ANC-00015767 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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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.	Panab 089905.	
Activity Sheet updated by Pharmacy	7:01	7:02	[illegible]	

(1)

ACTIVITY RECORD FOR BILLING

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ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

Name: .....

UHID No: .....

Date of Admission: ..... Time: ..... Consultant: ..... Dept: .....

Room / Bed No: ..... Ward: ..... Date of Discharge: ..... Time: .....

Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	~~OT-[RCH]~~ 12Am	OT[RCH]	NICU [RCH]	
27/5/26.	10.30 Am	NICU	M Floor.	

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
23/5/26.	CBC, ion. cal, Blood c/s		
	VBG, RBS, Blood	7035, 7036	
	Grouping	7038,	
		7039	
		7041	
24/5/26	RBS		
24/5/26 9pm	RBS	7050	
24/5/26 5pm	RBS	7074	
25/5/26	RBS	7074	
25/5/26 8pm	RBS	(7115	
25/5/26	RBS	7211	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/5/26	Infusion Pump	12:30Am	26/5/26 @ 8am		[illegible]
	Syringe	1Am	26/5/26 @ 11am	146448	[illegible]
24/5/26	BIPAP	12:30Am	24/5/26 @ 7pm		[illegible]
	Oxygen	12:30Am	29/5/26 @ 10am		[illegible]
24/5/26	HFNC	24/5/26 7pm	25/5/26 @ 10am	146681	[illegible]

Radiology

Date	Service	Signature
24/5/26	X-ray (3916)	[illegible]
26/5/26	2D - Echo (3967)	[illegible]
26/5/26	USG (3979)	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/5/26	Iv placement	1	146449	[illegible]
24/5/26	Iv placement	1	146630	[illegible]

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 27/5/26 Time: 1 hour Prepared By: R. Ragu

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible] CO 439.			

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/2026 12AM	C/S/B Dr Thinesh Kumar / Dr Ashwany.	
	Baby developed grunting & mild sch	
	SAS - 4/10	
	↓	
	Started on CPAP - SiO_2 / PEEP 80 / 5	
	Adv - To do - VBG, CBC, ICal, blood cs	
	- To start IV piptaz	
	- 80cc fluids + 4 calcium	
	- To do X-ray chest	
	- feeds 04 2ml Q2H	
	[signature] 5.30	

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/2026 8AM	C/S/B Dr Aishwarya.	
	Δ - Moderate prieterm / AGA / Male / LSCS /	
	DCDA - II / ~~RD~~ mild RDS.	
	HOL - 8.	
	GA - 32+3.	
	RS - pink, BAE(+) intermittent grunt(+).	
	occasional SCR(+) - B	
	on CPAP SiO_2 / PEEP	
	30% / 5	
	not on Caffiene.	
	X Ray - 7 space expansion	
	- mild haziness	
	VBG - PH / PCO_2 / PO_2	
	7.2 / 50 / 50	
	CVS: pink, peripheries warm	
	pulse well felt	
	S_1S_2(+) no murmur	
	on 6 mg/kg/min ionotrope	
	P/A - soft BS(+)	
	on 6 umb O2	
	tolerating feeds.	

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CNS: AF at level.	
	no seizures/jerk	
	not on AED.	
	P/E - U/O - 1.5ml/kg/hr.	
	on 80cc IVF + 4 calcu.	
	Sepn: NOT D	
	on Dry piptag	
	[signature] 05	
25/5/2026 8:30am	Cls/B Shobar	
	RS - evening. HFNC	
	CUS → ↑ dobut	
	P/A → ↑ 2ml Q8H	
	[signature] 4.3	

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

ANC-00015787 IP26-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 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 5:50pm	S/B. Dr. Lavanya	
	DCDA (1)	
	Mod. PT 32^{+3} / AGA / Boy /	1.620kg / mild RDS / D
	feed establishment	
	DOL - 18 hrs 32^{+3}	
	Bt Wt 1.620kg	
	grunt settled	
	RS - RR - 50/m	→ change to HFNC
	BLAE (+)	
	SpO2 - 98% on CPAP - (5)	
	fiO2 30%	
	CVS: HR 145/m BP - 71/44	+++/++
	50th centile	
	U/O ✓	
	on Dobutamine 6mic/kg/min	↓ to 4mic/kg/min
	CNS: AF (+) T/P (+) cry good.	
	P/A: soft	
	meconium ✓	
	on 6ml Q2h	
	↑ 2ml QEH	
	fluids ↓ 60.00 kg/d	4ml/h.

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	sepsis	
	CRP at 48 hrs.	
	piptaz D①	
	Plan	
	HFNC	
	W/F distress	
	[illegible] - [illegible]	
	[illegible]	
25/5/26 9.10am.	S/B. Dr. Raghu	
	Mod PT (32+3) / AGA / Boy / DCDA-1 / 1.620kg / Mild RDS / Feed establishment	
	DOL = 34 hours.	T.wt: 1.64kg.
	RS - pink, SRE ⊕, B/L AE ⊕, Clear	
	RP = 52/min, SpO_2 - 95%.	
	CXR at admission = B/L 7-8 space expansion	
	Bld gas at admission: 7.27 / 50.2 / 20.1 / -4.3	
	On HFNC 4/25%.	
		P.T.O

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 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
25/5/26 9:10am	CVS: pink, pprf, (N) volume, CRT C3s.	
	HR = 163/min, BP = 72/60(65) mmHg (50th - 95th)	
	on Dobutamine 4 mic/kg/min.	
	CNS: AF, C/T/A. AGA.	
	P/A - soft, no distention	
	passed meconium.	
	on 10, 12, 14ml feeds today:	
	~ 90ml/kg/day. (OG/preview)	
	F/E = [illegible] mineral periorbital edema.	
	U.O = 3.3ml/kg/hr.	
	on IVF 60ml/kg/day D10/4Ca	
	Sepsis: NOTI	
	TC = 7900 N38 L47	
	Pet: 3.45 lakh/	
	on (D2) PIPTAZ	[signature] 1/2/26
25/5/26 10:30am	S/B. Dr Shobana	
	Stop HFNC → RA.	
	Taper & stop Dobutamine	
	for 2ml QGH. → 25ml, Tomo paladai	
	No Repeat i.v line	
	Contin Abx till c/s	
	Tomo vit D & Calcimax-P	
	ECHO & ~~NSG~~ NSG, RP2, CRP, TFT.	

