–	
25/5	12AM	☐Yes ☐No	☐Yes ☐No	–	
	1AM	☐Yes ☐No	☐Yes ☐No	–	
	2AM	☐Yes ☐No	☐Yes ☐No	–	
	3AM	☐Yes ☐No	☐Yes ☐No	–	
	4AM	☐Yes ☐No	☐Yes ☐No	–	
	5AM	☐Yes ☐No	☐Yes ☐No	–	
	6AM	☐Yes ☐No	☐Yes ☐No	–	
	7AM	☐Yes ☐No	☐Yes ☐No	–	
	8AM	☐Yes ☐No	☐Yes ☐No	–	
	9AM	☐Yes ☐No	☐Yes ☐No	–	
	10AM	☐Yes ☐No	☐Yes ☐No	–	
	11AM	☐Yes ☐No	☐Yes ☐No	–	
	12PM	☐Yes ☐No	☐Yes ☐No	–	
	1PM	☐Yes ☐No	☐Yes ☐No	–	
	2PM	☐Yes ☐No	☐Yes ☐No	–	
	3PM	☐Yes ☐No	☐Yes ☐No	–	
	4PM	☐Yes ☐No	☐Yes ☐No	–	
	5PM	☐Yes ☐No	☐Yes ☐No	–	
	6PM	☐Yes ☐No	☐Yes ☐No	–	
	7PM	☐Yes ☐No	☐Yes ☐No	–	
	8PM	☐Yes ☐No	☐Yes ☐No	–	

Cannula removed : ☐Yes ☐No, If yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

CANNULA 2

Date : 24/5/26 Time: 6pm
Location : Lt Metacarpal
Size : 26 G
Cannula inserted by : Out Side

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
25/5	9pm	☐Yes ☐No	☐Yes ☐No	–	
	10pm	☐Yes ☐No	☐Yes ☐No	–	
	11pm	☐Yes ☐No	☐Yes ☐No	–	
26/5	12AM	☐Yes ☐No	☐Yes ☐No	–	
	1AM	☐Yes ☐No	☐Yes ☐No	–	
	2AM	☐Yes ☐No	☐Yes ☐No	–	
	3AM	☐Yes ☐No	☐Yes ☐No	–	
	4AM	☐Yes ☐No	☐Yes ☐No	–	
	5AM	☐Yes ☐No	☐Yes ☐No	–	
	6AM	☐Yes ☐No	☐Yes ☐No	–	
	7AM	☐Yes ☐No	☐Yes ☐No	–	
	8AM	☐Yes ☐No	☐Yes ☐No	–	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No	Line Removed @ 9AM	
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, If yes date and time : 26/5 8am
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 1

NOTE :
- To be assessed within 30 minutes of insertion.
- Every 2 hours if on fluid infusion.
- Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)..... Next page

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:
Location :
Size :
Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specif
Phlebitis score:

CANNULA 4

Date : Time:
Location :
Size :
Cannula inserted by :

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

Cannula removed : ☐Yes ☐No, if yes date and time :
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score:

NOTE :
- To be assessed within 30 minutes of insertion.
- Every 2 hours if on fluid infusion.
- Every 4 hours if only on IV medication.

V.I.P. SCORE (VISUAL INFUSION PHLEBITIS SCORE)

0	1	2	3	4	5
IV site appears healthy	ONE of the following is evident: * Slight pain near I.V. site or slight redness near I.V site	TWO of the following is evident: * Pain near I.V. Site * Erythema * induration	ALL of the following is evident: * Pain along path of cannula * Erythema * Induration	ALL of the following is evident and extensive: * Pain along path of cannula * Erythema * Induration * Palpable venous cord	ALL of the following is evident and extensive: * Pain along path of cannula * Erythema * Induration * Palpable venous cord * Pyrexia
OBSERVE CANNULA	OBSERVE CANNULA	RESITE / REMOVE CANNULA	RESITE / REMOVE CANNULA CONSIDER TREATMENT	RESITE / REMOVE CANNULA CONSIDER TREATMENT	INITIATE TRETMENT RESITE / REMOVE CANNULA

