Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175859 **Admit Date** : 02-Jul-2026 **Admit Time** : 09:18 AM **UHID** : BAH-00660450

Patient Details :

Patient Name	: Baby Of MEGHA AGARWAL	**Age**	: 0 D
Guardian	: MR YASH AGARWAL	**DOB**	: 02-07-2026 07:55 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: VILLA NO 129,SUNRISE VALLEY VILALLAS Attapur Hyderabad Telangana INDIA 110005	**Phone No**	: 9909506666/ 9550106666
		E-mail	: MEGHA30.AGARWAL@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SUITE425-1 **Ward Name** : 4F-BIRTHRIGHT PREMIUM

Room No : CRDL-SUITE425-1 **Admission Type** : First Visit

Contact Details :

Name : MR YASH AGARWAL **Relationship** : Father

Contact Address : VILLA NO 129,SUNRISE VALLEY VILALLAS Attapur Hyderabad Telangana INDIA 110005 **Phone No** : 9909506666

Signature

Doctor Details :

Doctor Name : Dr. VENKATALAKSHMI NARAYANA RAO DAMA **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth : 2/7/26
Time of Birth : 4:55Am
Mode of Delivery : EL-LSCS
Birth Weight : 3.017 kgs
Head Circumference : 35 cms
Length : 50 cms
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group : B+ve
Baby's Blood Group : B+ve
Anomaly Scan :
Vaccination : BCG, OPV, Hep-B Given on 2/7/26 kaveri 2/7/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
2/7/26	3.017 kgs	DBF	DROP'S	98.2°F	Suf
3/7/26	2.814 kgs	DBF	DROPS	98.3°F	Priya
4/7/26	2.716 kgs	DBF	good	98.1°F	priya

Date	Time	Investigation	Result	Order No.	Signature
2/7/26	10AM	Blood grouping	B+ve	26066109	Suf
3/7/26	7:58AM	TCBR	5.6 mg/dl	26066652	Priya
4/7/26	8AM	SBR	9.2 $^{0.1}_{0.1}$	26066919	Sons
4/7/26	8AM	NBS	Sent	26066919	Sons
4/7/26	11.30AM	OAE	Done	9687582	Sons

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Megha Agarwal Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Venkat Laxmi Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Megha

Gender : ☑ M ☐ F Blood Group : B+ve

Date of Birth : 2/7/26 Time of Birth : 7:55 am

Place of Birth : RPH Banjara

Mother's Blood Group : B+ve

Birth Weight (gms) : 3.017 Length (cms) : 50 Cms

OFC (cms) : 35 Cms

Estimated Gesth Age : 38+4

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 5/10/25 EDD : 12/7/26

Conception : Spontaneous or with Rx. : Spont

Booked at what GA. : 14 weeks AN Steroids Drugs / Doses : .....

Last Scans Details : 35+6 - Dapplex - (N), EFI - 2.5 K.

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs X

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : X

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : X

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : X

AFI : .....

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

Controlled or not, recent values, HbA1 values : X

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? X

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

(Anemia, SLE, Jaundice, CHD, Heart Disease) X

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☑ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

BAH-00660450 IPS-0017/5859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

PAST OBSTETRIC HISTORY

G : 2 P : 1 A : L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	Spont FTR			girl	ASH	
2	Spont					

PERINATAL HISTORY

Treating Obstetrician : Dr. Himabindu Hospital : RCH Banjara ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : Elective Sec ↓ Prev. scar

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
2	2	
2	2	
2	2	
2	2	
9/10	9/10	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Baby c/o AB

↓

Acc done

↓

Sterile card cut

↓

Routine newborn care given

↓

Inj Vit-K 1mg I.M given

Investigation details in previous Hospital :

—

Feeding History :

—

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Pink

Jaundice : ..... Pallor : ..... SpO2 : 95-1.

Anthropometry : Birth Weight : 3017 Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

	Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
Facies : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : - to be checked Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : No cleft Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : 2 A 1 V	N
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	N B/L testicle descent
HERNIAL ORIFICES	-	N
TRUNK and SPINE :		N
SKIN LESIONS :		N
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	N

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : 95-1. Auscultation : B/L EAE Breath Sounds : (N) Added Sounds : NO

Cardiovascular System :

HR : 156 BP : ..... Precordial Activity : .....

Femoral Pulses : / good Murmurs : / (N)

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen :

Hernia orifice : .....

Shape : / (N) Anal Patency : patent

Palpation : ..... Umbilical Cord : 2A1V

Palpable masses : ..... First urine passed : .....

Abdominal girth : ..... Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : alert

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : / good tone

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : / (N) DTR : (N)

ATNR : ..... Skull and Spine : .....

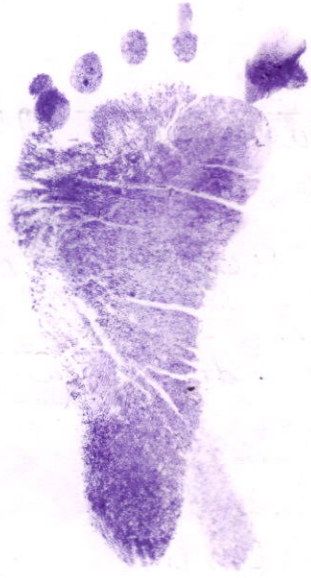
IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

Any ..... NAD Grade 1 Cong anomaly

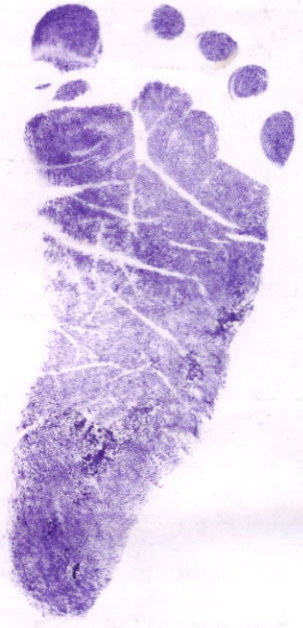
Diagnosis : ..... Term / AGA / male / CIAB
32+4 / 3.077

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Rupinjal

Date & Time : 2/7/26 8:00 am

Consultant :

Signature : .....

Name : .....

Date & Time : 2/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : ..... Plan

Systemic : ..... — DBF fib burping - 2h

Medications : ..... — Bcly, OPV, HepB today

..... — Clinical jaundice @ 24h

..... — SBR / @ 48h

Plan during ward follow up :

8:13 Am to 8:21 Am ~~VAE~~ NBS

..... — W/f vitals & Inform SOP

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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
2/7/26 7Am	Seen by Resident	
	1 HOL / 38+4 / Term / Elective LSCS / mch / CIABI 3017 gm	
	Baby on Room air Hemodynamically Stable Cry, Tone, Activity — Good Sucking: Good Not passed urine & stool Euthermic Peripheries: Warm CRT < 3sec	plan 1. Warmth care 2. PBf every 2nd hourly f/b Burping 3. W/f passage of urine and stool 4. Trace baby blood group 5. Vaccination BCG, OPV, Hepatitis B — today 6. Vital monitoring 3rd hourly
		Sai

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0Y0M0D2H (M)
Dr. VENKATALAKSHMI NARAYANA

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
2/7/26 3pm	Afternoon rounds	
	7 Hrs/ 38+4/ Term/ Elective LSCS/ Mch/ C2A8 $C_2P_{1,2}$	
	$\frac{m}{B}/B^+$	
		Plan
	Baby on Room air	
	Accepting feeds	1. Warmth care
	cry, Tone, Activity } Good	2. EBF every 2nd hourly followed by Burping
	Sucking: Good	3. Trace baby blood group
	Passed urine	
	vitals: Stable	4. BCG, opv, Hepatitis B today
	peripheries: Warm	
	CRT < 3sec	5. Wif Passage of stool
		6. vital monitoring 3rd hourly
		TCBR at 24 HOL.
2/7/26		
		dhy Sai
	TCBR = 10.5; Cut off - 11	⇒ ~~Start SSPT~~.
		Sneha

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0Y0M0D2H (M)
Dr. VENKATALAKSHMI NARAYANA

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
2/07/26 Spin	Lactation Notes Mother motivated to feed, DBF recommended every 2-3 hours. good latch seen. Shreya Prabhu.	
3/7/26 @8am	38+4 Term | 24HOL | $G_2P_1L_1$ | ₹2.1 SCS | Male | CIA B | No maternal risk factors.	
	B.wt = 3.017. Curr wt = 2.817. loss = 6.6%.	Plan 1) warm Care 2) Breast feeding 2nd hrly f/b Burping
	MBG | B+ve BBG | B+ve	3) NBS BBR OAE at ~~48HOL~~
	Baby on Room air. Baby - Euthermic Pink Activity Good	4) vitals monitoring 5) w/f- feeding activity Stool, urine.
	TcBR = 5.6 mg/dl (24HOL) ① vitals: 145/min. RR = 50/min SpO_2 - 98%.	Inshan
	Urine } ~~Stool~~ Stool } passed	

H-00660450 IP5-00175859
by Of MEGHA AGARWAL
-07-2026 0 Y 0 M 0 D 14 H (M)
. VENKATALAKSHMI NARAYANA

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
3/7/26 @ 11am		Seen by Dr. VL mam
	Skin - dry	1) Apply liquid paraffin to the body
		2) T/m - TCBR at 8am. C Thomora
		3) on Sunday 6am - SBR NBS.
		4) T/m - OAE (48hrs)
		[signature]
3/7/26 4pm	33+6d / 38+4 / LSCS / CIAB / 3.077 kg	
	B+ / B+ ; M / M	Plan
		1. DBF / 2nd hrly
	Euthermic, Pink	
	CFT / AC good	2. SBR / NBS t/m @ 8:00 am
	warm peripheries	
	Good perfusion	3. OAE - t/m
		[signature]

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

H-00660450 IP5-00175859
by Of MEGHA AGARWAL
07-2026 0 Y 0 M 1 D (M)
VENKATALAKSHMI NARAYANA

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
4/7 8:00 AM	d/c/B RESIDENT.	
	4BHOL / 38+1 / LSCS / AAB / 2.077kg	Plan. 1. DBF / 2nd hourly. – Lactation consult – R/V formula feeding
	B+ / B+ 4-7 / M-3	
	T.wt: 2.716 kg [9.9% NWB]	2. OAE today.
	Anteromic / pink	
	c/c/g: good	3. SBR / NBS – now
	warm peripheries.	
	Good perfusion.	
	[signature]	
4/7/26 @10:30am		Seen by Dr. Venkatlakshmi mam
		• Recheck wt 4:30pm.
		• Recheck TcBR at 4:30pm.
		Sneha
		4/7/26 OAE - New born hearing screening Bilateral responses are present Bilateral Pass [signature]

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 2 D (M)
Dr. VENKATALAKSHMI NARAYANA

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
04/07	Lactation notes mother comfortable with feed, ~~BB~~ DBF followed EBM (hand expression) ~~to~~ recommended in view of weight loss, good flow & colostrum seen. Shreya Prabhakar	

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

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0Y0M0D2H (M)
Dr. VENKATALAKSHMI NARAYANA

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: ..... Mother's Name: Mrs. Megha Agarwal

Date of Birth: 2/7/26 Time of Birth: 7:55Am Gender: ☑ Male ☐ Female

Birth Weight: 3,017 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: B+ve Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 8:13 Am to 8:21 Am

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.2 F °C HR: 140 /Min RR: 44 /Min BP: — SpO2: 100 %

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 0 (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: Sona Signature: Date &Time: 2/7/26 @10 Am

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0Y0M0D1H (M)
Dr. VENKATALAKSHMI NARAYANA

MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
2/7/26	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	→ warm Care	- warm Care provided	- To reduce hypothermia	Sd	☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☑ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0Y0M0D2H (M)
Dr. VENKATALAKSHMI NARAYANA

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pa... ..

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/7/26	11AM	7	Infection Contol measus	mc F	1	D	1	1	—	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

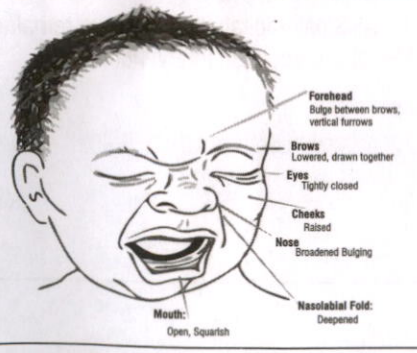
BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
Procedure →						0	0	0	0	0	0			
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			
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			
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			
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			
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			
Gestational Age / Corrected Age						38+4	38+4	38+4	38+4	38+1 WK	38+1			
Total Pain / Agitation Score						0	0	0	0	0	0			
Intervention						NA	NA	nea	nea	NA	NA			
Effectiveness						NA	NA	NA	NA	NA	NA			
Signature														



Premature Pain Assessment: Scoring

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

Intervention

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

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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 2/7/26 8AM / 1PM	DATE 2/7/26 8:45AM / 3PM	DATE 3/7/26 8PM / 3PM	DATE 3/7/26	DATE 4/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	15	15	15	15

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓		✓
	Wheels Locked		X	X	X	X	
	Room free of clutter		X	X	X	X	X
	Adequate lighting		X	X	X	X	X
	Wheel chair support		NA	NA	NA	NA	NA
	Other Intervention(s) Specify		NA	NA	NA	NA	NA
	Nurse's Name:		[illegible]	priya	[illegible]	[illegible]	[illegible]
	Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:		2/7/26	2/7/26	3/7/26	3/7/26	4/7/26
	Time:		1pm	8:45am	3/7/26	8pm	2pm

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 2/7/26	3/2/26	3/2/26	3/2
					Time : 8pm-8pm	8am-8pm	8am-8pm	8am-8pm
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.	2	2	2	2
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
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.	3	3	3	3
				TOTAL SCORE	19	19	19	19
				Evaluator's Name	[signature]	Priya	[signature]	Priya

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

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

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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: 2/7/26 Time:	9AM	1PM	7PM	11 PM	6 AM	
Doctor/Nurse/Family Concern?						
Temperature (F)	98	98	98	98	98	
Heart Rate (bpm) and Blood Pressure (mmHg) *	140	140	140	130/84	145	
Heart Rate (Number)	140	140	140	130	145	
Resp. Rate (bpm) (Over 1 Minute) *	40	40	40	40	40	
Resp Rate (Number)	40	40	40	40	40	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%	98%	98%	
Conscious Level: Normal / Altered	N	N	N	N	N	
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	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

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

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

Patient Sticker

Pratiksha 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)

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

No. : RCH / FRM / CLINICAL / 124

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

Pratiksha 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: ..... Time:	9/2/26 10 AM	3 PM	7 PM	11 PM	6 AM	
Doctor/Nurse/Family Concern?						
Temperature (F)	98.6 F	98.4 F	98.2 F	97.9 F	97.8 F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	*	129	*	*	*	
Note: BP does not score in early warning scoring						
Heart Rate (Number)	142	129	130	140	130	
Resp. Rate (bpm) (Over 1 Minute) *	*	*	*	*	*	
Resp Rate (Number)	40	39	40	40	40	
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	—	—	
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	98%	98%	98%	
Conscious Level: Normal / Altered	✓	✓	✓	—	—	
GCS *	13/15	14/15	13/15	13/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials						

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

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

Patient Sticker

Pratiksha 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)

H-00660450 IP5-00175859
by Of MEGHA AGARWAL
07-2026 0 Y 0 M 1 D (M)
VENKATALAKSHMI NARAYANA

. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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: ...4/7/26..... Time:	10 AM	2 pm	6 pm
Doctor/Nurse/Family Concern?			
Temperature (F)	98	98	98
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Heart Rate (Number)	140 bpm	140 bpm	138 bpm
Resp. Rate (bpm) (Over 1 Minute) *	40	39	40
Resp Rate (Number)	40 bpm	39 bpm	40 bpm
Resp Distress: Mod/ Severe / None / Mild	N	N	N
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%	100%	99%
Conscious Level: Normal / Altered	N		
GCS *	14/15	14/15	14/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

Note: BP does not score in early warning scoring

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

Pratiksha 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)

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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 2/7/26

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

2/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/7	08:00 am		DBF								1	Sona
	09:00 am		DBF							✓	NO	Sona
	10:00 am						NP				IV	Sona
	11:00 am										line	Sona
	12:00 pm		DBF								1	Sona
	01:00 pm											Sona
Total Intake : Taken						**Total Output :** passed U=1 m=0						
2/7	02:00 pm		DBF								1	Sona
	03:00 pm		DBF							✓		Sona
	04:00 pm										NO	Sona
	05:00 pm										IV	Sona
	06:00 pm		DBF								IPne	Sona
	07:00 pm						✓				1	Sona
Total Intake : Taken						**Total Output :** passed U=1 m=1						
	08:00 pm						✓			✓	1	priya
	09:00 pm		DBF				✓			4		priya
	10:00 pm										NO	priya
	11:00 am										IV	priya
	12:00 am		DBF				✓				1	priya
	01:00 am											priya
Total Intake : TAKN						**Total Output :** passU-1 m-2						
	02:00 am										1	priy
	03:00 am		DBF				✓			✓	NO	priya
	04:00 am											priya
	05:00 am						✓			✓	IV	priya
	06:00 am		DBF								1	
	07:00 am											
Total Intake : TAKN						**Total Output :** (U-2) (m-2)						

Total 24 hrs. Intake	TAKN	Total 24 hrs. Output	U-5 m-5

.H-00660450 IP5-00175859
by Of MEGHA AGARWAL
·07-2026 0 Y 0 M 0 D 14 H (M)
VENKATALAKSHMI NARAYANA

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		DBF									
	10:00 am											
	11:00 am		DBF									
	12:00 pm											
	01:00 pm											
Total Intake : Taken						Total Output : U-3 M-0						
	02:00 pm											
	03:00 pm		DBF									
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake : Taken						Total Output : U-3 M-1						
	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake : TAKEN						Total Output : (U-) (M-)						
	02:00 am											
	03:00 am		DBF									
	04:00 am											
	05:00 am											
	06:00 am		DBF									
	07:00 am											
Total Intake : TAKEN						Total Output : U-						

Total 24 hrs. Intake		Total 24 hrs. Output	U-3 M-3

H-00660450 IP5-00175859
by Of MEGHA AGARWAL
07-2026 0 Y 0 M 1 D (M)
VENKATALAKSHMI NARAYANA

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. : 4/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
4/7	08:00 am											
	09:00 am		DBF									
	10:00 am						NP					
	11:00 am		DBF							✓		
	12:00 pm											
	01:00 pm		DBF									
Total Intake : taken						**Total Output :** passed c2						
4/7	02:00 pm											
	03:00 pm		DBF							✓		
	04:00 pm						NP					
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake : taken						**Total Output :** passed c2						
	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

FLUID CHART

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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**	

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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

Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 2/7/26

Assessment: New born baby

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
8Am	- Assess the Baby General Condition	8:30 Am	- Assessed the Baby general condition	- Baby is stable & comfortable
10Am	- monitor vitals	10:30 Am	- monitoring vitals, BP, PR, RR	
12pm	- warm Care	12:30 pm	- warm Care provided.	
3pm	- DBf feeding	3:30pm	- DBf feeding every 2 to 3rd hrly	
5pm	- maintain I&O chart	5:30pm	- I&O Chart maintaing	
7pm	- Ensure Safety	7pm	- Ensure Safety Safety	

Re-Assessment: .....

Special Notes: warm Care

Nurse Signature: ..... Nurse Name: Sona Date & Time: 2/7/26 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

H-00660450 IP5-00175859
by Of MEGHA AGARWAL
07-2026 0 Y 0 M 0 D 14 H (M)
VENKATALAKSHMI NARAYANA

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

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 2/7/26

Assessment: New Born Baby

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
8 pm	→ TO Asses the Baby condition Monitor vitals	8:30pm	→ TO Assed the Baby condition Vitals checked & Recorded	Baby is stable
10pm	→ DBF every 2nd hourly	10:30pm	→ DBF given every 2nd hourly followed By Burping	
12Am	→ Warm Care	12:30Am	→ Warm care provided	
4Am	→ Maintain I/O chart			
7Am	→ Ensure safety	7:30Am	→ provided cribe care	

Re-Assessment: Re-Assment done

Special Notes: TCBR 24hours life

Nurse Signature: Priya Nurse Name: priya Date & Time: 9/7/26 @ 8pm

H-00660450 IP5-00175859
by Of MEGHA AGARWAL
07-2026 0 Y 0 M 1 D (M)
VENKATALAKSHMI NARAYANA

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

Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 8/2/26

Assessment: New Born Baby

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
8AM	→ Assess the baby Condition	8:10AM	→ Asessed the baby Condition	
10AM	→ Monitor Vitals	10:10AM	→ Vitals checked and Recorded	
12pm	→ B/o check	12:10pm	→ B/o check maintained	→ Baby is stable
2pm	→ ward Care	2:10pm	→ ward Care provided	
4pm	→ Crib Care	4:10pm	→ Crib Care provided	
6pm	→ DBF feeding	6:10pm	→ DBF feeding Given	
8pm	→ Bueping	8:10pm	→ Bueping done.	

Re-Assessment: Vitals checked and Recorded.

Special Notes:

Nurse Signature: J.Swarnam Nurse Name: J.Swarnam Date & Time: 8/2/26 @ 8pm

H-00660450 IP5-00175859
by Of MEGHA AGARWAL
07-2026 0 Y 0 M 1 D (M)
VENKATALAKSHMI NARAYANA

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

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 31/7/26

Assessment: New Born Baby

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
8:pm	→ TO Asses the Baby Condition	8:30pm	→ TO Assed the Baby Condition	Baby is Stable
10pm	→ Monitor Vitals	10:30pm	→ Vitals Checked & Recorded	
12Am	→ DBF Every 2nd hourly	12:30Am	→ DBF Every 2nd hourly given followed by Burping	
2Am	→ Warm Care	2:30Am	→ Warm Care given	
4Am	→ prevent infection	4:30Am	→ prevented Infection	
7Am	→ Ensure safety	7:30Am	→ Ensured safety	

Re-Assessment: Re-Asses done Baby is Stable

Special Notes: Hm SGR, NBS 4 DAG

Nurse Signature: Priya Nurse Name: Priya Date & Time: 31/7/26 @ 8pm

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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

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: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

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: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

BAH-00660450 IP5-00175859
Baby Of MEGHA AGARWAL
02-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. VENKATALAKSHMI NARAYANA

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 - WARD

Treating Doctor: Dr. VL Department: BRP Date of Admission: 2/7/26

SITUATION

Diagnosis: New born baby

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

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	BRP 8AM-8PM	BRP 8PM-8AM	BRP 2AM-2PM	BRP 8PM-8AM	BRP 8AM-8PM	
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2F	98.5F	98.5F	98.2F	98.2F	
	Res:	40b/m	40b/m	42b/m	40b/m	40b/m	
	SpO_2:	100%	100%	100%	100%	100%	
	Pulse:	140b/m	145b/m	138b/m	145b/m	140b/m	
	BP:	—	—	—	—	—	
	Fall Risk Score:	0	0	16	16	6	
	Pain Score:	0	0	0	0	0	
Recommendations	Safety Needs:	Sickbed	Side Rail	Baby Care	Cribcare	Baby Care	
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA	NA	
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Sona	Priya	Swapna	Priya	Sona	
Signature :							
Date:		2/7/26	3/7/26	3/7/26	4/7/26	4/7/26	
Time:		8pm	8AM	8pm	8AM	8pm	
Taken Over By Name :		Priya	Swapna	Priya	Sona		
Signature :							
Date:		3/7/26	3/7/26	3/7/26	4/7/26		
Time:		8pm	8AM	8pm	8AM		

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 - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

Mrs MEGHA AGARWAL
30-11-1993 32 Y 7 M 4 D (F)
Dr. HIMABINDU VEERLA

Suite S

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Shreya Prodduturu Date : 04/07 Time : 12pm

Diagnosis : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Breastfeeding amenorrheal Dne

Consultant :

Name : Shreya Prodduturu Signature : SM Date & Time : 12pm