ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 2 D (F)
Dr. EZHILARASI

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		30/5/26 at		
Activity Sheet updated by Pharmacy		1:16 pm		

(1)

ACTIVITY RECORD FOR BILLING

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: E ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T-1
28-05-2026 0 Y 0 M 0 D 4 H (F)
Dr. SHOBANA RAJENDRAN
EETHA TWIN-I

UHID No: .....

..... Consultant: Dr. Shobana Dept: NICU

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	02.40pm	OT-II	~~POW~~ NICU ~~OP~~	~~POW~~

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
22/5/26	* Blood grouping		
	* Hemoglobin	7262	
	* Bilirubin (Indirect/Direct		S. 020715
	* Reticulocyte count		
	* Direct coombs test		
	* peripheral smear.		
28/5/26	RBS	7261	020715
28/5/26	RBS	7268	
29/5/26	RBS	7289	
30/5/26	OAE	4773	
30/5/26	NBS.	7347	
30/5/26	SBR	0343	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	BiPAP	28/5/26 2pm	29/5/26 @ 12am		
	oxygen	~~₹349~~	29/5/26 @ 8am	₹349	
	Radiology				
28/5/26	x-ray			4028	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 30/5/26 Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
01718			

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T1
28-05-2026 0 Y 0 M 0 D 4 H (F)
Dr. SHOBANA RAJENDRAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: BABY OF SANGEETHA TWIN-I Mother's Name: MRS. SANGEETHA.

Date of Birth: 28/5/26 Time of Birth: 11:41 A.M. Gender: ☐ Male ☑ Female

Birth Weight: 2.260 Kgs HC: 36 cm Lenght: 46 cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O -ve. Baby: .....

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

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: 140 /Min RR: 62 /Min BP: — SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ Yes ☐ No **Score:** 18 (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: Pushpavathy Signature: Date &Time: 28/5/26 at 12.40pm

CONSENT FOR FORMULA FEEDS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T1
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

Patient Name : B/o: Sangeetha Priya. Age : Do. Gender : ☐ Male ☑ Female

UHID No : ..... Department : NICU Date : 28/5/26

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

Patient Attendant :

Signature : .....

Name : M.S. Ajay.

Relationship with Patient: father.

Date & Time : 28/5/26

Witness :

Signature : .....

Name : .....

Date & Time : 28/5/26 @ 2pm

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 28/5/26 @ 2pm

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T1
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

B-tne

	28/5/26					
Date						
Time						
Hb	12.7					
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	1.6.					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
DC7-	2+					
Retic count : 7 (N: 2-6)						
P. Smear- RBC: Macrocytic Normochromic						
Occasional target cells seen.						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 0 D 4 H (F)
Dr. SHOBANA RAJENDRAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/5/26	2pm	89mg/dl	Feed	~~60 HS 22~~
28/5/26	8pm	93mg/dl	Feed.	~~60 HS 27~~
29/5/26	7AM	94 mg/dl	feed stop.	~~SS~~
30/5/26	Today weight: 2.260kg			JPY.
	HC : 32cm			
	L : 48cm			
	TCB chest: 6.6			
	Head: 7			

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Dr Ezhilarasan	
28/5/26 1:10 pm	S/B Dr Malini	
	Reviewed	
	Nov Blocks	
	O/E Baby pink	
	normothermic	
	perfusion good	
	peripheries - dusky	
	CRT = 3sec	
	HR - 142/min	
	SpO2 - 98%	CVS - S1S2+
	On 2c nond O2 prong	RS - BAE+, clear
	RR - 62/min	PA - Soft
	SCR+, SSR+	CNS - AF→
	Xiphoid	Cry/activity good
	nond flaring	suck+
	Spau - 77 → 62	
		111290

ANC-00015891 IP2S-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	S/B Dr Shobana.	
	Corr 36 wks + -2.26	
	with dusbreas	
	Ras Tracheal endrawing	
	ICR.	
	and labile saturation	
	without O2.	
	Rp	
	• Shift to NICU	
	• to start CPAP after x ray	
	Family counselled.	
	Dr Shobana	

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

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9:30AM	S/B Dr. Aneesh	DCDA - 1
	LATE PRETERM (36+4) | GIRL BABY | AGA . RH negative preg	MILD RDS CTTNB
	RS - B/LAE (+) SPE (+) chest clear RR - 56/m NOB - minimal ICR (+) 94% SpO_2 in RA.	MBG 0 -ve BBG B +ve. DCT - ++ Hb - 12.7 Cord. Bili - 1.5
	CVS - HR - 134/m S1S2 (+) no murmur TPR/PP CRT < 3sec pulses well felt BP 53/43 (46). No inotropes.	Bwt - 2.260 kg Twt - 2.230 kg
	CNS - Af @ level, Lly tone Activity - (N) No seizures.	
	P/A - Soft no distension 15ml OG feeds Q2H	7AM - CBG - 94 mg/dl.
	Fluids - Passed 10ml urine for 29 hours (0.2ml/kg/hr). No IV fluids.	
	No antibiotics.	Aneesh 163165

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 0 D 21 H (F)
Dr. SHOBANA RAJENDRAN

(4)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10:30 AM	S/B Dr. Shobana mam. Paladai feeds. If feeding well after 2 feeds. To shift mother side. 15-20ml paladai feeds. Adm – Dr. Ezhilarasi Dr.	Aneesh 163765
29/5/26 3:15 PM	S/B Dr. Nallathambi. Baby Rad On EBF + 15-20 ml paladai feeds. V/S: Done Stable. O/E: Cry + Activity (N) PPWF S/E: NAD Plan: Watch for icterus	

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 0 D 21 H (F)
Dr. SHOBANA RAJENDRAN

(5)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	S/B Dr. Dirya sai	
7:30pm		
	Baby reviewed.	
		MBG – O -ve
	Pink / Euthermic	BBG – B +ve
	T/P – (N)	DCT – +ve.
	C/T/A – good.	
	On Formula feeds.	
	O/E vitals stable.	
		Rx
	RS – B/L AE (+)	1) Warmth care
	CVS – S1S2 (+)	2) Continue DBF + FF
	P/A – soft	on demand.
	CNS – AF –(-)	3) Monitor vitals.
	C/T/A – good	4) check TCB at 6am. , to do UAE ...
		[signature]
		14:18

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

Patient Sticker

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	S/B Dr. Mithuna	
9:00 AM		
	A: Late Pre-Term / Twin-I / Cr[illegible] / Rh -ve pregnancy	
		TTNB
	45 hrs of life	
	B.wt: 2.260 kgs	H/O -ve
	T.wt: 2.260 kgs	B/B +ve
		TCB: H-7
	On DBF + FF (20-30 ml) - Q 3rd hrly	C-6.6
	U/O: Adequate (6 times)	
	Meconium: Adequate	
	O/E: Cry + Activity (N)	
	Icterus (+) - up to neck.	
	PPWF	
	S/E: CVS: S1S2 (+)	
	RS: B/L AE (+)	
	P/A: soft	
	Plan: (1) To vaccinate today.	
	(2) Check Red reflex	
	(3) To do OAE today	
	(4) To do NBS, SBR, Serum sample for Hb, DCT, Reticcount	
[signature] 14947.		

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

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T1
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.260 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/5/26	12:45 PM	INJ VITAMIN K	1mg	IM			
		Inj. BCG	0.1cc	ID			
30/5/26	11:30 AM	Inj. HEPATITIS B	0.5cc	IM			
		OPV	2 Drops	P/O			

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

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O-ve Baby's Blood Group: Sheet No: (1)

Gest Age: 36 WKS Birth Weight: 2.26 kg

Date: 29/5/26	Date:	Date:
DOL D1 Weight 2.230kg	DOL Weight	DOL Weight
Problems: RDS	Problems:	Problems:
Rs. O2 / 0.2 Lit Exam Vent. Setting ABG CXR / –	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Pink HR 136 b/m BP 56/44 Map 48 Cap Refil <3	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids 59 ml/kg/day CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam 0.2 ml/kg/hr T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: / – WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results / – CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med / – Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment	Assessment
Plan	Plan	Plan

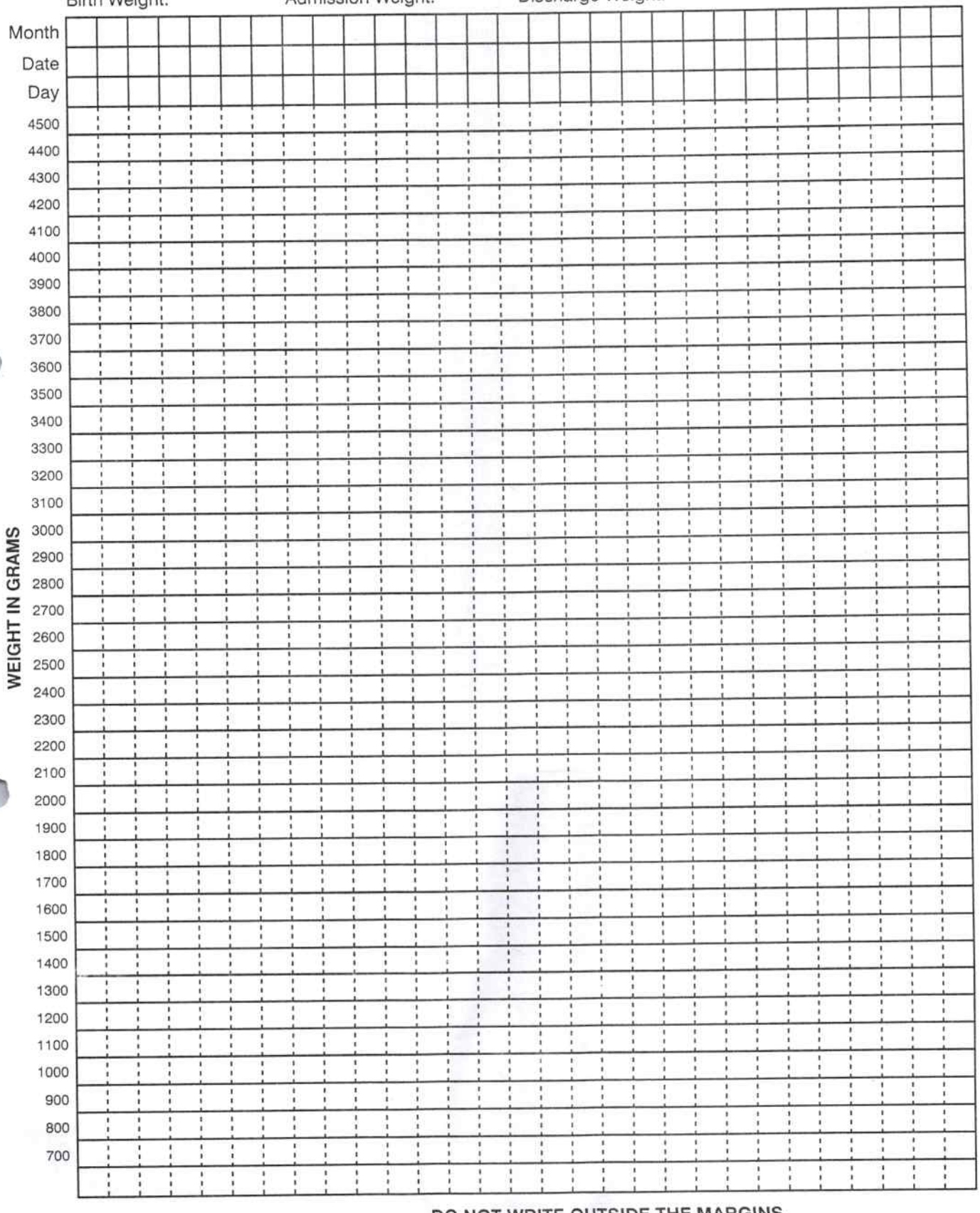
Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL WEIGHT CHART

Birth Weight: Admission Weight: Discharge Weight: NICU:



DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 0 D 21 H (F)
Dr. SHOBANA RAJENDRAN

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

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

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/5/26 Time:	2 PM	7 PM	12 AM	4 AM
Doctor/Nurse/Family Concern?	✓	✓	✓	✓

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 97.2 | 97.5 | 98 R | 98.3 R

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

Heart Rate (Number)	138 bpm	138 bpm	140 bpm	135 bpm

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

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

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

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

Patient Sticker

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

BirthRight
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)

M SANGEETHAPRIYA
26 0Y0M2D (F)
ARASI

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/5/26 Time:	8am
Doctor/Nurse/Family Concern?	✓

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

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

Heart Rate (Number)	120bpm

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

Resp Rate (Number)	43bpm
Resp Distress: Mod/ Severe / None / Mild	✓
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
Conscious Level: Normal / Altered	✓
GCS *	15
TOTAL SCORE Number of shaded boxes	01
Pain Score	00
Observer's Initials	DS TOM

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

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

Patient Sticker

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

BirthRight
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-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 0 D 21 H (F)
Dr. SHOBANA RAJENDRAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

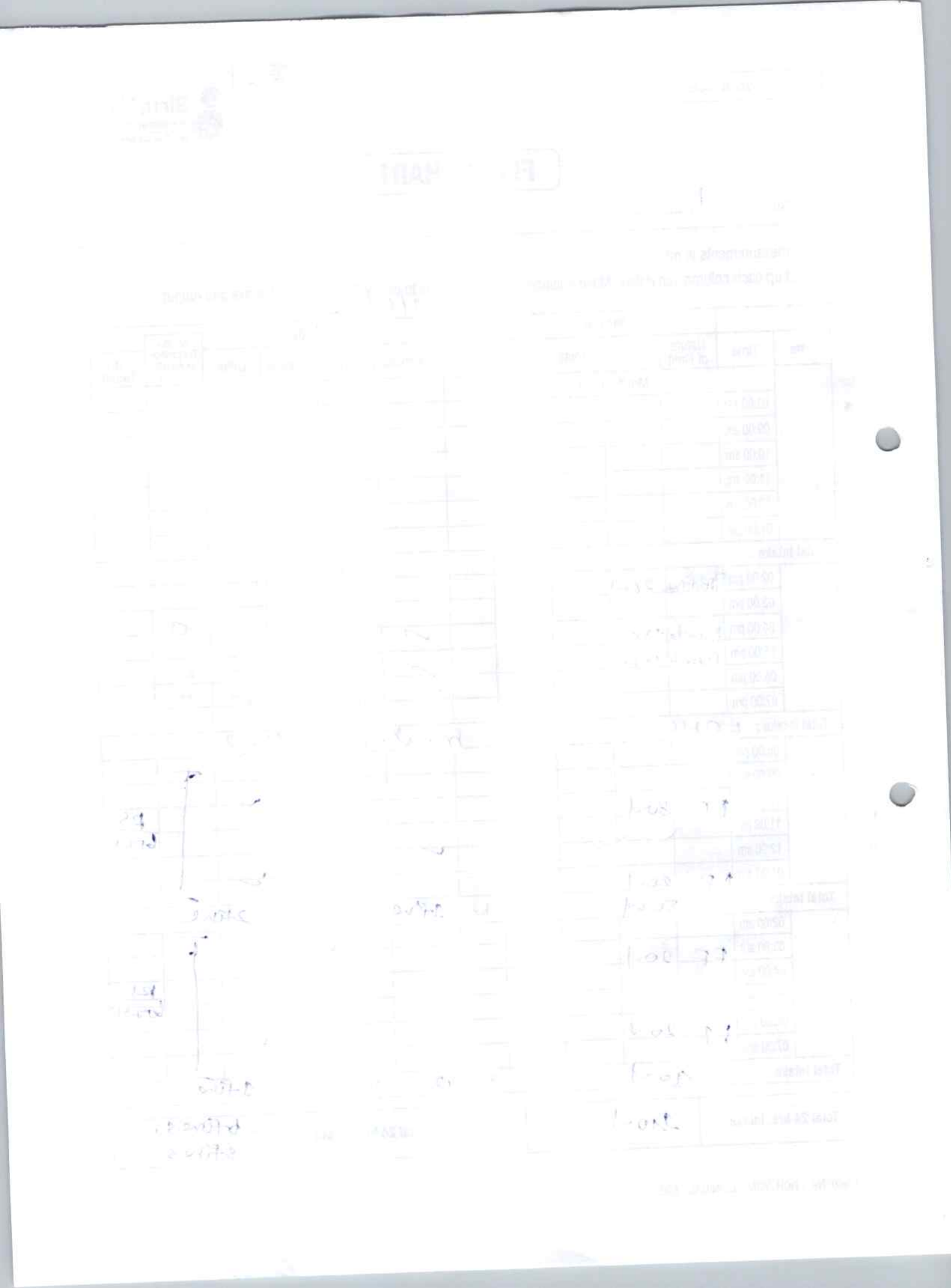
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

29/5/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	BF	20ml									
	03:00 pm											
	04:00 pm	Formula	15ml				✓			✓	0	
	05:00 pm	Formula	10ml				✓			✓	0	
	06:00 pm									✓	0	
	07:00 pm									✓	0	
Total Intake :		50ml				M – 2, Total Output :	U – 3					
	08:00 pm											
	09:00 pm											
	10:00 pm	EBF	30ml							✓		
	11:00 pm											PS 60ml
	12:00 am						✓					
	01:00 am	EBF	20ml							✓		
Total Intake :		50ml				M – 1 fine, Total Output :	U – 2 fine					
	02:00 am											
	03:00 am	EBF	20ml									
	04:00 am											
	05:00 am											PS 60ml
	06:00 am	EBF	20ml									
	07:00 am									✓		
Total Intake :		40ml				M – 0, Total Output :	U – 1 fine					

Total 24 hrs. Intake	210ml

Total 24 hrs. Output	U – 6 times; M – 3 times



15691 IP26000044/3
M SANGEETHAPRIYA
26 0Y0M2D (F)
LARASI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 02

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.

30/5/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	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	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**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**	

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T1
28-05-2026 0Y0M0D4H (F)
Dr. SHOBANA RAJENDRAN

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

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: RDS

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

Surgery / Procedure: —

Post OP Day: —

BACKGROUND

Date / Shift	28/5/26 OT	28/5 E	28/5 N	29/5 M	29/5 E	29/5 N
Medical Condition (Any special condition to be noted):	—	RDS	RDS	RDS	RDS	RDS
Diet:	.	Nonnro.	Nanpro	Nanpro	Nanpro	EBF/FF

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA O2	CPAP.	CPAP	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	36.6°F	36.5°C.	36.	36.2°C	97.8°F	98.5°F
Res:	62b/m.	42b/m	60b/m	62b/m	46b/m	43b/m
SpO_2:	99%.	99%.	100%.	98%.	48%.	100%
Pulse:	140bpm.	139b/mm	142b/m	146b/m	144bpm	120bpm
BP:	—		86/44(48)	—	—	—
LOC:	Alert	Active.	Active	Active	Alert	Alert
Fall Risk Score:	14	0/10.	14	4 5 0/10	14 0/10	15 0/10
Pain Score:	D	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:	.	Nonnro.	Nanpro	Nanpro	—	—
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—

Handed Over By Name :	Deepika	Pdeepika	Divya	Deepika	Kkeerthi	Saimathi
Signature / ID :						
Date:	28/5/26	28/5	29/5	29/5	29/5/26	29/5/26
Time:	1:30pm	8pm	8am	2pm	2pm	8pm
Taken Over By Name :	Pdeepika	Divya	Deepika	Kkeerthi	Saimathi	Keerthi
Signature / ID :						
Date:	28/5/26	28/5/26	29/5	29/5/26	29/5/26	29/5/26
Time:	2pm	8pm	8am	2pm	8pm	8pm

15891 IP28-0000447 9
M SANGEETHAPRIYA
26 0Y0M2D (F)
LARASI

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:								

Patient Sticker

(2)

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:							

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-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA (F
28-05-2026 0Y0M0D4H
Dr. SHOBANA RAJENDRAN

(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: 28/05/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	1pm	Baby general condition Assessed ~~Baby position~~ Provide comfortable Position		Baby general condition Assessed. Provide comfortable position.	Baby vitals Stable.	Baby vitals Stable	0207.
Afternoon	2 pm	=> TO provided feed => TO provide comfortable Position	4 pm	=> TO provided feed 10ml Nanpro => TO provided comfortable Position	=> During feed No vomiting Not desaturation	=> Baby is vital sign Stable	60752
Night	8 pm	Provide Baby feed 10ml Nanpro Q2hrly.	11 pm	Provided Baby feed 15 ml Nanpro Q2hrly	Baby feed tolerated	During feed No Complaint.	

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 0 D 21 H (F)
Dr. SHOBANA RAJENDRAN

NURSING CARE RECORD

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

Date: 29/5/26.

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	To provide Feed Q2hrly 15ml to the Baby	9am	provided Feed Q2hrly. 15ml of Nanpro through OG given.	Baby Feed tolerated well.	During Feed no complaints	
Afternoon	2pm	- Assess the baby condition. - Assess the Feed.	3pm	- Assessed the baby condition. - Assessed the Feed.	Improved	Vital Monitoring	D CHARGE
Night	8 pm	- Assess baby condition - provide warmth care	9 pm	- Assessed baby condition - provided warmth care	baby is stable	baby is active	PS Bonny

15891 IP28-00004479
M SANGEETHAPRIYA
26 0Y0M2D (F)
LARASI

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: 30.5.26

Goals

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

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

Patient Sticker

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0Y0M0D4H (F
Dr. SHOBANA RAJENDRAN

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/5/26.	11.41AM	Baby delived at 11.41AM. Baby cryed at birth delayed cord clamp done. Baby resint ccore done. Inj. vit K 1mg IM. given @ 11.45AM.	
		Baby Details.	
		Birth Time : 11.41AM	
		Birth DATE : 28/5/26	
		BABY SEX : FEMALE	
		BABY WT : 2.60kg.	
	1.50PM.	Baby shifted to NICU	
		Resuscitation Notes :-	
	2pm	=> Baby resuscitation from OT & Emergency Dscis	60#522
		=> Baby is CPAP support A.wt - 2.200kg / B.wt - 2.2kg	60#522
		=> CPAP support Fio2 - 30 peep - 6 Maintained	60#522
		=> Baby is under warmer & vital Sign Temp - 36.5°C	
		RR-40 / Pluse - 146 / Spo2 - 99%	60#522
		BP - 55/28(38) Stable	
		=> RBS - Checked 89mg/dl	
		Mention Result Chart	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T1
28-05-2026 0Y0M0D4H (F
Dr. SHOBANA RAJENDRAN

(2)

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
	2.30pm	=> X-ray is one done => Dr. Shobana mam Advised to start feed 10ml 2hrs Nanpro	Dr. bo7502
	8pm	=> Feed given 10ml - 2hrs Nanpro through OG => During feed No vomit Not desaturation & vital sign Stable.	bo7502
	5pm	=> Baby Feed given 10ml Nanpro 2hrs through OG => During feed No complaints	bo7502
	6pm	=> Baby is comfortable position given baby is Sleeping & vital sign Stable	bo7502
	7pm	=> Feed given 10ml Nanpro 2hrs through OG During feed No complaints	Dr bo7502
	8pm	=> Baby details handover taken given Night duty Staff	bo7502

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0Y0M0D4H F
Dr. SHOBANA RAJENDRAN

(B)

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
28/5/26		Night Duty Notes	
	2 PM	Baby details hand over taken from Evening Duty Staff. Baby is an CPAP support. 4.5/28.	
	9 PM	Baby feed 10 ml Nanpro given through OG. there is no vomiting no desaturation	
	10 PM	Baby vitals are monitored and recorded.	
	11 PM	Baby feed 15 ml Nanpro given through OG. Baby feed tolerated.	
29/5	12 AM	Baby vitals are Stable O2 cannula changed Baby Saturation maintained.	
	1 AM	Baby feed 15 ml Nanpro given through OG. there is no vomiting no desaturation.	
	2 AM	Baby vitals are monitored and recorded.	
	3 AM	Baby feed 15 ml Nanpro given through OG. Baby diapper changed. Stool Stained urine not passed.	
	4 AM	Baby vitals are monitored and recorded.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA (T)
28-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SHOBANA RAJENDRAN

(4)

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
	5AM	Baby feed 15ml Nanpro given through OG.	
	6AM	Baby Morning care done. Baby Diapper changed urine 10ml Passed. Stool Passed.	
	7AM	Baby feed 15ml Nanpro given through OG. Baby feed tolerated.	
	8AM	Baby details hand over given to next duty Staff.	
29.5.26		Morning Duty Notes	
	8am	=> Baby details Handing over taken from Night duty staffs. -> Baby is on O_2 Support 0.2 liters kept on under warmer.	
	9am	=> Feed given 15 ml of Nan pro through OG given. During Feed No complaints.	
	10am	-> Baby urine passed So diaper changed.	
	11am	-> Feed given 15 ml of Nanpro through palabai given through During Feed No complaints.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA T1
28-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SHOBANA RAJENDRAN

(5)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29.5.26	12pm	=> Baby Vitals are Monitoring and Recorded.	
	1pm	=> Baby Shifted to 3rd Floor [304 Room ND]	
	1.30pm.	Baby received from NICU Baby is stable and active NO distress.	
	2pm	Baby details handing over gnm to evening duty staff. Nayan. 29/5/26 - Evening duty	
	3pm.	Baby is having Oxi taken from Morning duty staff and recorded.	
	3p.m.	DBF & Formula feed given.	
	4pm	duty doctor seen the baby continue same treatment.	
		To provide adequate care Encouraged feed. Advised about Monitoring. DBF + Formula feed given.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015891 IP28-00004479
Baby Of M SANGEETHAPRIYA
28-05-2026 0 Y 0 M 0 D 21 H (F)
Dr. SHOBANA RAJENDRAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6pm	Intake and output Monitoring.	
	8pm	Handing over given to NP shift duty.	
		Night duty notes'	
29/5/26	8:30pm	→ baby handover taken from evening duty staff nayal	
		→ baby is active and alert. baby warm and pink	
		→ baby is on EBF @ 2hrly given	→ PS
	10pm	→ baby passed urine and motion no other complaints	→ PS
30/5/26	12am	baby vitals checked and recorded vitals stable	→ PS
	2am	→ baby sleep well no other complaints	
	4am	→ baby is stable EBF given to the baby	→ PS
	6am	Morning care given to the baby	
		→ baby weight checked and recorded	
		→ baby urine and motion passed.	→ PS

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

15891 IP28-00004479
M SANGEETHAPRIYA
26 0Y0M2D (F)
LARASI

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
30/5/26	8 am →	baby vitals checked and recorded vitals stable. →	RS 6am
	→	baby handover given to morning duty staff →	RS 6am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

NOTE : DO NOT WRITE OUTSIDE THE MARGINS