Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023387 **Admit Date** : 25-Jun-2026 **Admit Time** : 02:43 PM **UHID** : HCV-00041056

Patient Details :

Patient Name	: Baby B/O SUREDDY VENKATALASKHMI	**Age**	: 0 D
Guardian	: Mr G SIVA	**DOB**	: 25-06-2026 02:16 PM
Gender	: Male	**Religion**	:
Occupation	:	**Marital Status**	:
Address (H)	: KOTTAVALASA,GANISETTY PALEM VILLAGE Babametta Vizianagaram Andhra Pradesh INDIA 535002	**Phone No**	: 8897519288/ 9133914114
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-GW -321-1 **Ward Name** : 3F-THIRD FLOOR

Room No : CRDL-GW -321-1 **Admission Type** : First Visit

Contact Details :

Name : Mr G SIVA **Relationship** : Baby/O

Contact Address : KOTTAVALASA,GANISETTY PALEM VILLAGE Babametta Vizianagaram Andhra Pradesh INDIA 535002 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. R HARIHARAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : EASTERN NAVAL COMMAND

OPV, BCG, Hep B 1st dose } 30/6/26
2nd dose due on

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name:----------

UHID No :.....IP No HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. R HARIHARAN
t :.....Dept.: NICU

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

Room / Bed No :..... ...uggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	6:40pm	NICU	321	Rajesh. NICU / APwithin.
26/6/26	5:20 AM	321	NICU	G. Kowsalya
28/6/26	15:30PM	NICU	321	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	warmer	11:40 AM	26/6/26		
26/6/26	cardiac monitor		12:52 PM	691315	A.
	syringe pump		12:52 PM	691667	A
27/6/26	warmer				
	cardiac monitor	12:52PM	28/6/26 12:52 P	691665	
	Syringe pump				
	SSPT				
	Cross checked by	Chayadevi 020245 28/06/26			
28/6/26	Syring pump	1pm	29/6 1pm	2113	Anand
29/6	syringe pump	1pm	30/6 1pm	2220	Ram

Cross checked by Pavithra

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/6/26	BGT, TSH, T4	13608	Malathi
25/6/26	GRBS - 91 mg/dl - 5pm	13614	Sandhya
25/6/26	GRBS - 113 mg/dl - 8:30pm	3621	Nadeer
26/6/26	GRBS - 89 mg/dl - 2:30AM	6013629	Nasz
26/6/26	X-ray	07076	Shana.
26/6/26	CBC, Blood c/s	6013630	
26/6	GRBS - 108mg/dl - 9AM	6013651	Chayadevi
26/6	GRBS 97mg/dl - 3pm	6013685	Nicholas
26/6	GRBS - 119 mg/dl - 9Pm	26013696	Aparna
27/6	GRBS - 110mg/dl - 3AM	26013710	Aparna
27/6	GRBS - 97mg/dl 11AM	26013759	chaya
27/6	CRP, TSB, Na^+, potassium, Calcium, creatinine	6013775	Kowsalya
27/6	GRBS - 95mg/dl 7PM	6013776	Kowsalya
28/6	GRBS - 102mg/dl 3AM	6013799	Shama
	Cross checked by chayadevi 020245 All POCTs Cleared.		28/06/26
30/6	TSB, NBS, CRP	3957	manjula.

Cross checked by manjula.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/6/26	IV placement	(1)	691314 ✓	Dhana
	Cross checked by chayadevi 0202445 28/06/26			

ANY OTHER INFORMATION

Date: 29/6/26 Time: 10pm Prepared By: Mounika

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Mounika	3rd floor	✓	✓

Rainbow Children's Hospital | BirthRight

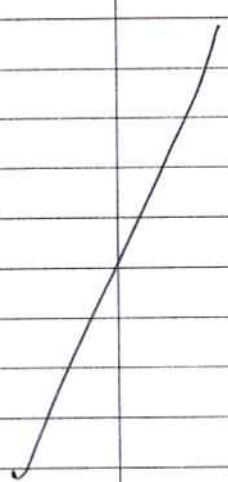
HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 2 D (M)
Dr. R HARIHARAN