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

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NEONATAL WEIGHT CHART

Birth Weight: 3.19 kg Admission Weight: 3.16 kg Discharge Weight: NICU:

Month
Date
Day 01

WEIGHT IN GRAMS

4500 4400 4300 4200 4100 4000 3900 3800 3700 3600 3500 3400 3300 3200 3100 3000 2900 2800 2700 2600 2500 2400 2300 2200 2100 2000 1900 1800 1700 1600 1500 1400 1300 1200 1100 1000 900 800 700

3.190 kg

Docu. No. : RCH /FRM / CLINICAL / 184

DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

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(1)

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Term / RDS.

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	24/5 E	24/5 N	25/5 M	25/5 E	25/5 N	26/5 M
Medical Condition (Any special condition to be noted):	Term RDS	Term RDS	Term RDS	Term RDS	Term RDS	Term RDS
Diet:	NPO	Nanpro	Nanpro	Nanpro	Nanpro	Nanpro
Allergy:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	NIV	NIV	CPAP	CPAP	CPAP	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No
Vital Signs: Temp:	36.5	36.5	36.0	36.5C	36.0°C	36.4°C
Res:	89 b/m	46 b/m	77 b/m	82 b/m	80 b/m	48 b/m
SpO_2:	96%	98%	99%	99%	98%	96%
Pulse:	136 b/m	148 b/m	141 b/m	145 b/m	142 b/m	136
BP:	73/41 (51)	74/34 (47)	64/43 (50)	58/38 (45)	—	68/43 (51)
LOC:	Active	Active	Active	Active	Active	Active
Fall Risk Score:	16	16	16	16	16	16
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
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:	NPO	Nanpro	Nanpro	Nanpro	Nanpro	Nanpro
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 :	[illegible]	[illegible]	[illegible]	Suparna	Divya	[illegible]
Signature / ID :	[illegible]	[illegible] 01930	[illegible]	[illegible]	[illegible]	[illegible]
Date:	24/5	25/5	25/5	25/5/26	26/5	26/5
Time:	@8pm	8am	2pm	@8pm	8am	@8am
Taken Over By Name :	[illegible]	[illegible]	Suparna	Divya	[illegible]	[illegible]
Signature / ID :	[illegible] 01930	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	24/5	25/5/26	25/5/26	25/5	[illegible]	26/5
Time:	8pm	@8am	@2pm	8pm	[illegible]	8pm

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

Rainbow Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	24/5/26 N	27/5/26 N/N	27/5 N			
	Medical Condition (Any special condition to be noted):	IE/PDA	Term/RDS	Term/RDS			
	Diet:	Nanpro.	Nanpro	Nanpro			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36°C	36.4°C	36.0°C			
	Res:	72b/m	70b/m	92b/m			
	SpO_2:	98%	98%	98%			
	Pulse:	150b/m	148b/m	142 b/m			
	BP:	62/34 (47)		55/17/49			
	LOC:	Active	Active	Active			
	Fall Risk Score:	15	15	15			
	Pain Score:	0/10	0/10	0/10			
	Skin Integrity	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:	Nanpro	Nanpro	Nanpro			
	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			
Post Operative Procedure Special Orders:				—			
Handed Over By Name :		[illegible]	Hari	Divya			
Signature / ID :		[illegible]	Hari	[illegible]			
Date:		24/5/26	27/5/26	28/5			
Time:		[illegible]	8 am	8am			
Taken Over By Name :		[illegible]	Divya	Deepika			
Signature / ID :		[illegible]	[illegible]	[illegible]			
Date:		27/5	27/5	28/5			
Time:		N	8pm	8am			

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

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 21 H (M
Dr. THINESH KUMAR J

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: 24/05/26

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		→		← Baby Rooming 7pm	→		
Night	8pm	→ Assessed the sensory Condition → praise feeding. → praise Comfortable position	8pm	→ Assessed the sensory Condition. → praised feeding. → praised Comfortable position	Baby's Vitals are Stable.	Reassessment way Done	

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 21 H (M
Dr. THINESH KUMAR J

(2)

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	8AM	⇒ plan to ↑ feed. ⇒ Baby vitals stable on NIV support.		⇒ Feed given to the baby ⇒ vitals stable SpO2- 98%.	Baby Colour. pink.	Baby Active.	
Afternoon	2PM	⇒ assess the general Condition Provided the Comfortable position		Assess the general Condition provided the feed slowly	no vomit no aspiration no desaturation	baby vital signs Checked and Succeed	
Night	8 PM	Provide Baby feed to the Baby.	11 PM	Provided feed to the Baby.	Baby feed tolerated	During feed No complaint.	