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 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
26/5/2026 9:50 AM	C/S/B Shobana	
	P/A - remove 04.	
	2ml & D6W → 20ml.	
	Start paladai	
	&	
	Repis: Remove IV line.	
	Stop Ak	
26/5/2026 10:20 AM	C/S/B Dr Dhishwanya	
	Δ - Moderate PT / Acut / Boy / DCDA-1 / Mild	
	RDS / feed establishment	
	RS - Baby ↓ RA	
	no distress work (N)	
	BAB (P) no added sounds.	
	RR - 55/min.	
	CVS: pink, warm, pulses well	
	felt	
	S_1S_2 (P) no murmur.	
	BP - 5th - 50th centile.	
	CNS: AF at level.	
	very, tone - normal	

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 3 D (M)
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NOT ON ABD	
	R/O - NOT ON LUR	
	U/O - 3.1ml/hr	
	Sepm: NOTD	
	NOT ON ABX.	
	✓20ml PF + DBF (25ml)	
	✓ROP	

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

ANC-00015787 IP26-00004446
Baby Of C S K SUPRIYA VINESH T-1 (M)
23-05-2026 0 Y 0 M 3 D
Dr. THINESH KUMAR J

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Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10AM	S/B Dr. Aneesh	
	MODERATE PT | AGA | BOY | DCDA-1 | MILD RDS. FEED ESTABLISHMENT	
	Day 4 of life	Bwt - 1.620 kg. T.wt 1.600 kg 40g ↓
	RS- B/LAE (+) WOB (N) RR- 40/m chest clear SpO_2 - 95% in RA	
	CVS- HR- 150/m S_1S_2 (+) Baby pink CRT<3s pulses well felt.	
	CNS- AF @ level cry tone activity - (N) NSG - (N)	
	P/A - soft no distension	
	No IV fluids x antibiotics U/o - 3.2ml/kg/hr	
	- 20ml to 25ml P/F + DBF	Can be shifted to ward. Aneesh 16376

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 3:15PM	S/B Dr. Mithuna	
	Baby Pud	
	No further issues	
	Dr 20-25 ml - paladai feeds	
	FF / EBM.	
	U/o: Adequate	
	Meconium: Adequate	
	O/E: Cry + Activity (N)	
	Pink	
	PPWF	
	S/E: NAD.	
	Plan: (1) Watch for distress / colour change	
	(2) T/c feeds EBM+FF	
	[signature]	
27/5/26 9:00AM	S/B Dr. Mithuna	
	Baby Pud	
	No new issue	
	Taking DBF - Suck ↓	
	Dr Paladai feeds	25ml - 3rd/hrly

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
cont-	U/o: Adequate (4-5 times)	
	Meconium: Adequate (3 times).	
	O/E: Cry & Activity (N)	
	PPWF	
	AF →	
	S/E: NAD.	
	Plan: T/C 25 ml - EBM/FF - 3 hrly	
28/5/26 10:00 AM	S/B Dr. Aneesh	
	MOD. PT | AGA | BOY | DCDA-1 | MILD RDS	
	FEED ESTABLISHMENT.	
	Day - 5 of life.	
	Baby feeding well.	Bwt - 1.620 kg
	Passing urine & stools (N)ly	Ywt - 1.600 kg
		T.wt - 1.620 kg
		↑ 20g
	Cry, Tone, Activity (N)	
		MBG - 0 tre.
	CRT < 3 sec	BBG - 0 tre.
	Pulses well felt.	
		ROP 1 ml/kg / OAE 1 ml/kg
	S/E CVS - S_1S_2 (+)	Vaccine today
	RS - B/L AE (+)	
	CNS - AF @ level.	
	P/A - Soft.	

Aneesh 163765

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/B Dr. Shobana.	
	Baby well	
	feeds.	
	R	
	D/c	
	'R' on Monday	
	DBF + paladai 25ml	
	Vit D 0.5ml/day	
	BERA / ROP @ 1 month	

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

ANC-00015787 IP25-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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DRUG CHART

Date of Admission: 23/5/26 Drug Allergies: NIL ☑ Not known any Drug Allergies

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 Date														
Doctor's Signature		Valid Period	Pharm.														
Additional Instructions:																	

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

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

Signature .....

VERIFIED BY : Name .....

ANC-00015787 IP26-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

REGULAR PRESCRIPTIONS Weight. ..... Ward. .....