RING CHART

Name of th
UHID/IP NC

Age/Gender:
Diagnosis

Date:	Time	Value	Informed to	Advice	Remarks
25/6/26	5PM	91 mg/dL	Dr HariHara	confirm feed	—
25/6/26	8:30PM	113 Hg/dL	Dr. HariHaran	continue feeds	—
26/6/26	2:30AM	89 Hg/dL	Dr HariHaran	"	—
26/6/26	9AM	108 mg/dL	Dr HariHaran	"	—
26/6/26	3PM	97 Hg/dL	"	"	—
26/6/26	9PM	119 Hg/dL	"	"	—
27/6	3AM	110 Hg/dL	"	"	
27/6	11AM	97 Hg/dL	"	"	
27/6	7PM	95 mg/dL	"	"	Total (10)
28/6	3AM	102 mg/dL	"	"	
~~28~~ 1				stop - 28/06/20	



Rainbow Children's Hospital BirthRight

GRBS MONITORING CHART

Name of the patient: Age/Gender:

UHID/IP NO: Diagnosis

Date:	Time	Value	Informed to	Advice	Remarks

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0Y0M0D1H (M)
Dr. R HARIHARAN

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: Venkatalakshmi Mother's Name: Mrs. S. Venkatalakshmi

Date of Birth: 25/6/26 Time of Birth: 2:16 PM Gender: ☑ Male ☐ Female

Birth Weight: 2960 Kgs HC: ..... cm Lenght: ..... cm

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

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

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 150 b/Min RR: 50 b. /Min BP: — SpO_2: 100%

Pain Score: ..... (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: Usha Signature: Usha Date &Time: 25/6/26 at: 2:30 Pm

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

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 3 D (M)
Dr. R HARIHARAN

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 : S. Venkatalakshmi Age : 31yrs Father's Name : Shiva Age : .....

Date of Birth : 28/7/1994 Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... 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 Venkata lakshmi

Gender : ☑ M ☐ F Blood Group : O +ve

Date of Birth : 25/6/26 Time of Birth : 8:16PM

Place of Birth : Vizag

Mother's Blood Group : O+ve

Birth Weight (gms) : 2960 gm Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39+4 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31yr Ht : 157 Wt : 66.5 BMI : ..... Married Life : 4yrs LMP : 9/10/25 EDD : 22/6/26

Conception : Spontaneous or with Rx. : IVF conception

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

Last Scans Details : 2/6/26 - SLIUG - 36+3 weeks, cephalic presentation, Ant. placenta, AFI - 9.2, EFW - 2.62gm, Dopplers - Normal

PT Immunization and Iron / Folic Acid : Immunized

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

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 : .....

.....

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

.....

IUGR - when detected ? .....

Doppler (Increased Resistence / AEDF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM / pre GDM / on diet or insulin from 6th month

Controlled or not, recent values, HbA1 values : .....

On MNT

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

since conception T. Thyronorm 12.5 mcg

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease

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 : .....

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 3 D (M)
Dr. R HARIHARAN

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
		Primi				

PERINATAL HISTORY

Treating Obstetrician : Dr. Raga Sudha Hospital : RCH, Vizag ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : .....

Specify the reason : Non progression of labour

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : Grade III 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

1 Minute	5 Minutes	10 Minutes
1	~~1~~	2
2	2	2
2	2	2
1	2	2
2	2	2
TOTAL 8/10	9/10	10/10

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

Snapee II Score

					Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		0
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		0
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	0
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		0
Multiple Seizures	No (0)	Yes (19)			0
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (16)		
Apgar Score	> = 7 (0)	< 7 (18)			0
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		0
SGA	> 3rd & < 97th (0)	< 3rd (12)			0
				Total	

Chief Complaints :

HOPI :

Baby cried immediately after birth.

↓

Delayed cord clamping done.

↓

respiratory efforts: Good.

HR : 142/min.

↓

routine care provided.