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

(5)

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... 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 Provide feed the 2nd hourly 30 ml to the baby	9.00 AM	provided feed Q2hrly 30 ml of Naipro through paladai give	Baby feed. tolerated well	During Feed no complaints	
Afternoon							
Night							

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

(1)

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: 27/5/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify: N.I
- ☐ 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 general condition procured the comfortable position	9am	assess the general condition procured the comfortable position	baby with lungs checked and secured	Re-assessment ldg done	[signature] 02/401
Afternoon	2pm	To provide Feed Q2hrly 30 ml of Nanpro	3pm.	provided Feed Q2hrly 30 ml of Nanpro through P/F given.	Baby Feed tolerated well	During Feed no complaints	[signature]
Night	8 pm	Provide Baby feed 30 ml Nanpro Q2hrly	11 pm	Provided Baby feed 30 ml Nanpro Q2hrly.	Baby feed tolerated	During feed No complaint.	[signature]

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

③

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..........
- ☐ 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	⇒ On O2 support. vitals stable. ⇒ Improved Activity tolerate.		⇒ vitals stable O2 support. ⇒ Baby Active.	Baby vitals stable.	Baby colour pink.	[illegible]
Afternoon	2 pm.	• maintain intact skin. • follow hand hygiene	4 pm	• need minimal adhesive tapes • need followed hand hygiene.	• Baby skin normal without breakdown	• Baby tone as normal.	[illegible]
Night	9:00 pm	⇒ Assess the general condition of Baby ⇒ Provide the comfort position	10:00 pm	⇒ Assessed the general condition of Baby ⇒ Provided comfortable position	⇒ Baby vitals are stable.	⇒ Baby tone is Normal ⇒ Re-assessment done	[illegible]

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 19 H (M
Dr. THINESH KUMAR J

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
		Received Notes.	
24/5/26	@ 6pm	Received from mother. Specially Hospital 38+2 wks NSL Term PDS. Baby Spo2 100 tachypnea, Baby on NIV support. Baby NPO. CBC, I. Cal, blood gls. Blood grouping send. Urine done, Stool, 9.5 cm, and IVF started 80 cc 10% D/W. Dobutamine on flow. 0.2 ml/hr. As per drug chart Inj. Piptaz given.	
	8pm	Details hand over given to the next duty staff.	
		∴ Night Duty Notes — 24/5/26	
	8p	The Baby's Handover taken from Evening duty Staff. The Baby is on NIV support. and is kept under warmer.	
		IVF is 80 ml/kg/day and feed is 5ml 3rd hourly maintained	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 21 H (M
Dr. THINESH KUMAR J

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 ....No.....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
25/5/26		Per doctor Saranya's advise.	
	9pm	The Baby's feed is given 5ml Pampo through OG. no desaturation.	
	12pm	The Baby's feed feed is given 5ml 2nd hourly as per dr. Saranya's advise.	
	1am	The Baby's feed is given 5ml through OG, no desaturation.	
	3am	The Baby's feed is given 5ml through OG, no desaturation.	
	5am	The Baby's feed is given 5ml through OG, no desaturation.	
	6am	The Baby's Morning care is given.	
	7am	The Baby's feed is given through OG no desaturation.	
	8am	The Baby's Vitals are stable and the Baby is Handed over to morning duty Staff.	
		Morning Duty	
25/5/26	@8am	Details heard over telephone from the night Duty staff. baby on NIV Support 85/30/12/5/0.40. Vitals stable, colour pink, Dobutamine on flow.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 21 H (M
Dr. THINESH KUMAR J

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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
25/5/26	@ 8AM	Feed 5ml @ 2nd hourly Nanpro, tone Activity good	
	9AM	Changed the diapers provide feed to the baby vitals Stable. and Feed given to the baby	07:10
	10AM	Baby change into CPAP Support: FiO_2 = 33, Flow = 5 by dr. Shobana	
	11AM	Baby feed 10 ml NANPRO Given through OG no desaturation, no vomiting	
	1PM	Baby feed 10 ml NANPRO Given through OG No desaturation, no vomiting	
	2PM	Baby hand over Given to Evening duty	
		Evening duty notes	
	2PM	baby hand over taken morning duty staff baby is on Room air Support	
	3PM	Diapers Changed Urine Passed.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 21 H (M
Dr. THINESH KUMAR J

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
	3pm	Feed 10ml 2hourly given no vomit no aspiration no desaturation	
	5pm	Diaper changed urine passed Feed 10 ml 2hourly given no vomit no aspiration no desaturation	[signature]
	7pm	baby active sugar checked and recorded. Feed 15ml 2hourly given no vomit no aspiration	(02140)
	8pm	baby hand over given by night duty staff	[signature] 02140
25/5/26		Night duty Notes	
	8 PM	Baby details hand over taken from Evening duty Staff. Baby is on CPAP Support.	[signature] 60R57.
	9 PM	Baby feed 15 ml Nanpro given through OG. there is No vomiting No desaturation	[signature] 60R57.
	10 PM	Baby vitals are monitored and recorded.	
	11 PM	Baby feed 15 ml Nanpro given through OG. Baby	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 0 D 21 H (M
Dr. THINESH KUMAR J

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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
25/5/26		diapper changed urine stool passed.	
	12 AM	Baby under CPAP support maintained saturation.	
	1 AM	Baby feed 15 ml Nanpro given through OG. there is NO complaint.	
	2 AM	Baby vitals are stable. Active, cry good.	
	3 AM	Baby feed 20 ml Nanpro given through OG. Baby diapper changed urine stool passed.	
	4 AM	Baby vitals are monitored and recorded.	
	5 AM	Baby feed 20 ml Nanpro given through OG. Baby feed tolerated.	
	6 AM	Baby morning care done	
	7 AM	Baby feed 20 ml Nanpro given through OG. there is NO vomiting NO desaturation. Inj. piptaz given as per drug order.	
	8 am	Baby details handover given to next duty staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0Y0M1D (M
Dr. THINESH KUMAR J

(6)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

~~☐~~ Drug Allergies ....nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning Duty	
26/5/26	8AM	Details hand over taken from the Night Duty staff. Baby on O2 support. Jitter, vitals stable. Dobutamine on flow 0.1 ml/hr. IVF on flow - 10 cc. Baby ~~Dobutamin~~ pink, feed 20 ml ① 2nd hourly	
	9AM	provide feed to the baby vitals stable. No vomiting.	[illegible]
	10AM	Dr. Shobana ma'am round plan to stop Dobutamine	
	11AM	Monitor vitals provide feed to the baby, Colour pink.	
	1pm	Changed the diaper provide feed to the baby No vomiting.	
	2pm	~~Details hand over~~ UVC. • OH feed 25 ml (Nappy) 2 hrly given c no c/o Vomiting E abd	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 1 D (M
Dr. THINESH KUMAR J

(7)

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
		~~Evening duty~~	
26/5/26		duty on	
	3 pm.	• Baby passed urine & stool	[signature] 01...
		• 2d-Echo was done by Dr. Giridhar is (normal).	
	5 pm.	• Nasochar drops was given.	[signature] 01...
		• feeds 25ml Qhourly given.	
	6 pm	• RP2, CRP, FT4, TSH sample was sended.	[signature] 01062
		• Otherwise continue the same.	
	7 pm	• inj. piptaz given as per drug chart order.	[signature] 01...
		• ~~ref~~ f/m plan to remove UVC	
	8 pm	• Baby handed over given to night duty staff	[signature]
		Night duty Note.	
	8:00pm	Baby Details Hand over are taken from the Evening duty staff.	
	9:00pm	Baby vitals are monitored and recorded. and Drug Calimon syrup will be given to them.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