DRUG :				Date ▸ Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

ANC-00015787 IP25-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2025 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

REGULAR PRESCRIPTIONS Weight. 1.600kg Ward. NICU

DRUG : INJ PIPTAZ				Date→	25/5	25/5	25/5
Dose	Route	Frequency	Start Date				
160mg	IV	Q12H	25/2	1	P.D	ABS	AM
				AM	ABS	S.S	SM
Name & Signature of the Doctor Starting the Drugs:							
				1	[illegible]	[illegible]	
				PM	ABS	[illegible]	
Additional Instructions: 100mg/kg/day							
					D1	D2	D3
Daily Doctor's Endorsement by a Sign							

DRUG :				Date→
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date→
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date→
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

ANC-00015787 IP28-00004446
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23-05-2026 0 Y 0 M 0 D 3 H (M
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I.V. FLUID 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.
25/5/26 12AM		Wt - 1.620 80CC = 129.6ml Abx = 6ml 10% D - 125ml 4Cal - 6.5ml					@ 25/5 10.30am		
						@ 5.4 ml			
									6075 22
	25.3								
25/5/26 10.30am		IVF 40cc/kg/day = 64.8ml Medication : 6ml = 58.8 ml					25/5/26		
		D10 = 52.3ml 4Ca = 6.5ml		@ 2.5ml/hr					

Docu. No. : RCH /FRM / CLINICAL / 182

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

;ATION CHAR[illegible] (INOTROPES & VASOPRESSORS)

] to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension
/ 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 : B/o: Supriya T-1 Age : ..... Gender : ☑ Male ☐ Female

Weight : 1.640kg UHID No. : ..... 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	6pm	INJ DOBUTAMINE	24.3mg in 24ml 5D	0.4ml/hr (4mcg/kg/min	[illegible]	[illegible] 607522	25/5/26 2pm	[illegible]	[illegible] 607522

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)

Docu.No: RCHBH /FRM / CLINICAL / 154

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.
Please watch for bradycardia, hypotension and respiratory depression 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 :

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)

ANC-00015767 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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

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

Rainbow® Children's Hospital

BirthRight® BY RAINBOW HOSPITALS Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

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

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

	12N	4pm	8pm	12am	4am
Temperature (°F)	98.6°F	98.8°F	98.4°F	98°F	98.2°F

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

Note: BP does not score in early warning scoring

	12N	4pm	8pm	12am	4am
Heart Rate (Number)	146b/min	140b/m	124b	142b/m	132b/m

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

	12N	4pm	8pm	12am	4am
Resp Rate (Number)	52br/min	50br/m	46b	44b/m	44b/m
Resp Distress: Mod/ Severe / None / Mild			✓	✓	✓
Receiving O_2 (l/min)	RA	RA			
O_2 Saturations (%)	98%	98%	99%	100%	99%
Conscious Level: Normal / Altered			✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0/10	0/10	0/10
Observer's Initials	[illegible]	[illegible]	[illegible]	SS 01/05/26	SS 01/05/26

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

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

Patient Sticker

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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

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

Rainbow Children's Hospital
BirthRight by Rainbow Hospitals — Your Right to a Safe Delivery

28/05/26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/26 Time:	8AM
Doctor/Nurse/Family Concern?	✓
Temperature (°F) (scale 94–104)	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190). Note: BP does not score in early warning scoring	132b/m
Heart Rate (Number)	132b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	44b/m
Resp Rate (Number)	44b/m
Resp Distress — Mod/ Severe / None / Mild	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	99%
Conscious Level — Normal / Altered	✓
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0/10
Observer's Initials	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	Continue normal observation by staff nurse
Score 2	Shift in charge nurse to be informed and continue hourly observations
Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

Rainbow® Children's Hospital

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
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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)

ANC-00015767 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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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.

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
27/5/26												
	08:00 am										NO	
	09:00 am					✓				✓	IV	
	10:00 am										line	
	11:00 am	FF	25ml							✓		
	12:00 pm					✓				✓		
	01:00 pm											
Total Intake : FF = 25ml.						M — 2 times		Total Output : U — 3 times				
	02:00 pm											
	03:00 pm	FF	25ml				✓			✓		
	04:00 pm											
	05:00 pm	EBM	30ml							✓		
	06:00 pm						✓					
	07:00 pm	EBM	30ml							✓		
Total Intake : 85ml FF+EBM						M-2		Total Output : U-3				
	08:00 pm											
	09:00 pm											
	10:00 pm	FF	25ml				✓			✓		
	11:00 pm											
	12:00 am	FF	25ml				✓					
	01:00 am											
Total Intake : FF-) 50ml						M-2		Total Output : U-1 times				
	02:00 am											
	03:00 am	FF	25ml				✓			✓		
	04:00 am											
	05:00 am	FF	25ml							✓		
	06:00 am											
	07:00 am											
Total Intake : FF-) 50ml						M-1		Total Output : U-2 times				

Total 24 hrs. Intake	FF -) 210ml	Total 24 hrs. Output	U-) 9 times M-) 7 times

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Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

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FLUID CHART

Sheet No. : 3

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

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	FF	25ml	(paladai)								
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 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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Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o: Supriya T-1 Mother's Name: Mrs: Supriya.

Date of Birth: 23/5/26 Time of Birth: 11.26pm Gender: ☑ Male ☐ Female

Birth Weight: 1.620kg 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: 'O' positive. Baby: .....

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both First Feed Time: 1 am

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: 142 /Min RR: 52 b/m /Min BP: 65/55(59) SpO_2: 95%

Pain Score: 0/10 (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: [signature] 607522 Signature: [signature] 607522 Date &Time: 23/5/26 @ 11pm

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

ANC-00015787 IP26-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0Y0M0D3H (M
Dr. THINESH KUMAR J

①

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: preterm / RDS / LBW				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure: –				Post OP Day:		
BACKGROUND	Date / Shift	23/5 N	24/5 M	24/5 E	24/5 N	25/5 M/E	25/5 N
	Medical Condition (Any special condition to be noted):	Preterm RDS	PT/RDS	PT RDS	PT/LBW	PT/RDS	PT/RDS/LBW
	Diet:	Prenan	Prenan	Prenan	Prenan	Prenan	Prenan
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	CPAP	CPAP	HFNC	HFNC	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No
	Vital Signs: Temp:	36.5°C	36.5°C	36.6	36.0°C	36.5	36.0°C
	Res:	59 b/m	58 c/m	57 b/m	49 b/min	57 b/m	52
	SpO_2:	98%	100%	100%	99%	99%	94%
	Pulse:	140 b/m	140	149 b/m	180 b/min	139 b/m	158
	BP:	60/34 (43)	76/40	–	60/35 (Cuffed)		73/58 (64)
	LOC:	Active	Active	Active	Active	Active	Active
	Fall Risk Score:	0/10	0/10	No	15	15	15
	Pain Score:	19	0/10	No	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:	Prenan	Prenan	Prenan	Prenan	Prenan	Prenan
	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 :		Priyanka	Vyshnavi	[illegible]	Soumya	Supriya	Soumya
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		25/5	24/5	24/5	25/5	25/5	26/5/26
Time:		8am	2pm	8pm	8AM	2 PM	8am
Taken Over By Name :		[illegible]	[illegible]	Soumya	KEZIA R	Soumya	[illegible]
Signature / ID :		[illegible]	[illegible]	[illegible]	14/021134	[illegible]	[illegible]
Date:		24/5	24/5/26	24/5	25/5/26	25/5/26	26/5/26
Time:		8AM	2pm	8PM	8am	8pm	8pm

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 7 H (M
Dr. THINESH KUMAR J

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Preterm / RDS / LBW			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	26/5 M	26/5 E	26/5 N	27/5/26 M	27/5/26 M	27/5 E
	Medical Condition (Any special condition to be noted):	PT/RDS LBW	PT/RDS LBW	PT/RDS LBW	PT/RDS LBW	PT/RDS LBW	PT/RDS
	Diet:	Prenan	Prenan	Prenan	Prenan	Prenan	Prenan
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:	36.5°C	36.5°C	36.3°C	36.5°C	98.6°F	98.4°F
	Res:	51 b/m	50 b/m	52 b/m	52 b/m	52 b/m	46 b/m
	SpO_2:	100%	99%	98%	99%	98%	99%
	Pulse:	156 b/m	158 b/m	138 b/m	140 b/m	146 b/m	129 b/m
	BP:	-	65/41 (49)	64/46	60/44	-	-
	LOC:	Active	Active	Active	Active	Alert	Alert
	Fall Risk Score:	16	16	16	15	15	15
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	-	-	-	-	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:	Prenan	Prenan	Prenan	Prenan	Prenan	Prenan
	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 :		[signature]	Pdeepika	Divya	[signature]	[signature]	Shivan
Signature / ID :		[signature]	[signature] 007572	[signature] 007257	[signature]	[signature]	[signature]
Date:		26/5	26/5	27/5	27/5/26	27/5/26	27/5/26
Time:		2 PM	8 PM	8 AM	10:30 PM	2 PM	8 PM
Taken Over By Name :		Pdeepika	Divya	[signature]	[signature]	Shiv	Suya
Signature / ID :		[signature] 007572	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		26/5	26/5	27/5/26	27/5/26	27/5	27/5/26
Time:		2 PM	8 PM	8:30 AM	10:30 AM	2 PM	8 PM

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

ANC-00015767 IP26-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
Dr. THINESH KUMAR J

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Preterm / RDS / LBW				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil		
	Surgery / Procedure:	—			Post OP Day: —		
BACKGROUND	Date / Shift	27/5/26 N	28/5/26 M				
	Medical Condition (Any special condition to be noted):	PT / RDS / LBW					
	Diet:	Pre nan					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F					
	Res:	44b/m					
	SpO_2:	99%					
	Pulse:	132b/m					
	BP:	—					
	LOC:	Alert					
	Fall Risk Score:	15					
	Pain Score:	0/10					
	Skin Integrity	—					
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:	Pre-nan					
	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					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Suya					
Signature / ID :		[illegible]					
Date:		28/5/26					
Time:		8 pm					
Taken Over By Name :		[illegible]					
Signature / ID :		[illegible]					
Date:		28/5/26					
Time:		8:30 am					

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
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:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

ANC-00015787 IP25-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2025 0 Y 0 M 0 D 3 H (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: 23/5/20.

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							
Afternoon							
Night	12 am	=> To provied feed => To provied comfortable	2 am	=> To provieded feed 2ml pronan through OG => To provied comfortable Position	=> During feed No limit Not desaturation	=> Baby is vital sign stable	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 24/5/26

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	8 am.	• maintain adequate oxygen saturation and respiratory effort. • maintain skin intact.	11 am	• maintain CPAP settings as ordered. • Observe for apnea. cyanosis. • need minimal adhesive tapes. • minimal handling	• Stable saturation. • Baby skin tone is normal.	St Reduced Respiratory distress	Vyshu [signature]
Afternoon	2 pm	• Baby provide comfortable position.	6 pm	• maintain HFNC support. • Continue antibiotics	• Baby very stable.	Re-assessment was done	[signature] 02/06
Night	8 pm	→ Baby maintain oxygenation → maintain fluid & nutritional status	8 Am	→ Baby is on HFNC 30/6 → 60 mil/kg/day 4cal+Do & OG/F 6ml pronan Qh given	Baby SPO2 100% no dryness & vomiting	Baby passed urin & stool	[signature]

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (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: 25/5/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 am to 8pm	- Assess the general condition of the baby - Maintain airway and oxygenation - Maintain hand hygiene	10 am	- Assessed the general condition of the baby - Maintained airway and oxygenation - Maintained hand hygiene.	- Baby stable - Vitals stable - on HFNC support - use of hand rub.	Re-assessment done SPO 2 - 95%	KR/021134
Afternoon							
Night	8pm	Assess the general condition of the baby Maintain air way and oxygenation. Provide feed.	10pm	Assessed the general condition of the baby, maintained air way and oxygenation. - provided feed Q2nd hrly.	Baby vitals are stable.	Re-assessment done.	Sowmya

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 2 D (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: 26/5/26

Goals
- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify. N.A
- ☐ 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 general condition => Provided the comfortable position	11 AM	=> Assess the Baby - general condition => Provided the comfortable position	Baby vitals are stable	Re-assessment was done	[signature]
Afternoon	2 pm	=> To provided feed => To provided comfortable position	4 pm	=> To provided feed 30ml prenan 2hrs through P/F	=> During feed No limit Not desatured -tion	=> Baby is vital sign stable	[signature] 607522
Night	8 pm	Provide Baby feed 20ml Prenan Q2hrly	11 pm	Provided Baby feed 20ml Q2hrly through paladai.	Baby feed tolerated	During feed NO complaint.	[signature]

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (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: 27/5/26.

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	→ Assess the Baby → Vitals are checked → comfortable position	9AM	→ Assessed the Baby → Vitals are checked → comfortable position given	Vitals are stable	Re-assessment done	S. D[illegible] 620715
Afternoon	9PM	→ Assess the baby condition - Vitals are checked.	4 pm	→ Assessed the baby condition Check baby vitals.	vitals are stable.	Re-assessment done.	[illegible] 601733
Night	8.30 pm	→ Assess the baby condition → Vitals are checked	9.30 pm	→ Assessed the baby condition → Vitals was checked and recorded	vitals are stable	Re-assessment was done	[illegible] 600[illegible]

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (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: 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 feed to the Baby.	11Am	→ Assessed the feed As Per doctor order.	Baby is stable and active	Baby spur is normal.	Pamb 0 [illegible]
Afternoon							
Night							

Docu. No: RCH /FRM / CLINICAL / 148

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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)
		Recieving Notes:
	12am	=> Baby is recieving from OT RCH Emergency LSCS
		=> Baby birth 11.26pm @ 2315hr. B.wt - 1.620kg / Admission weight - 1.600kg vital sign stable.
	12.30am	=> Baby is on CPAP Suppor 30/5 under warmer & vital sign stable.
		=> IV placement in 26G & sample. Sent to Lab. CBC, 1, calcium, blood, culture, VBG, x-ray done.
	1am	=> Baby Feed given 2ml Nanna 2ahs through - OG.
		=> During feed Nowimit Not desaturation.
	2am	=> Baby vital sign checked. Temp: 36.5°c / RR - 51 b/m / pluse - 150 b/m BP. 57/36 (AA) maintained
	2.13am	IVF - 80cl/kg/hr - D10 + Acal going & Inj: Riptas given
	3am	=> Feed given 2ml menan 2ahs through OG During feed No complain.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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NURSES NOTES

(USE BALL POINT PEN ONLY)

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)
	4am	=> Baby sponge both given & vital sign stable
	5am	=> Baby urine passed change diapper.
		=> Feed given 2ml 2hrs pronan through OG During feed No. complaint
	7am	=> Vital sign Temp 36.5° / RP-56 / SPO2 92% pluse-150b/m BP 57/36(44) Maintained
		=> Feed given 2ml 2hrs throught OG During feed No complaints
	8am	=> Baby details hand over taken Next duty staff
		Morning duty notes :-
24/5/26	@ 8am	• Baby handed over taken from night duty staff.
		• Baby is active, tone is normal & pink in colour
		• Baby is on prone position under the warmer
		• Baby is on CPAP → PEEP – 5
	9 am	FIO2 – 30%
		• IVF (80 ml/kg/day) (10% Dt 4 cal) @ 5 ml/h

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

(3)

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)
24/5/26		• OG feed T 4ml (pre nan).
		Plan T 2ml Q8hrly.
	10 am	• Baby tolerating feed well,
		• No c/o vomiting & abd.
		distension
		• Baby having minimal
	11 am	grunting.
		• T PEEP-5.5
		• Lethargic grunting,
		• Baby passed urine &
		stool
		• RBS → 112 mg/dl Q6hrly
		checked & recorded.
	1 pm	• Inj. Piptaz given as per
		drug chart order.
		• Other use contour the
		same
	2 pm	• Baby handed over given to
		evening duty staff.
		Evening Duty staff Notes
	2 pm	• Baby ~~was~~ Details hand over
		taken from the morning duty staff
		• Baby is in CPAP support
		Continue IV fluid & antibiotics.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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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

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	3pm	· feed gm to 4ml in Prenan Through OG during no desat no Brady. PD 021606.
	4pm	· Baby dupper changed pured in wine PD 021606
	5pm	· feed gm to 6ml of prenan in OG during no desat no Brady.
	7pm	· feed gm to 6ml of Prenan in OG during no desat no Brady. PD 021606
	8pm	· Baby Details hand over gm to next Duty staff. PD 021606
		Night Duty Notes
24/5/26		
	8pm	→ Baby details hand over taken from the evening duty, Baby is on HFNC 30/1 in prone position under Radiant warmer
		→ IVF 60ml/kg/day and Inj. Dobutamin 0.4ml/hr is on flow via Right metacarpal IV line which looks redness & swelling and stopped and informed Dr. Lavanya mam advised to put new line secured and continue Ass
		→ OG. 6 size fixed @ 17cm & IV line secured
	9pm	→ OG/F 6ml prenan given no vomiting & aspiration Ass
	11pm	→ OG/F 6ml prenan given no vomiting & aspiration Ass

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 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
25/05/26	1am	→ Inj. Piptaz 1bomg given as per drug chart	
		→ OG/F 8ml Prenan given no vomiting & aspiration	
	2am	→ OG/F 8ml Prenan given no vomiting & aspiration	
	5am	→ OG/F 8ml prenan given no vomiting & aspiration	
		→ RBS checked & recorded and Baby care done and placed in comfortable position	
	7am	→ OG/F 8ml prenan given no vomiting & aspiration	
	8am	→ Baby details hand over given to the next duty staff	
		MORNING DUTY NOTES - 25/05/2026.	
25/05/26	8 am.	Baby details handover taken from night duty staff, Baby on HFNC support under radiant warmer IVF 4ml/hr on flow, Inj. Dobutamine 0.4ml/hr on flow, IV line present and Patent on OG feeds 10ml Prenan @ 2nd hourly. Vitals checked and recorded, Vitals stable.	KR/021134.
	9 am.	Feed 10ml Pre-nan given through OG, Baby tolerated well, No Vomiting Baby stable.	KR/021134

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 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
25/05/26	10 am.	Dr- Shobana came and saw the baby. advised to change fluid to 40cc and ↓ dobutamine to 0.2ml/hr and to change to Room Air.	
	10:30am.	Baby changed to Room air, Vitals checked and recorded, Vitals stable. No other new complaints	KR/021184
	11 Am	Baby feed 10 ml pernan Given through OG No desaturation, No vomiting	[signature]
	1Am	Baby feed 10 ml pernan Given through OG No desaturation, no vomiting	[signature]
	2pm	Inj: piptoz Given as per drug chart	
	2pm	Baby is ~~hand over~~ ~~Given~~ to ~~Evening~~ duty	[signature]
	3pm	Baby feed 12ml of prenan of full Paladai during no diset no Bradey.	[signature] 021606.
	5pm	Baby feed 12ml of prenan of full paladai during no diset	
	7pm	Baby feed 12ml of Prenan of full Paladai	[signature] 021606
		stop ~~Continue~~ dobutamin 0.2 ml/hr. @ 9pm	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 7 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
		Iv fluid going 40cc Continue	021606
	8pm	Baby details hand over gnto	
		next Duty staff	
			021606
25/5/26	8pm	Night duty Notes:-	
		Baby hand over received from	Sowjeen
		evening duty Staff	
		Baby is in under the	
		radian warmer.	
		Baby is active, Cry, tone	
	10pm	and Skin colour is normal.	
		Baby is on room air	
		maintaining body temperature	
		monitoring vitals every hourly.	
		and recording in vitals	
26/5/26	12am	Chart	
		Feed 14ml increased as per	
		doctor advice.	
		Q6th hourly 2ml increasing.	
		-> Temp-36. HR-158 RR-52	
	2am	Spo2-96%. Bp.	
		Baby is stable.	
		Baby passed wine and motion.	
		monitoring intake and out	
		put	
	4am	Inj. PIPTAZ given as per drug	
		Chart order time	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 7 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
		Feed increased 16ml Q2nd hourly @ 3am	
	6am	No any issue.	
		Baby Tolerating feeds.	ASS
		Tomorrow plan to do Rp2, CRP, TFT. Echo, NSG	
		-> morning care given and baby is stable.	
		Today weight 1.640 kg CBG. 81mg/dl.	
		BP. 54/31 (40)	
		Sample sented and Report due.	
	8am	Baby is stable baby hand over given to next duty staff	ASS
26/5/26	8AM	Morning Duty Notes:-	
		Baby Detuly Hand over taken From Night Duty staff	
		* Baby is under the warmer	
		* Baby is on Room air support	
		* Baby cry Detuly auso Done	
		* Baby colour good in pink colour	
	9AM	Baby feed 16 ml 2nd hurly Pennan, Full paladai feed is given No vomiting no	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 7 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
26/5/26		Distion Baby is on Room air support	
	11 AM	Baby Feed 18 ml 2nd hrly prenan Full paladai Feed is given No vomiting No Distion Baby vitals are stable Baby is on Room air support	
	1 PM	Baby Feed 20 ml 2nd hrly prenan Full paladai Feed is given No vomiting No Distion Baby cry Activity also Done	
	2 pm	Baby Details Hand over given to Evening Duty Staff	
		Evening duty Notes:	
	2pm	=> Baby details handover taken from Morning duty Staff => Baby is on room air & under warmer => Baby tone is Normal & Skin Pink colour vital Sign Temp - 36.5 BP - 81/39 (47) | Pluse - 144 | RR - 49 SpO2 - 100 Maintained	
	8pm	=> Baby urine passed change diapper => Feed given 20ml prenan	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 7 H (M
Dr. THINESH KUMAR J

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Sats throug given granmother	
		During feed No limiting	
		Not desaturation vital sign	
		Stable	
	8.9	=> Neuro sonagram Today done.	
		& vital sign stable.	
	5pm	=> Baby comfortable position	
		given & baby is sleeping	
		=> Feed given 20ml breast	
		Sats through P/F During feed	
		No complaints	
	7pm	=> Baby Urine passed change	
		diapper	
		=> Baby feed given 20ml	
		breast through P/F During feed	
		No limiting Not desaturation	
		vital single stable	
	8pm	=> Baby details handover taken	
		given Night duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 3 D (M)
Dr. THINESH KUMAR J

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/5		Night Duty Notes	
	8 pm	Baby details hand over taken from Evening Duty Staff. Baby is an RA. NO IV lines.	607257.
	9 pm	Baby feed 20ml Prenan given through paladai. Baby diapper changed. Urine stool passed.	607257
	10 pm	Baby vitals are Stable. Saturation maintained 100%.	
	11 pm	Baby feed 20ml Prenan given through paladai. There is NO vomiting NO desaturation.	
27/5	12 Am	Baby vitals are Stable. Active good. cry good. Pink in colour.	
	1 Am	Baby feed 20ml Prenan given through paladai. Baby feed tolerated. During feed NO complaint. Baby diapper changed	
	3 Am	Baby feed 20 ml Prenan given through paladai.	
	4 Am	Baby vitals are stable vitals are monitored and recorded.	

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Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 3 D (M)
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	5AM	Baby feed 20ml Prenan given through Paladai. Baby feed Tolerated.	
	6AM	Baby morning care done	
	7AM	Baby feed 20ml Prenan given through Paladai. There is NO vomiting NO desaturation.	
	8AM	Baby details hand over given to next Duty Staff	
		Morning duty Notes	
27/5/26	8AM	⇒ Baby details handing over taken by Night duty S/N	
	9.Am	⇒ Baby general condition are stable and vitals are checked and record Baby was room air way NO IV line NO Any complaints	
	9.30Am	⇒ Baby food given prenan food 20ml through paladai feed NO Vomiting ⇒ Baby are stable ⇒ Baby urine and motion passed diaper changed.	

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ..... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/5/26		=> Baby is Active and color is pink. Baby cryed is good	
		=> Baby are room air way. Vitals are stable	S. [signature] 020/15
	10 Am.	=> Seen by Doctors's, in Baby. Doctors Adv. Baby shifted to Mother side	
		=> Baby are stable	
	1030Am.	=> Baby shifted to NIUC to Room side	S. [signature] 020/15
		Received notes on 27/5/26	
27/5/26	10:35am	=> Baby Received from nuu staff, with stable condition	[signature] 01/
27/5/26	10:40am	=> on observation baby looks pink, active, alert and cry is good.	
27/5/26	11am	=> vitals checked and recorded. T-36.5°C, HR-142 b/mts, RR-52 br/mts, SPO2-98%.	[signature] on
27/5/26	12N	=> on paladai with formula 25ml given. Taking well and tolerating feeds. no vomiting and abdomen distention	[signature] 01/our.
27/5/26	1Pm	Baby I/O collected and Documented in file → [signature]	
27/5/26	2Pm	Baby Hand over Given to Evening Duty Staff → [signature]	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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ANC-00015787 IP28-00004446
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty Notes.	
27/5/26	2pm.	Baby detail handover taken from morning duty staff. baby is active, pink in colour. Baby in room air.	
	3pm.	Baby given feed on paladai FF 25ml taking good, No vomitting, No abdominal distention.	
	4pm.	Baby vitals checked and recorded	
	6pm -	child are stable, active and pink no Other freaths Complain.	
	7pm -	D/o discoured and documented Baby fed well no complain of Vommiting.	
	8pm -	vitals checked and documented vitals stable.	
	8:30 pm	Handing Over given to the next duty staff.	[signature] 0/3/26

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ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty
27/5/26	8pm	Baby hand over taken from evening duty staff
		Baby active alert aware baby stable baby on room air baby pink and warm
		EBM + FF - 25ml paladai feed only
	10pm	FF - 25ml given paladai no vomiting
		Baby passed urine and motion
		Baby is slept
28/5/26	12AM	vitals stable no fever spike FF -> 25ml
		paladai feed given baby passed
		motion Baby is slept
	4AM	vitals checked and recorded
	5AM	Baby care done weight checked -> 1.62kg
		FF -> 25ml given no vomiting baby
		passed urine
	8AM	Baby vitals stable room air saturation maintain
		Baby hand over to next duty staff
		SS 01/2/26
		P.T.O

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 4 D (M)
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NURSES NOTES

(USE BALL POINT PEN ONLY)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning Duty (28/5/26)
28/5/26	8Am	Patient Hand over taken from Night Duty staff, Baby is stable and well oriented, No further complaints present → [illegible]
28/5/26	9Am.	Baby is stable and Active, Baby tolarcating feeds Normally, ~~to~~ Baby Pink in colour and vitals are stable → [illegible]
28/5/26	9:30am	> on paladai feeds EBM / FF 25ml given Baby is taking well. no vomiting and abdominal distention.
28/5/26	12Pm	> DR. Shobana maam came and saw the child she said to sent the file for Bining → [illegible]
28/5/26	12:20Pm	Patient file sent for Bining as per Advice → [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0Y0M0D3H (M
Dr. THINESH KUMAR J

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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: [signature] 1/26

Name of the Doctor: Dr. Raghu

Date & Time: 22/5/26 , 9.30am

Docu. No. : RCH /FRM / CLINICAL / 206

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: .....

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23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation -2	Sedation -1	Normal 0	Pain / Agitation 1	Pain / Agitation 2	Date 23/5 Time N	Date 24/5 Time M	Date 24/5 Time E	Date 24/5 Time N	Date 25/5 Time M	Date 25/5 Time EN	Date 26/5 Time M	Date 26/5 Time E	Date 26/5 Time 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						32 weeks	32 weeks	32 weeks	32 weeks	32 weeks	32 weeks	32 weeks	32 weeks	32 weeks
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						[illegible]	[illegible]	[illegible]	[illegible]	[illegible] 02/12	[illegible]	[illegible]	[illegible]	[illegible]

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.

ANC-00015787 IP26-00004446
Baby Of C S K SUPRIYA VINESH T-1
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NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date 27/5	Date 27/5	Date 27/5	Date 28/5/26	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time M	Time E	Time N	Time M	Time	Time	Time	Time	Time
					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					
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					
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					
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					
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					

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	[illegible] weeks	30 wk 3 day	[illegible] 3 days	32 weeks
Total Pain / Agitation Score	0/10	0/10	0/10	0/10
Intervention	–	–	–	–
Effectiveness		–	–	–
Signature	[signature]	[signature]	[signature]	[signature]

(P.T.O)

Docu.No: RCH /FRM /CLINICAL /094

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.

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE 23/5	M DATE 24/5	E DATE 24/5	N DATE 24/5	M+E DATE 25/5
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2	2	2	2	2	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					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	3	3	3	3	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		16	16	16	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		X	X	—	X	X
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		—	✓	✓	✓	✓
Adequate lighting		—	✓	✓	✓	✓
Wheel chair support		+	X	—	X	X
Other Intervention(s) Specify		X	X	—	X	X
Nurse's Name:		[signature]	[signature]	[signature]	[signature]	KEZI.R
Signature:		[signature]	[signature]	[signature]	[signature]	KL 02434
Date:		23/5	24/5	24/5	24/5	25/5
Time:		7pm	7am	2pm	9pm	9am

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	N DATE 25/5	M DATE 26/5	E DATE 26/5	N DATE 26/5	M DATE 27/5
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2	2	2	2	2	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					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	3	3	3	3	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

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		x	x	x	x	x
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		x	x	x	x	x
Other intervention(s) Specify		x	x	x	x	x
Nurse's Name:		Sowmya	[illegible]	Poleepi	Divya	[illegible]
Signature:		[illegible]	[illegible]	[illegible] 607522	[illegible]	[illegible] 2015
Date:		25/5	26/5	26/5	26/5	27/5/26
Time:		8pm	8pm	8pm	8pm	9 am

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 3 D (M)
Dr. THINESH KUMAR J

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 28/5/26 M	DATE	DATE
Age	Less than 3 years old	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		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2	2	2	2		
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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		
	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	3	3	1		
	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		
	Total		15	15	13		

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:						
Signature:						
Date:		25/5/26	26/5/26	28/5/26		
Time:		8pm	8pm	9AM		

ANC-00015767 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0Y0M0D3H (M
Dr. THINESH KUMAR J

(1)

BRADEN 'Q' SCALE

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS

				Date : 23/5	24/5	25/5	26/5
				Time : N	M	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.	2	2	2	2
"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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	2	2	3	3
				TOTAL SCORE	21	21	22	21
				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

Docu. No. : RCH /FRM / CLINICAL / 119

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 2 D /M
Dr. THINESH KUMAR J

(2)

BRADEN 'Q' SCALE

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS

				Date : / Time :	25/5 M	25/5 N	26/5 M	26/5 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.	2	2	2	2
"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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	2	2	2	2
				TOTAL SCORE	21	21	21	21
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 3 D (M)
Dr. THINESH KUMAR J

(3)

BRADEN 'Q' SCALE

Rainbow® Children's Hospital

BirthRight® BY RAINBOW HOSPITALS

				Date : / Time :	26/5 N	27/5 N	28/5 E	29/5/2026 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.	2	2	2	2
"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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	2	2	2	2
				TOTAL SCORE	21	21	21	21
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (23/5/26) M	DAY-1 E	DAY-1 N	DAY-2 (24/5/26) M	DAY-2 E	DAY-2 N	DAY-3 M	DAY-3 E	DAY-3 N	Remarks
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-				
		Signature of the Nurse											

Line discard 24/5/26 @ 4pm

Line removed @ 9pm

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : P. deepak

Signature of Ward In Charge :

Signature : ..... Name : Ragani . M

Docu. No. : RCH /FRM / CLINICAL / 137

ANC-00015787 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 7 H (M
Dr. THINESH KUMAR J

2
Rt. Brachial Vein / 24G

CHECKLIST FOR THROMBOPHLEBITIS

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

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Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/5/26			DAY-2 25/5/26			DAY-3 26/5/26			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			–	–	–	–	–			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			–	–	–	–	–			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			–	–	–	–	–			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			–	–	–	–	–			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			–	–	–	–	–			
		Signature of the Nurse				KR	KR	[illegible]	[illegible]	[illegible]			

Line Removed. 26/5/26 @ 11am

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : KR/021134 Name : KEZI. R

Signature of Ward In Charge :

Signature : [illegible] Name : I/C- RAGAVI

Docu. No. : RCH /FRM / CLINICAL / 137

ANC-00015767 IP28-00004446
Baby Of C S K SUPRIYA VINESH T-1
23-05-2026 0 Y 0 M 0 D 3 H (M
Dr. THINESH KUMAR J

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: "O" Positive Baby's Blood Group: O Positive Sheet No: 1

Gest Age: 37 wks Birth Weight: 1.640 kg

Date: 24/5/26	Date: 25/5/26	Date: 26/5/26
DOL D1 Weight 1.640 ↑ 40gms	DOL D2 Weight 1.640 sameweight	DOL D3 Weight 1.640 kg.
Problems: prtcm / RDS / LCOB	Problems: PT / LBWIRS	Problems: Prtcm / RDS / LBW
Rs. CPAP: Exam FiO2 - 30 Vent. Setting peep - 5 ABG / done CXR / Nil	Rs. HFNC Exam Vent. Setting 25/4 ABG CXR	Rs. Exam Room air Vent. Setting ABG CXR
CVS - pink. HR 140 b/m BP 60/34 Map (43) Cap Refil < 3 sec.	CVS Pink HR 138 BP 69/38 Map 45 Cap Refil < 3	CVS Pink HR 156 BP 54/31 Map 40 Cap Refil < 3
F / E / N 2 mL - 2 hrs. T. Fluids (80 cc/kg/day) CC /kg /day (68.1 / 3.7 mL/hr) I / O / RBS: U Output: (CC/kg/hr) Exam 20 (1.5 mL/kg/hr) T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: / Nil WCC Plats Transfusion	F / E / N 6 to 3 ml preron OG T. Fluids 114.8 ml/kg/day CC /kg /day I / O / RBS: U Output: 130 (CC/kg/hr) Exam 3.3 ml/kg/day T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: / nil WCC Plats Transfusion	F / E / N 16 ml Q 2 hrly OG T. Fluids CC /kg /day 2.25 .5 ml - 12 I / O / RBS: 81 mg / dl. U Output: 125 (CC/kg/hr) 3.1 ml / hr Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: / Nil WCC Plats Transfusion
C/s Results / Nil CRP Antibiotics Inj: Piptaz	C/s Results / nil CRP Antibiotics Inj. Piptaz	C/s Results CRP Antibiotics Inj. Piptaz
Med - Neuro: -	Med Neuro: / nil	Med Neuro: / Nil
Assessment Done.	Assessment done	Assessment Done.
Plan Exclate feeds.	Plan	Plan Echo, NSG.