Inj. Vit K 1mg IM given

↓

SpO2: 97% at 10minutes

No Tachypnea

↓

shift to Mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

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

Colour of the extremities : pink.

Jaundice : x Pallor : x SpO2 : 98 %

Anthropometry : Birth Weight : 2.96 kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding : (N)
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism) (N)

NECK and CLAVICLES :
Range of Motion :
Asymmetry : (N)
Masses :

EYES :
Symmetry :
Red Reflex : to be done
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Preauricular Pits / Tags :
Nasal shape / Patency :
Palate : (N)
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : (N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : (N)
Umbilical Stump : 2D/W
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : B/L testes descended
Anus :

HERNIAL ORIFICES patent

TRUNK and SPINE : (N)

SKIN LESIONS : No

EXTREMETIES :
Fingers / Toes :
Arms / Legs : (N)
Deformities :
Mobility :
Hip Joint Examination :

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 : 98% ..... Auscultation : ..... Breath Sounds : (N) ..... Added Sounds : No .....

Cardiovascular System :

HR : 146/min ..... BP : ..... Precordial Activity : (N) .....

Femoral Pulses : (P) ..... Murmurs : No .....

Other Peripheral Pulses : (P) ..... Signs of Cardiac Failure : .. No .....

Abdomen :

Hernial orifice : .....

Shape : ..... Anal Patency : ..... patent .....

Palpation : soft ..... Umbilical Cord : ... 2 A/V .....

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

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

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

State of wakefulness : CRIA : Good .....

Prechtle Score : .....

Cranial Nerves :

.....

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : ....

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

Any Congenital Anomalies : .....

.....

.....

Diagnosis : Term/ AGA/ Baby Boy/ LSCS/ IDM/ NICU/ well Baby

.....

.....

FOOT PRINTS

Left Side :

Right Side :

noted by me.

Resident Doctor :

Signature : .....

Name : Dr Dishwarya

Date & Time : 25/6/26 at 2.30 PM

Consultant :

Signature : Paramel

Name : T. Paramel

Date & Time : 25/6/26.

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the 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 patients is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

Adv:

1) Adlib feeds.
2) Cord Blood TSH, TCH, BGT.
3) Vaccination & red reflex to be done
4) TSB, Adv NBS at 48hrs
5) CCHD screening at 24hrs.
6) GRBS monitoring → 2h, 6h, 12h, 24h, 48h of life

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

Screenings done during NICU Stay :

Dr Dhanunjaya

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : Rt leg - 97, Rt hand - 99 Noted by

NP2 : Rt leg - 99, Rt hand - 97

Pulse Oxymetry Screen : .....

New Born Screening : .....

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 0 D 20 H (M)
Dr. R HARIHARAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 26/06/26 → NICU

Source of Admission: ☐ OPD ☑ Ward ☐ Labor Ward ☐ Other: 3rd Floor 321

Reason for Admission: Δ TTNB

Admission Diagnosis: Δ TERM/AGA/FOM/MSL/ TTNB

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify –

Source of Information : ☑ Family ☐ Others, Specify

Past Medical History	Past Surgical History	Last Hospital Admission
–	–	–

Significant History

Family History: –

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list,

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☐ Yes ☑ No

Current Medications

Taking Medications? ☑ Yes ☐ No
If yes, Fill the reconciliation form
Medicine brought to the hospital? ☐ Yes ☑ No

Observations:

Birth Weight: 2.960 kgs Head Circumference: cm Length: cm

☑ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: O+ve Baby: O+ve

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both

Maternal Details: Age: 31 years, **PARA:** **Gestation:** 39 Weeks, 4 Days

Risk Factors: ☐ PROM ☐ Fetal Distress ☑ Diabetes Mellitus / Gestational Diabetes
☐ PH / Pre Eclampsia ☐ Others, Specify:

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

Indication:

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. R HARIHARAN

Newborn Assessment:

Temp: 36.3°C HR 128 /Min RR 72 /Min BP ..... SpO²: 93%

Pain Score +1 (Follow N Pass and Document)

Fall Risk Intervention Done: ☑ Yes

Risk of Pressure Sore: ☑ Yes ☐ No (Fill Braden Q Sheet)

General Appearance: ☑ Posture ☐ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☑ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant

☑ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☑ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With .....