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 ..... NAC .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/5/26		as per doctor's order.	
	10:00 PM	Baby feeding will give 30ml and no any reaction are there.	
	11 PM	Baby vitals are stable and monitored and recorded	
	12 PM	Baby Diaper will be changed and cleaning done.	anup 02/605
	1 PM	Baby Padadai feeding will be give 30ml to them	
	2 PM	Baby vitals are monitored and saturation are maintained	
	3 PM	and Baby proved comfort position and Padai Adai feeding 30ml will be give	
	4 PM	Baby diapers will changed and cleaning done	anup 02/605
	5 PM	Baby pall adai feeding will be give	
	6 PM	Baby vitals are monitored and recorded.	
	7 PM	Baby pal adai feeding 30ml will give as per doctor's orders	
	8 PM	Baby vitals are stable and Diapers will changed done and Baby details handover give to the morning duty staff.	Anuyan 02/6/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

(9)

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
27/5/26		Morning + Evening duty notes 27/5/26	
	8.00am	baby hand over taken night duty staff baby cried Singls Checked and recorded baby is On Room air Support	
	9.00am	Diaper Changed urine Passed Feed 30ml hourly given no vomit no aspiration. no desaturation baby vital Singls Checked and recorded.	02/140%
	11.am	Feed 30ml hourly given no vomit no aspiration no desaturation baby vital Singls checked and recorded	02/140%
	12pm	=> Vitals are Monitoring and Recorded.	02 am
	1pm	=> Feed given 50ml of Nanpro through palada given. => Syp. lactivax plus 3ml/given	
	2pm	=> Baby Sleeping well.	
	3pm	=> Feed given 30 ml of Nanpro through palada given. through Palada During Feed no complaints	2pm.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

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
27/5/26	3:30pm	-> UVC removed by Dr. Aresh Sir	
	4pm	-> Baby diaper changed. urine passed.	
	5pm	-> Feed given. 30 ml Nanpro through paladai given. During Feed No complaints	
	6pm	-> Vitals are Monitoring and Recorded.	
	7pm	-> Feed given. 30 ml of Nanpro through paladai given. During Feed No complaints.	
		-> Tixim 0 drops. 0.6 ml given to the Baby.	
	8pm	-> Baby details Handing over given to Next duty Staffs.	
27/5/26		Night Duty Notes	
	8pm	Baby details hand over taken from Evening duty Staff.	
	9pm	Baby feed 30 ml Nanpro given through paladai. there is NO vomiting NO desaturation. Baby diapper changed. Syp. calcimax given as per drug Order.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

(11)

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

☐ Drug Allergies ..... Nil .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10pm	Baby vitals are Stable.	
	11pm	Baby feed 30ml Nanpro given through paladai.	
25/5/26	12AM	Baby vitals are monitored and recorded.	
	1AM	Baby feed 30ml Nanpro given through paladai. Baby diapper changed.	
	2AM	Baby vitals are stable. Baby active good. Cry also good.	
	3AM	Baby feed 30ml Nanpro given through paladai. There is NO complaint.	
	4AM	Baby vitals are monitored and recorded. Saturation maintained 100%.	
	5AM	Baby feed 30ml Nanpro given through Paladai. Syp. Calcimax given as per drug order.	
	6AM	Baby morning care done.	
	7AM	Baby feed 30ml Nanpro given through paladai.	
	8AM	Baby details handover given to next duty Staff.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015795 IP28-00004452
Baby Of KARTHIKA ALAGAR
24-05-2026 0 Y 0 M 2 D (M
Dr. THINESH KUMAR J

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
28.5.26		Morning Duty Notes	
	8am	=> Baby details Handing over taken from Night duty staffs.	
		=> Baby is on Room Air Support and kept on under Warmer.	
	9am	-> Feed given 30 ml of Nanpro through parabolic given. During Feed No Complaints.	
	10am	-> Dr. Shobana Mam advised to discharge the Baby	
		-> File Sended to Tab.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS