

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date									
Units									
Remarks									

ANY OTHER INFORMATION

Date : 9.30 am Time : 26/5/25

Prepared By : *[Signature]*

Staff Nurse /
Floor Co-ordinator

Nursing Supervisor

Billing Assistant

Billing Supervisor

[Signature]
016913

DISCHARGE SUMMARY

Name	Baby B/O ADITI GOYAL	UHID	SPB-00025033
Father/Guardian	Mr SUSHEN	Age/Gender	0 Y 0 M 4 D/Male
Address	026 Brundavan Presidency 19 main 27th cross, Hsr Layout, Bangalore, Karnataka, INDIA, 560102		
IP No	IP27-00006771	Admission Date	28-05-2026
Ref Doctor	SELF	Discharge Date	29-05-2026

**Consultants : Dr. DEEPTI T NAIR,
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY**

Diagnosis: NEONATAL HYPERBILIRUBINEMIA

History: B/O ADITI GOYAL is a 0 Y 0 M 4 D old Boy brought with C/o yellowish discoloration of skin extending up to palms and soles, No H/o pale coloured stools.

For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. Her heart rate was 130 b/min, and RR - 40/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. Examination of other systems including spine was normal.

Mothers Blood Group: 'O' Positive

baby Blood Group: 'B' Positive

Birth Weight: 3.44 Kgs

Weight on admission :2.930 kgs.

Weight on Discharge:3.080 kgs.

Rainbow Children's Medicare Limited

Marathahalli: Survey No. 8/5, Marathahalli-KR Puram, Outer Ring Road Doddanekundi, Bengaluru - 560 037. **Ph: 1800 2122**

Bannerghatta Road: No 178/1 & 178/2, Opposite Janardhan Towers, Bilekahalli, Bengaluru - 560 076. **Ph: 080-66902200**

Hebbal: No.247/248/288/100, Byatarayanapura Village, Yelahanka Hobli, Bengaluru - 560 092. **Ph: 1800 2122**

Sarjapur Road : Sy No. 3/3, 3/4, Ambalipura Village, Varthur Hobli, Sarjapur Road, Bengaluru - 560 103. **Ph: 080 6957 9999**

Electronic City : SY No. 24, Bantargatta Agrahara Village, Electronic City, Bengaluru - 560 100. **T : 1800 2122**



IP No

IP27-00006771

UHID

SPR-00025033

Admission Date

28-05-2026

Investigations: Enclosed.

Management: Baby was admitted to wards. Serum bilirubin on admission was 20.2 mg/d and weight loss of 14%. Baby was started on triple surface phototherapy with Expressed top up feeds. Phototherapy was continued for 24 hours. Repeat Serum bilirubin after phototherapy was 12 mg/dl. Also weight loss reduced to 10%. Baby is currently feeding well, gaining weight and is being discharge.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:

1. Direct breast feed every 2 hours with top up feeds of 30-40ml 2nd hourly
2. Keep baby warm
3. Continue Vitamin D supplementation
4. Vaccinations as per schedule

Review with Dr. DEEPTI T NAIR in Pediatric OPD on 01-05-2026 appointment booked at 11:10 AM

To take appointment for OPD consultation at Rainbow Children's hospital Contact 18002122 .

Pediatrics Emergency Number:8139932222/9620688829.

Discharge Summary Prepared by Dr. Shakthi

Discharge Summary explained to parents, Nurse Name & Signature

Rainbow Children's Medicare Limited

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Electronic City : SY No 34, Beratena Agrahara Village, Electronic City, Bengaluru - 560 100. T : 1800 2122
Hennur : No. 80/A/168/16, No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122

For Appointments call: 1800 2122

Log on to "www.rainbowhospitals.in"

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ital
Name
to treat the little.



BirthRight™

BY RAINBOW HOSPITALS
Baby: DYO ADITI GOYAL
Your Right to a Safe Delivery

F/HW/DS/INPR/18

IP No

IP27-00006771

UHID

SPB-00025033

Admission Date

28-05-2026

DOCTOR'S SIGNATURE

Dr. DEEPTI T NAIR

MBBS, DCH, MD, DNB(PED), FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

108372

Parent's /Attender Signature

Rainbow Children's Medicare Limited

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NEWBORN EXAMINATION CASE SHEET

Day of life	Day of birth	1	2	3	4
Examined by		29/5/21			
Hours of life		4.01 2.30.4			
Weight	B wt	3.080			
Weight loss %	3.640g	10%			
Passed meconium	Y/N	Y/N	Y/N	Y/N	Y/N
Urine no of times					
Maintaining Euthermia	Y/N	Y/N	Y/N	Y/N	
Latch score					
Activity					
Icterus					
Pallor					
Cephalhematoma					
Anomaly					
Palate					
Heart					
Femoral pulses					
Respiratory system					
Umbilical cord					
Hips					
Spine					
Genitalia					
Red reflex					
GRBS					
BCG, OPV, Hep B					
Blood group					
Serum bilirubin					
NBS					
Hearing screen					
SPO2 RUL/ RLL					
Special investigation					
Doctor's orders					
Additional Notes					
Doctor's signature					

Laboratory Report

Patient Name	Baby EGO ADITI GOYAL	Patient Ph.No	7898694220
Age	0 Y 0 M 4 D	Requisition No	SP26007618
Sex	Male	Collected on	28-05-2026 09:54 AM
Ill No.	IP27-00006771	Received On	28-05-2026 10:08 AM
No.	SPB-00025033	Reported On	28-06-2026 10:34 AM
Doctor	DR. DEEPTI NAIR	Ward / Bed No	2F - DELUX ROOM / DLX-204

Investigation **Result** **Unit** **Biological Reference Interval**

UUM (Specimen : SERUM)
UUM (Direct ISE) 150 mmol/L H 133 - 146

TEST RESULT STATUS : REPORT AUTHORISED

Wetha

WETHA CHAVADI
Pathology)
No : 88710

Note: Clinically correlate, Kindly discuss if necessary.



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Deepthi Nair Date: 28/5/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: Weight: 2.93.....

Allergic History:

Chief Complaints: clp yellowish discoloration over body
Excessive crying.

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing ↑ WOB ↓ WOB Normal Gasping / Apnea

C Circulation Normal Abnormal

Pallor Cyanosis Mottling Bleeding

Initial Physiological Status: Stable Unstable Life Threatening Non Life Threatening

Any urgent interventions needed: Yes No

If Yes

Significant Past History:

Medication History:

Relevant Investigations:

Primary Assessment

Airway Open Maintainable Not Maintainable

Breathing Rate: SpO₂ on FIO₂

Rhythm:

Retractions: Suprasternal ICR SCR

Respiratory Noises: Sternal Supraclavicular Nasal Flaring

Air Entry: Stridor Wheezing Grunting

Palpation Findings (if necessary)

Any urgent interventions needed: Yes No

If Yes

EMERGENCY ROOM

Patient Name: Baby of

Age: No Yes Food
Information: Parents
Arrival: Ambulatory
Vital Signs: Temp: 98.1
Complaints: clb edc

PHYSIOLOGICAL CATEGORIZATION

Appearance
Normal
Sick Looking Normal Abnormal
Circulation /

Classification

- Level 1: Resuscitation
- Level 2: EMERGENCY: Life or limb threat
- Level 3: URGENT: Significant illness
- Level 4: LESS URGENT: Significant illness
- Level 5: NON - URGENT: May receive

* All immunocompromised children and children less than 2 years age with high fever

* CTAS - Canadian Triage and Acuity Scale

The following questions should be asked of patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks?
- Have you had cough or a rash in the past 2 weeks?
- Have you had shortness of breath or difficulty breathing in the past 2 weeks?

For patients reporting fever and respiratory symptoms: Not applicable

Have you travelled outside the INDIA? Or in contact with someone who has recently travelled from INDIA, in the past two weeks?

State Location:

Are your parents / close contacts at home / school / work? (Please encircle the choices) (Physician, ancillary services personnel, other staff, other personnel, hospital volunteer, or other) who has had a recent exposure to someone with a highly communicable illness, severe febrile respiratory or rash illness?

Triage Nurse: Kalshinou

Time: 28/12/20

Location: RCH / FRM / CLINICAL / 085

Any urgent interventions needed: Yes No

HR: 106/min Central Peripheral
Murmurs: Yes No
Liver Span: Yes No
ECG: Yes No
Any Signs of Heart Failure: Yes No

BP: Central Peripheral
Pulse Volume: Compensated Hypotensive

If in Shock: Yes No
Muffled Heart Sound: Yes No
Engorged Neck Veins: Yes No

APPU: Responsive Non-Responsive
Pupils: Size Right Left

Active Seizures: Yes No Sugars: Yes No
Signs of Neurological compromise: Yes No

Any urgent interventions needed: Yes No

Temp: Yes No
Any Rash: Yes No
If yes describe the rash: Yes No
Active bleed: Yes No

Lacerations Abrasions Bruises

Describe: Respiratory Failure Respiratory Arrest
 Hypotensive Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: Yes No

Final Physiological Status: Respiratory Distress Respiratory Failure
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Need for Oxygen: Yes No

Final Diagnosis with possible Differential Diagnosis (if necessary): High Flow PPV Low Flow

Assessment done by: Yes No

Name of the Doctor: Asm

Signature: Asm

Date & Time: 28/12/20

Sr. Doctor on Duty (if necessary): Asm

Name of the Sr. Doctor: Asm

Signature: Asm

Date & Time: 28/12/20

Location: RCH / FRM / CLINICAL / 085

Exposure: Yes No

Temp: Yes No

Any Rash: Yes No

If yes describe the rash: Yes No

Active bleed: Yes No

Lacerations Abrasions Bruises

Describe: Respiratory Failure Respiratory Arrest
 Hypotensive Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: Yes No

Final Physiological Status: Respiratory Distress Respiratory Failure
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Need for Oxygen: Yes No

Final Diagnosis with possible Differential Diagnosis (if necessary): High Flow PPV Low Flow

Assessment done by: Yes No

Name of the Doctor: Asm

Signature: Asm

Date & Time: 28/12/20

Sr. Doctor on Duty (if necessary): Asm

Name of the Sr. Doctor: Asm

Signature: Asm

Date & Time: 28/12/20

Location: RCH / FRM / CLINICAL / 085

Treatment Planned:

Double suture phototherapy + BP + CBM formula
30-45ml 2day



DBS + DMF 20-45m



EMERGENCY ROOM TRIAGE FORM

Patient's Name: Baby of Aditi (1510-14-81) → SSK
 Date: 28/5/20 Age: 4 days Gender: Male Female
 Time of Arrival: 8:40 am
 Allergies: No Yes Food Medications Blood Transfusion Other (Specify):
 Source of Information: Parents Ambulatory Wheelchair Ambulance
 Mode of Arrival: Ambulatory Wheelchair Ambulance
 Vital Vital Signs: Temp: 98.1 PR: 106 BP: 94 RR: 94
 Chief Complaints: child excessive crying since last night & yellow discoloration

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance	Work of Breathing	INITIAL PHYSIOLOGICAL STATUS
<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased	<input checked="" type="checkbox"/> Stable
<input checked="" type="checkbox"/> Sick Looking	<input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input type="checkbox"/> Unstable
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding	<input type="checkbox"/> Not - Life - Threatening
<input checked="" type="checkbox"/> Normal		<input type="checkbox"/> Life - Threatening

Triage Classification

<input type="checkbox"/> Level 1: Resuscitation	CTAS
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> < 15 min
<input checked="" type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 120 min

NOTE: All immunocompromised children and preterm babies to be considered Level 2.
 Children less than 2 years age with high fever to be considered Level 3.
 * CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: _____
 Triage Completion Time: 8:42 am

Communicable Disease Triage Screening

T A. The following questions should be asked to all patients at the initial screening:

Have you had fever (elevated temperature) in the past 2 weeks? Yes No

Have you had cough or a rash in the past 2 weeks? Yes No

Have you had shortness of breath or difficulty breathing in the past 2 weeks? Yes No

T B. For patients reporting fever and respiratory/rash symptoms: Not applicable

Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No

yes, State Location: _____

Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or explained, severe febrile respiratory or rash disease? Yes No

Signature of Triage Nurse: Kalavie

Time: 28/5/20 / 8:42 am

No.: RCM / RM / CLINICAL / 085

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Signature of Triage Nurse: Kalavie



Pediatric Multiorgan History & Physical Examination

Name: B/O Aditi Goyal Age/Sex 2y/0
 Information given by: Mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

10-10 yellowish discoloration of skin
Excessive cry

History of present illness :

Female 2y/0 much on byoc came to
10-10 yellowish discoloration of skin &
Excessive cry

DOB: 24/5/26

POB: 7:58AM

B.Wt: 3.44kg

T.Wt: 2.93 (4.8.17)

Discharge wt: 3.16kg

Birth & Neonatal History

Birth & Socio Economic

About Father :

About Mother :

Any additional Information

Developmental History :

Immunization History :

Anthropometry :

Head Circum (cms)

Weight (kgs) 2.93

On Examination :

Temperature : 98.6 °

Resp. rate and type of breath

ash

Lymphadenopathy

edema :

hernia



Past History : (Include



Past History : (Including details of any previous investigation or treatment)

Nil Significant

Family Chart

Term 3.4kg Mch

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

Developmental History :

Nil

Immunization History :

BG, OPV

Anthropometry :

Head Circum (cms) (Centile) Height (cms): (Centile)
Weight (kgs) 2.93 (Centile)

On Examination :

Temperature : 98.9 Pulse Rate : 106 B.P. SP02 97
Resp. rate and type of breathing : 42
Rash
Lymphadenopathy
Oedema :
Allergies (if any):



Respiratory System :

Inspection (any S/O distress) : _____

Air entry & breath sounds : BLD

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) : _____

Reflexes :

DTR _____

Plantars _____

Sensory System :

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2

Any murmur : ND

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Bladder / Bowel : -

Clinical Summary &

Pediatric Multiorg

Per Abdomen :

Inspection : _____

Palpation : soft

Ausculation : _____

Spine : _____

Relevant data from outside (CT, USG etc.,) : Male

Planned Labs:

SBR
S. Anal

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : CTIA fairly

Motor System :

Nutriton : _____

Tone : _____

Co-ordinator : _____

Posture : _____ Power _____

Involuntary Movements : _____

Signature of the Doctor:
Name of the Doctor:
Specialty:

Reflexes :

Superficials:

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Term | A4M | Nuch | NHTB

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs:

- SRR
- S. Aot

Planned Management

- Double Surface Phototherapy
- Biliblantet
- DBF + ~~45~~ 45 m EIM formula
- Feed

- Repeat SRR TLM @ 6 AM

Signature of the Doctor:

Sham
Signature of the Consultant:

Name of the Doctor:

Name of the Consultant:

Date & Time:

Date & Time: 29/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/10/16	<p>Child B Product D-chaos</p> <p>term AGA N/A/H</p> <p>- baby in tibia</p> <p>- on DEF + 90ml ORT for Feeds (180)</p> <p>- no fe</p> <p>- def</p> <p>vitals - stable</p> <p>- Appears pale</p> <p>- def - vom</p> <p>Plan: continue the phototherapy</p> <p>- correct Reptab</p> <p>- DEF + 90ml ORT for Feeds</p>	<p>MBG - Positive</p> <p>BBG - positive</p>
HB - 22.2		
PCV - 57.2		
TB - 12.5		

I.P. No.:

Sheet No.

REGULAR PRESCRIPTIONS

Wards

Name :

Date	Time
------	------

DRUG		Date	Time
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

DRUG		Date	Time
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

DRUG		Date	Time
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

DRUG		Date	Time
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

DRUG		Date	Time
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

Name :

DRUG

Dose Route Frequency Start Date

Name & Signature of the Doctor

Additional Instructions

DRUG

Dose Route Frequency Start Date

Name & Signature of the Doctor

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