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☐ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others

Name of Person Orientation was given to: G. Siva

Orientation not given Reason: .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Formula Feed ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Patient Sticker

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis: .....

.....

.....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

.....

.....

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

Ref. No. : F / HW / PGN / INPR / 15

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. R HARIHARAN
Age : ..
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	26/6/26 5AM	c/o Dr. Paramesh / Dr. Balaji
		• Baby had taelympnea RR - 72/min
		Advise:
		• CBC
		• Blood c/s
		• chest-x-ray
		• Inj. Mplaz
		• Inj. Amikacin
		• Nasoclear Nasal drops 1 drop each after feed
		noted by Apoorva.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/20
8AM

4|S|B Dr. Paramesh| Dr. Hariharan| Dr. Sunitha

Dx - Term | AGA | MSL | IDM | Mch | TTNB

18hrs of life

Birth weight - 2.960kgs

Todays weight - 2.876kg

Baby self ventilating on room air

Tachypnea (+)

No grunting, retractions

No episodes of apnea, bradycardia

RR - 80/mins

SpO_2 - 90-92%.

CVS

Hemodynamically stable

colour & perfusion - good

$S_1 S_2$ (+), HR - 128 bpm

FAF

15ml OG feed 2nd hrly - FF

Tolerating well

PIA

Soft, not ~~abdomen~~ distended

urine, stool - passed

On Inj. Piptaz

Inj. Amikacin

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 0 D 10 H (M)
Dr. R HARIHARAN

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Plan
		1. cont OG feeds @ 15ml 2nd hrly → 20ml 2nd hrly
		2. GRBS monitoring 6th hrly
		3. Trace blood culture
		Noted by chaya devi 020245 26/6/26 @ 9AM
26/6/26	5PM	C/S/B Dr. Hariharan / Dr. Sumenar
		A1 - Term / AGA / MSL / IDM / TTNB / Mch
		Baby reviewed
		Baby self ventilating under room air
		No episodes of desaturations
		Tachypnea (+)
		No grunting, retractions
		Hemodynamically stable
		colour & perfusion - good cry / tone / activity - good
		On 20ml 2nd hrly feeds
		Tolerating feeds well
		P/A soft, no distension
		urine - passed after, but didn't pass in the last 12 hrs
		Stool - passed
		Baby appears icteric (+)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

On Inj. Piptaz (D1) GRBS- 97mg/dl @ 3PM

Inj. Amikacin (D_2)

Adv

1. cont. OG feeds 20ml and hrly feeds
2. GRBS monitoring 6th hrly
3. Trace blood cultures
4. ~~Chest Check FEB Done~~
5. Watch for urine output

NIM Manipal 021666

Ref. No. : F / HW / PGN / INPR / 15

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

P A I

HCV-00041056 IP22-00023387
Baby B/O SUREDDY .....
25-06-2026 0 Y 0 M 0 D 20 H (M) F
Dr. R HARIHARAN .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26 SAM		C/S/B Dr. Paramesh | Dr. Hariharan | Dr. Sumana
		Dim - Term | AGA | MSL | IDM | Mch | TTNB
		Birth weight - 2.960 kgs
		Day 2 of life current weight - 2.918 kg
		T 42 gms since yesterday
		Baby is self ventilating under room air
		No Tachypnea ①
		No grunting, retractions
		RR - 60-65/min SpO_2 - 99% on RA
		CVS
		Baby is hemodynamically stable
		colour & perfusion - good
		S1S2 ①,
		urine output - 0.2 ml/kg/hr
		HR - 118 bpm
		FAF
		On 20ml 2nd hly OG feeds
		Tolerating well 27/6/26
		No vomitings, aspirations * 25ml 2H NG feeds
		CNS * Continue Phototherapy
		cry | tone | activity - good * 7 pm TSB, CRP, Nat, Kt, Cat, Creatine
		On Inj. Piptaz * monitor urine output
		Inj. Amikacin * GRBS 8 8H.
		R. Hariharan
		Noted by Chaya devi 02024 5 27/06/26 @ 9AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26
5PM

C|S|B Dr. Paramesh | Dr. Hariharan | Dr Sumina

Asn- Team | AGA | IDM | Mch | TTNB

Baby reviewed

Baby has tachypnea

RR - 65-70/min, spO_2 - 100%.

No grunting, retractions

Colour & perfusion - good

Pulse - good

SIS_2 (1)

Feeds - 25ml 2nd hrly feeds

Tolerating well

No vomitings aspirations

PIA - soft, not distended

Baby ↓ SSPT

Inj. Piptaz

Inj. Amikacin

Adv

1. To do CRP, TSB
   Na^+, potassium,
   Calcium, creatinin
   @ 7PM
2. Monitor urine output
3. Cont 25ml 2nd hrly feed
4. GRBS monitoring 8th hrly

Sumina

Noted by
G. Kavyashree
02109T

Ref. ... F / BW / PGN / INPR / 15

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient I HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 3 D (M)
Dr. R HARIHARAN
Age : ...
I.P. No. . .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26		SIB. Dr. Praveen / Dr Yash
	10AM	- Baby Reviewed - Currently on Room air - Tachypnea (+) - No Grunt, No Retraction CITIA - good. Tolerating feeds. Vitals RR - 130 BPM SpO_2 - 98%. RR - 62/min Ad - 25 ml 2nd July feeds. - CRBS 8th July Dr YASH Noted by Dhana

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26

c/s/o Dr. Hariharan | Dr Jayasree

8 AM

D. Team | AGA | IDM | MSL | TTNB

Day 3 of life

C.wt → 2.897kg
(↓21g)

RS → Self ventilating on room air
mild intermittent tachypnoea
RR → 55-65/min
no retractions

CVS → Color & perfusion good
Pulse - well felt
Veins passing well

P/A - Soft, no distension

CNS → Cry/Tone/activity - good

Tolerating spoon feeds

vital

HR → 113/min
SpO_2 → 96%
BP → 73/53 (56) mmHg

Adv

→ Try spoon feed 25-30ml 2nd hourly
Allow DBF
↓
If tolerating - plan to shift to ward evening

→ stop GRBS monitoring

→ Cont IV PIPTAZ D3/5 till tuesday
Amikacin

→ Plan to repeat CRP / TSB (+-) / Adv NBS on tuesday

R/E Hariharan

Noted by

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00041056 IP22-00023387
Baby B/O SUREDDY
Age : .. 25-06-2026 0 Y 0 M 3 D (M)
Dr. R HARIHARAN
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/26 6PM		CIS/B Dr. Aishwarya / Dr. Sumi raa
		Baby reviewed
		No tachypnea
		No grunting, retractions
		cry / tone / activity - good
		feeding - good
		Adv
		1. Cont spoon feeds + DBF adl'b feeds
		2. cont antibiotics
		3. Plan to do CRP, TSB, Adv NBS on Tuesday
		N.B Monday

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/24
8AM

CR/LB Dr Harikaran/ Dr. Balaji

Dy of life

Birthwt - 2.960kg
C.wt - 2.876kg

Obs: Term/AGA/2DNL/OINB
C

- Baby self ventilatory on room air
- No tachypnea / distress
- Hemodynamically stable
  color & perfusion → good
- Cry/tonal activity - good.
- Urine, Stool } passed

Advice:

- Cont. Spoonfeed + DBF every 2nd hourly
- Cont. Inj piptaz (OD4)
  Inj. Amikacin (OD4)
- CRP, TLC, NBS } T/m @ 6AM
- Plan D/c - 9/7/24
- Birth vaccinations & red reflex to be done

Balaji

N, By Counsi

Ref. No. : F / HW / PGN / INPR / 15

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

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 5 D (M)
Dr. R HARIHARAN

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	29/6/26 7pm	C/S/B Dr. Praveen / Dr. Balaji
		DOL 1 TERM / AGA / 20M / TTNB
		· On room air
		· No tachypnea, distress
		· hemodynamically stable
		· color & perfusion – good
		· cry / tone / activity – good
		Advise:
		· cont. spoon feeds + DBF
		· cont. Inj. piptaz
		Inj. Amikacin
		· CRP / TSB / NBS — t/m @ 6AM
		· plan D/C → t/m.
		· Birth registration & schedule to be d
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/26
8am.

c/s/B Dr Harihara / Dr Sree

D = Term / AGA / IDM / TTNB

feed - spoon feed + DBT
On Room air.
No distress.
colour + perfusion - good.
cry / Tone / Activity - good
urine] passed
stool]

Bw - 2960
cw - 2911
1.6 % wt loss

Plan

1) cont Syp. Niplaz / Dr
   Sy Amilocin

2) continue feeds.
   spoon feed + DBA

3) Trace reports

N. B Sandhy
CNA 222
30/6
8AM

c/s/B Dr praveen / Dr Sree

30/6/26
5pm

Care Reviewed,
c/T/A - good
urine] ✓
stool]

Plan
- D/c tomorrow
- continue feeds

Ref. No. : F / HW / PGN / INPR / 15

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : ....

Age : .... Gender ☐ M ☐ F

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
1/7/26.		C/S/B. Dr. Hariharan / Dr. Balaji
8AM		
		NS. [illegible] / AGA / [illegible] / [illegible] ? [illegible]
		. On room air
		. No tachypnea.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient N HCV-00041056 IP22-00023387 eshwi
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 3 D (M)
Age : .... Dr. R HARIHARAN
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Counselling by Dr. Paramesh / Dr. Hariharan
27/6/26	11AM	Parents and attenders were counselled regarding
		Baby is better when compared to yesterday
		but still fast breathing is present so tube
		feeds are continued. Baby under phototherapy
		for jaundice. Can be shifted ward if it
		stable. urine output is low as of now
		can try direct breast feeds.
		G. Shiva (Father)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref No : F / HW / PGN / INPR / 15

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 0 D 20 H (M)
Dr. R HARIHARAN

Lakshmi

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Counselling by Dr. Paramesh / Dr. Hariharan
26/6/26 11 AM		
		Baby had fast breathing yesterday night and is shifted to NICU. Baby might have swallowed amniotic fluid. Baby is on room air but tachypnea is still present. Could be possible infection. Culture report will be confirmed by 2 days. Might take 24-48 hrs to settle
		R. Hariharan (Dr. HariHaran) S. Venkata lakshmi (Mother)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

O Ve (+)

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

RESULT SHEET

HCV-00041056 IP22-00023387 7
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. R HARIHARAN

Patient Name : ....
Age : ..... Gend
I.D. No. : .....

Date	26/6/26	27/6/26	30/6/26	30/6/26		
Time	7AM	7PM				
Hb	17.7					
PCV	51.0					
RBC	5.14					
WBC	24.16					
N/L	57.6/16.5					
Platelets	218					
CRP		27	0.75mg/L			
ESR						
PCT						
RBS						
Na		135				
K		5.83				
Cl						
Ca/Mg		9.4				
Phosphate						
Urea						
Creatinine		0.7				
ALP						
SGPT						
SGOT						
T.Bill/Conj		8.0 < 0.1 / 7.9	10.5 / 9.6	0.9		
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						
Doctor's Signature	L	L				

Date	25/6/22					
Time	3pm					
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Ty	12.8					
T&H	5.88					
BGT	OVe(+)					
Doctor's Signature						

Culture and Sensitivities : Blood cls - sterile

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : HCV-00041056 IP22-00023387
Baby B/O SUREDDY
Gender ☐ M ☐ F 25-06-2026 0 Y 0 M 0 D 10 H (M) ..... Age : .....
Dr. R HARIHARAN
Consultant : ....
Date of Admission : . .....

DRUG ALLERGIES NIL

FOR THE SAFETY OF THE PATIENT NKDA

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

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

NURSES
- Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.
  1) Right Patient **2)** Right Drug **3)** Right Dosage **4)** Right Route **5)** Right Time
- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK / HIGH ALERT MEDICINES.**
  (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospital's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

HCV-00041056 IP22-00023387
Baby B/O SUREDDY
25-06-2026 0Y0M0D1H (M)
Dr. R HARIHARAN

IP No.	Sheet No.	Wards	Weight (kg)
		NICU	2-960 kg

REGULAR PRESCRIPTIONS

DRUG : INJ. PIPTAZ

Dose	Route	Frequency	Start Dt.
300mg	I.V	Q12 thly	26/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: BALAJI

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6	30/6
10AM	✓ Dhana	✓ Dhana	✓ Siva	✓	✓
10PM	✓	✓	✓	✓	

STOP 30/6/26

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
45mg	I.V	Q24 thly	26/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: BALAJI.

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6	30/6
9AM	✓ Dhana	✓ Dhana	✓ Siva	✓	✓

Stop 30/6/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions

Daily Doctor's Endorsement by a Sign

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

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min etc)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Medication Reconciliation Form

Drug allergies:

PAT ICV-00041058 IP22-00023397
Baby B/O SUREDDY
UHI 5-06-2026 0 Y 0 M 2 D (M)
Dr. R HARIHARAN
DOC
DATE:

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team.
(E.G. At the time of admission shifting from ICU to ward, or ward to ICUs)

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO,NG,SC,IV)	FREQUENCY	LAST DOSE DATE / TIME	ON ADMISSION
1.	Inj: PIPTAZ	300 mg	IV	12 th hrly	26/6/26 7AM	☑C DC☐
2.	Inj: AMIKACIN	45mg	IV	24 th hrly	26/6/26 7AM	☑C DC☐
3.						☐C DC☐
4.						☐C DC☐
5.						☐C DC☐
6.						☐C DC☐
7.						☐C DC☐
8.						☐C DC☐
9.						☐C DC☐
10.						☐C DC☐

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature : Dr-Hari Haran

Date & Time : 26/6/26 @ 7AM

Nurse name & Signature : Aparna

Date / Time: 26/6/26 @ 7AM

Ref. No. : F/HW/PTF/INPR/14

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS ...a Safe Delivery

HCV-00041056
IP22-00023387
Baby B/O SUREDDY
25-06-2026 0 Y 0 M 3 D (M)
Dr. R HARIHARAN

PATIENT TRANSFER FORM

	Date & Time of Admission	Date & Time of Transfer Order
	25/6/26	28/6/26 3:20 PM
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Hari Haran	Dr. Hari Haran	Observation
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
NICU	321	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, What ?
40	(1)	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	feeding bottle	(1)
2.	oxygen mask	(1)
3.	baby diaper	(1)
4.	life	(1)
	pipe	(1)
5.		

Shifting Summary / Notes written by Doctor:

Dr. Hari Haran

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
	Dr. Hari Haran		

Patient & Clinical records received by:

Signature with Date & Time 28/6/26 3:30 PM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

Ref. No. : F/HW/PTF/INPR/14

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
B/o. S. Venkatamni 23387	25/6/26 @ 2:43 pm	25/6/26 @ 6:40pm
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Hariharan	Dr. Hariharan	Mother Sick
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☐ No ☒
MIW	321	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☒ If yes, What ?
20	–	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diapers	01
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Sandhya	Dr. Hariharan	Malathi	

Patient & Clinical records received by:

Signature with Date & Time: Divya 25/6/26 7pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

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

BirthRigh
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

Ref. No. : F/HW/PTF/INPR/14

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
B/O. S. venkata lakshmi IP- 00023387	25/6/26 @ 2:43 PM	26/6/26 @ 5:20 AM
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
DR. P. Harikanth	Dr. Paramesh	Baby has tachy-pnea
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
321	NICU	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☒ If yes, What ?
22		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	—	
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Y. Naidu	Dr. Paramesh	Aanga	

Patient & Clinical records received by: Aparna

Signature with Date & Time: 26/6/26 5:20 AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready