DISCHARGE SUMMARY

Name	Baby B/O SANJANA ARELLI .	UHID	FDH-00046350
Father/Guardian	Mr D NITHISH	Age/Gender	0 Y 0 M 2 D/ Female
Address	flat no 302 serenity shambala homes, Kapra, Hyderabad, Telangana, INDIA, 500062		
IP No	IP25-00020667	Admission Date	27-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

Consultant:
Dr. Kalyan Chakravarthy Konda,
MBBS, MD, DNB (Pediatrics), DM (Neonatology)
Consultant Pediatrician & Neonatologist
APMC/FMR/76059

DIAGNOSIS
TERM / AGA /EMERGENCY LSCS / BABY GIRL / CIAB

History: B/O SANJANA ARELLI, is a term (38 weeks) baby girl, delivered to a PRIMI mother by Emergency LSCS (Ind : Non progression of Labour) on 27.05.2026 at 01:00 PM with birth weight of 3.386kgs in Rainbow Children's Hospital, Financial District Hyderabad. Baby cried immediately after birth. APGAR scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. SANJANA ARELLI, is a 29 years old PRIMI mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans

Name	Baby B/O SANJANA ARELLI .	**UHID**	FDH-00046350
IP No	IP25-00020667	**Admission Date**	27-05-2026

suggestive of Polyhydramnios. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus /Oligohydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "O" positive. Baby's blood group is "O" positive.

Examination: Baby was euthermic. Maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. On examination, baby had presacral dimple with tuft of hair. No other obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 3.386 kgs.
Weight at discharge : 3.107 kgs.
Head Circumference : 36 cms.
Length : 46 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:
Feeding: Breast feeding was initiated (First feed was given within 30 minutes). Baby tolerated the feeds well.

Serum bilirubin at 41 hours of life was 9.9 mg/dl with indirect fraction of 9.8 mg/dl which is below phototherapy range.

Vaccination: Baby was given following vaccination:

Name	Baby B/O SANJANA ARELLI .	**UHID**	FDH-00046350
IP No	IP25-00020667	**Admission Date**	27-05-2026

Vaccine Name	Status	Date
BCG	Given	28.05.2026
OPV	Given	28.05.2026
HEPATITIS B	Given	28.05.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Done on 28.05.2026 showed Bilateral normal outer hair cells functioning.

Newborn screening advanced : Sent on 29.05.2026, report awaited.

SPO2 : 98% at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

Condition at discharge: Baby is pink, warm, active and on direct breast feeds.

Advice:
Keep the baby clean & warm
Regular breast feeding with top up formula feed (25 - 30 ml) every 2nd hourly followed by burping
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Name	Baby B/O SANJANA ARELLI .	UHID	FDH-00046350
IP No	IP25-00020667	Admission Date	27-05-2026

Plan:

1. **Newborn screening advanced test report to be collected on follow up.**
2. **Serum Bilirubin to be decided on follow up.**

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on 31.05.2026 Sunday at Financial District with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/~~Resident/C.M.O~~

Name	Baby B/O SANJANA ARELLI .	UHID	FDH-00046350
IP No	IP25-00020667	Admission Date	27-05-2026

Consultant:
Dr. Kalyan Chakravarthy Konda,
MBBS, MD, DNB (Pediatrics), DM (Neonatology)
Consultant Pediatrician & Neonatologist
APMC/FMR/76059

324

Laboratory Report

Baby B/O SANJANA ARELLI .	8121502639
0 Y 0 M 2 D	FD26018808
Female	29-05-2026 08:52 AM
IP25-00020667	29-05-2026 08:52 AM
FDH-00046350	
Dr. KALYAN CHAKRAVARTHY KONDA	3F -PRIVATE ROOM / CRDL-FDPVT-324-1

Investigation	Result	Unit		Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)				TEST RESULT STATUS : REPORT ENTERED
TOTAL BILIRUBIN (Azobilirubin)	9.9	mg/dl		<8.2
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	**9.8**	**mg/dl**	H	0.6 - 7.6

Interim Report

Rainbow Children's Hospital | BirthRight Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020667 **Admit Date** : 27-May-2026 **Admit Time** : 01:53 PM **UHID** : FDH-00046350

Patient Details :

Patient Name	: Baby B/O SANJANA ARELLI .	**Age**	: 0 D
Guardian	: Mr D NITHISH	**DOB**	: 27-05-2026 01:00 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: flat no 302 serenity shambala homes Kapra Hyderabad Telangana INDIA 500062	**Phone No**	: 8121502639/
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL MICU 2-1 **Ward Name** : 4F -MICU

Room No : CRDL MICU 2-1 **Admission Type** : First Visit

Contact Details :

Name	: Mr D NITHISH	**Relationship**	: Father
Contact Address	:	**Phone No**	:

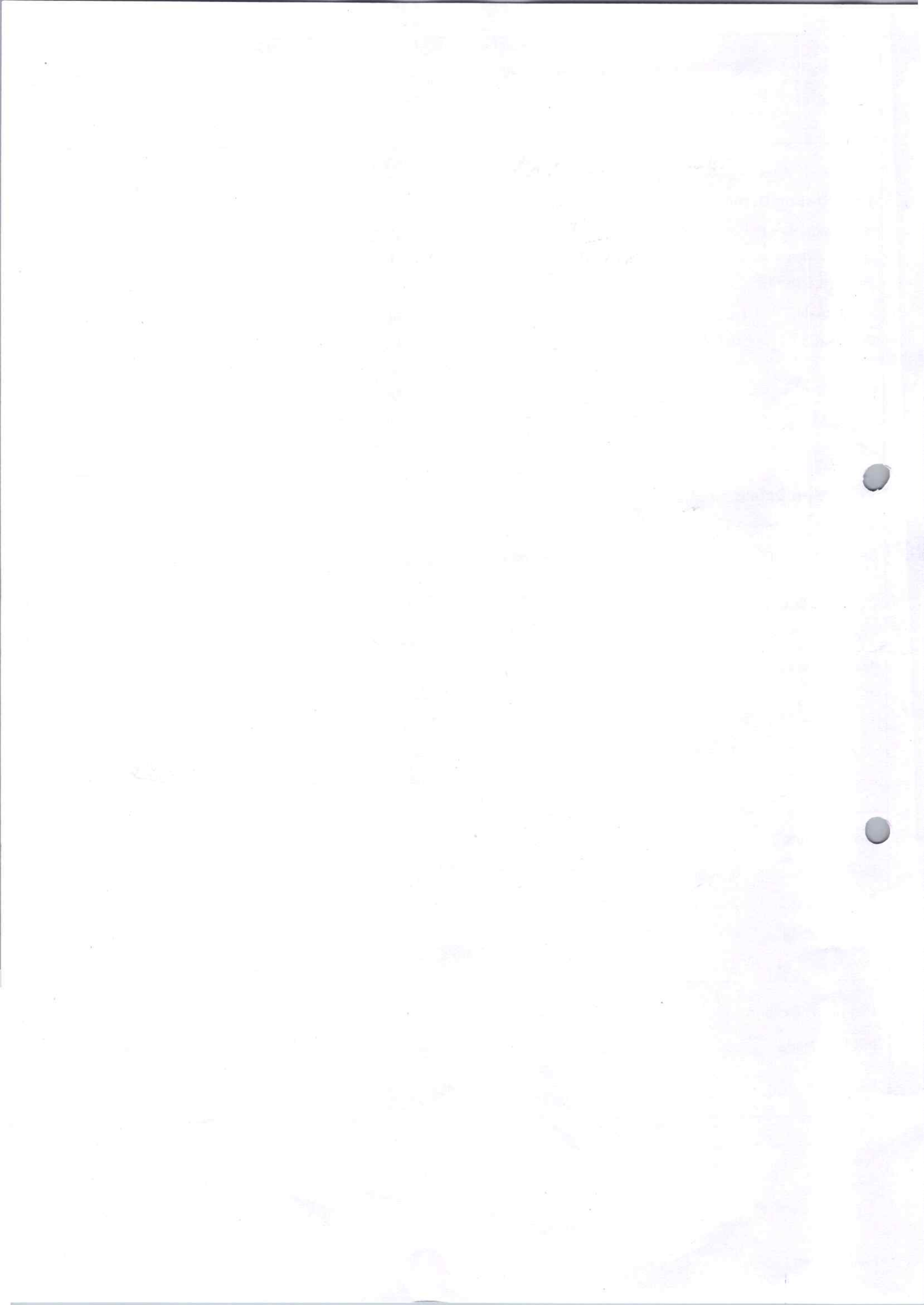
Signature

Doctor Details :

Doctor Name	: Dr. KALYAN CHAKRAVARTHY KONDA	**Specialisation**	: NEONATOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY



FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI.
27-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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NEWBORN MONITORING FORM

Date of Birth : 27/5/2026
Time of Birth : 1:00 PM
Mode of Delivery : EM-LSCS
Birth Weight : 3.386 kgs.
Head Circumference : 36 cms
Length : 46 cms
Red Reflex : +

New Born Screening : ....
TFT : ....
OAE : done
Mother's Blood Group : O +ve.
Baby's Blood Group : O +
Anomaly Scan : ....
Vaccination : Vaccines are given on 28/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
27/5/26	3-386 kgs	DBF	15 mins	36.5°C	[signature]
28/05/26	3.216 kgs.	DBM	20 min	98.2°F	Pallavi
29/05/26	3-107 kgs	DBF	20 min	98.3 F	Pallavi

Date	Time	Investigation	Result	Order No.	Signature
27/5/26		BGT			[illegible]

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI.
27-05-2026 0Y0M0D3H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: new born care			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	27/5/26 E	27/05/26 N	28/5/26 M	28/05/26 E	28/5/26 N	29/5/26 M
	Medical Condition (Any special condition to be noted):	NBC	NBC	NBC	NBC	NBC	NBC
	Diet:	DBF	DBM	DBM	DBF	DBF	DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36°C	98.2°F	98.4°F	97.6°F	98.4°F	98.5°F
	Res:	40	42	42	45	42	
	SpO_2:	99%.	99%.	99	96%	98%.	
	Pulse:	150	142	143	142	142	
	BP:	–	–	–	–	–	–
	LOC:	conscious	C	C	C	C	C
	Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	Good	Good	Good	Good	Good	good
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:		–	–	–	–	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	DBM	DBM	DBF	DBM	
	Critical Lab Test / Values:		–	–	–		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent	Dependent	dependent
Post Operative Procedure Special Orders:			–		–	–	
Handed Over By Name :		sadhika	Pani	Suma	Lakshmi	Pani	Suma
Signature / ID :		sadhika	01789	[signature]	(L)	01789	[signature]
Date:		27/5/26	28/05/26	28/5/26	28/05/26	29/05/26	29/5/26
Time:		@8PM	@8AM	@2pm	at 8pm	@8Am	@2pm
Taken Over By Name :		Pani	Suma	Lakshmi	Pani	Suma	
Signature / ID :		01789	[signature]	(L)	01789	[signature]	
Date:		27/05/26	28/5/26	28/05/26	28/05/26	29/5/26	
Time:		@8pm	@8Am	at 2pm	@8pm	@8Am	

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

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ACTIVITY RECORD FOR BILLING

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI .
27-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Name: - --

UHID No ----------- Consultant : ------------------------ Dept : -----------------

Date of A------ Time : -------------- Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	1:50pm	OT	MICU	Sadhu sreeja
27/5/26	4pm	MICU	word	Sadhu

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/5/26	BGT	8626	Sadhika
28/5/26	OAE	1455	lakshmi
29/05/26	SBR, MBS	8808	paul

C.C by Jaya 27/5/26

cross check done by Suma 29/5/26.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 27/5/26　　Time : 2pm　　Prepared By : Sadhia

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

RAINBOW CHILDRENS HOSPITAL

DEPARTMENT OF PAEDIATRIC AUDIOLOGY

Hearing Screening Informed Consent Form

Hi! Congratulations on the birth of your baby!!!

Dear Parent,

It is through hearing that your child will learn to talk. Approximately 3 newborns per 1000 are born with hearing loss. Although it is unlikely your baby will have a hearing loss, if there is one, it is important that you know about it as soon as possible.

The first two years of your child's life are the most important for learning speech and language. It is important to diagnose hearing problems early because a hearing loss can prevent your baby from learning speech and language.

The purpose of the screening is to check your baby's ability to hear and to help find those babies who need more hearing testing. **This screening test does not rule out severe and rarer forms of hearing loss.**

Your baby will receive the test below.

Otoacoustic Emissions test (OAE). This test will not hurt your baby. Most babies sleep through the test. A soft rubber earphone is placed in your baby's ear and makes a soft clicking sound. Healthy ears will "echo" the click sound back to a tiny microphone that is inside the earphone. Both ears will be tested.

Please ask your doctor or nurse if you have any questions about the hearing screening.

CONSENT

I authorize/request a hearing screening test for newborn, ____________

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI .
27-05-2026 0 Y 0 M 0 D 22 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

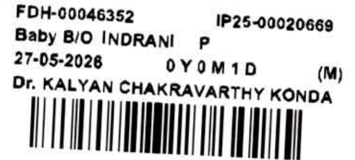
[signature]

Signature of Parent/Legal Guardian Date 28/5/26.

In case if the result shows **refer** in one or both ears, this does not necessarily mean that your baby has a permanent hearing loss, but without additional testing we can't be sure. The screening results will be provided to your baby's doctor. Please be sure you make the appointment for rescreening on ____________.

Signature of Parent/Legal Guardian Date

HEARING SCREENING/OAE REPORT



Hearing screening was done using TEOAEs

Right ear - Hearing screening results indicate **PASS** (presence of TEOAEs), suggestive of normal outer hair cell functioning.

Left ear - Hearing screening results indicate **PASS** (presence of TEOAEs), suggestive of normal outer hair cell functioning.

Clap Screening: Pass

Recommendation –

Monitor communication development

Follow up if any hearing concerns exist

Dr. Sri Ram Reddy Mitta MSc ASLP
Audiologist& Speech Language Pathologist

Note- OAEs were pass(present) bilaterally is an indicative of normal hearing sensitivity, however it must be noted that presence of OAEs (PASS) indicates structurally and functionally normal middle ear and outer hair cell functioning. OAE test does not assess the exact hearing threshold. A BERA test can be administered at the age of 3 months (if necessary) for objective evaluation of hearing thresholds.

Laboratory Report

8121502639

Baby B/O SANJANA ARELLI

0 Y 0 M 0 D 19 H

Female

IP25-00020667

FDH-00046350

Dr. KALYAN CHAKRAVARTHY KONDA

FD26018626

27-05-2026 03:40 PM

27-05-2026 03:55 PM

28-05-2026 08:45 AM

4F -MICU / CRDL MICU 2-1

Investigation	Result	Unit	Biological Reference Interval
			TEST RESULT STATUS : REPORT AUTHORISED
BLOOD GROUPING (Specimen : BLOOD)			
BLOOD GROUP	O		
RH (D) TYPE	POSITIVE		

NOTE: DONE BY CELL GROUPING ONLY. BLOOD GROUP TO BE REPEATED AFTER 4 MONTHS.

Dr. SUREKHA DEVI ALLANKI
SENIOR CONSULTANT, TRANSFUSION MEDICINE CONSULTANT

HIMAYATHNAGAR Emergency : 040 - 48873000 | BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency : 040 - 4466 5555, 91009 25516 | HYDERNAGAR (NABH Accredited) Emergency : 040 - 4246 2300 | KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency : 040 - 4246 2100 | SECUNDERABAD (NABH Accredited) Emergency : 040 - 4246 2200 | KONDAPUR Emergency : 040 - 4246 2400 | L B NAGAR (NABH Accredited) Emergency : 040 - 7111 1333 | NANAKRAMGUDA Emergency : 040-69313233

1800 2122 www.rainbowhospitals.in

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI .
27-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Sanjana Mother's Name: ....

Date of Birth: 27/5/26 Time of Birth: 1pm ~~3.38 kgs~~ Gender: ☐ Male ☑ Female

Birth Weight: 3.386kgs Kgs HC: .... cm Lenght: .... cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O+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 /Min RR: 40 /Min BP: – SpO₂: 99%

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: Sadhika Signature: Sadhika Date &Time: 27/5/26

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

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

Date of Birth : .... 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 Sanjana Arelli

Gender : ☐ M ☑ F Blood Group : 1.f.m

Date of Birth : 27/5/26 Time of Birth : ~~1pm~~

Place of Birth : RCH FD

Mother's Blood Group : O Positive

Birth Weight (gms) : 3.386 kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 38 wks

Current Obstetric History : (Booked / Unbooked Case) Primi

Maternal Age : 29 yrs Ht : ...... Wt : ...... BMI : ...... Married Life : ...... LMP : ...... EDD : ......

Conception : (Spontaneous) or with Rx. : ....

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

Last Scans Details : 22/5 - 37+3, cephalic, AFI - 22 cm, EFW ~ 3.4 kg, Doppler - (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs Polyhydramnios

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 / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : ....

AFI : ....

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

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

Compliance with Rx : ....

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

H/o Hypothyriodism : when diagnosed ? Medication?

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 : ....

CIN : U85110TG1998PTC029914

Patient Sticker

PAST OBSTETRIC HISTORY

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

Primi

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

PERINATAL HISTORY

Treating Obstetrician : .... Hospital : .... ☐ Inborn ☐ Outborn

Duration of Labour Emerg. LSCS

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NPOL

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

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 : 38 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
TOTAL	8/10	9/10	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby received in warmer

↓

CZAB

↓

c/T/A given

↓

Inj vitk in given

↓

shift to Mattoz…

NG : Tube
Passed
patent

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

—

Patient Sticker

GENERAL EXAMINATION ON ADMISSION

General Disposition : N, gross cong. anomalies

VITALS : Temperature : 36.5°C HR : 136/min RR : .... NIBP : .... CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : .... Pallor : .... SpO2 : 98%

Anthropometry : Birth Weight : 3.386 kg Length : .... HC : .... Present Weight : ....

Ponderal Index : .... AGA : (circled) .... SGA : .... LGA : ....

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : 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 check Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	N

Patient Sticker

THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : ⊖ 2 A +1 V Discharge :
GENITILIA :	Labia / Hymen : ⓝ Testicles/penis : Anus :
HERNIAL ORIFICES	
TRUNK and SPINE :	
SKIN LESIONS :	ⓝ
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination : Arms / Legs : Mobility :

SYSTEMIC EXAMINATION

Respiratory System : B/L AE ⊕

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 : ....

SpO_2 : .... Auscultation : .... Breath Sounds : .... Added Sounds : ....

Cardiovascular System : $S_1 S_2$

HR : .... BP : ....

Femoral Pulses : ....

Other Peripheral Pulses : ....

Precordial Activity : ....

Murmurs : ....

Signs of Cardiac Failure : ....

Abdomen :

Shape : ....

Palpation : ⓝ

Palpable masses : ....

Abdominal girth : ....

Hernia orifice : ⓝ

Anal Patency : ....

Umbilical Cord : 2 A +1 V

First urine passed : [illegible]

Meconium passed : ....

Patient Sticker

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

State of wakefulness : ....

Prechtle Score : ....

Nerves : ....

.... c/T/A - good

Motor System :

Passive Tone : ....

Active Tone : ....

Neonatal Reflexes : ....

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

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

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

Any Congenital Anomalies : .... Maternal - Polyhydramnios

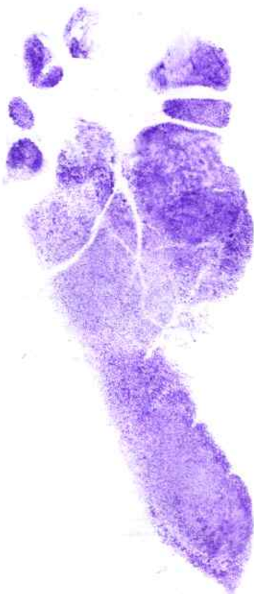
....

Diagnosis : Term / Female / AGA

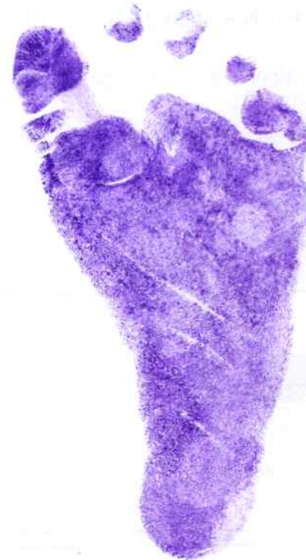
....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : ....

Name : Dr Mohith

Date & Time : 27/5/26

Consultant :

Signature : ....

Name : Dr Kalyan

Date & Time : 27/5/26

Patient Sticker

DISCHARGE PLAN

Information given by: ☐ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

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

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

(1) DBF + Warmer

(2) Vaccinate - BCG, OPV, Hep B

(3) SBR, NBS, OAE @ 48 HOL

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

Discharge Details:

Neonatal Condition at Discharge:

....

Patient Sticker

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

Discharge Medications: ☐Yes ☐No

Details: ....

Final Diagnosis: ....

....

....

....

....

....

....

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026		
9Am	c/o/B Dr. Kalyan	
	Dr. Sneha	
	D: 19H/ Term/ FCh/ AGA/ Em LSCS/	
	polyhydramnios	
	GC: stable	
	CRT < 3sec	
	CRPA/T: Good	
	Ⓝ newborn examination	
	U/✓	BWt / 3386g
	m/✓	Tdt / 3216g
		(↓5%)
	Plan	
	1) DBF 2hourly	
	2) OAE	
	Red reflex	} today
	Vaccination	
	3) SBR, NBS T/m 6Am.	
	4) Formula 5ml if ↓ feeds	

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI .
27-05-2026 0Y0M0D7H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5	S/B. Dr. Vinodha (LC)(PT)	
	Breastfeeding counselling given	
28/5/2026 4pm	C/S/B Dr. Sneha	
	27 H / term / fch	
	G/C: stable	
	CRT < 3sec	
	C/R/A/T: Good.	
		Plan
	Vitals	- DBF 2hourly
	HR: 138/min	- SBR, NBS T/m 6AM
	RR: 42/min	
	temp: 36.5°C	
	SpO2: 98%. RA	
	OAE	
	Pulse Ox screen	
	Vaccine	Done
	Red reflex	

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

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	C/s/b Dr Kalyan	
9:30am.		
	D/s :- Term/ FCh/ AGA/ Em LSCS / polyhydra[mnios]	
	On DBF.	
	Wt loss 8.2% wt loss	
	SBr 9.9 (below PT range)	
	(N) neonatal examination	
	o/e : Euthermic	
	CFT/A good.	
	$. vitals were	
	Hemodynamically stable	
		Plan
		D/s today
		Start FF -
	[signature]	Review Sunday.

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

(P.T.O)

FDH-00046351 IP25-00020666
Baby B/O M.RAJARAJESWARI
27-05-2026 0 Y 0 M 1 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00046351 IP25-00020666
Baby B/O M.RAJARAJESWARI
27-05-2026 0Y0M1D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI.
27-05-2026 0Y0M0D3H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

VITALS CHART

Date →	27/05/26									
Time ↓	Temp	HP	RR	SPO₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am										
9.00 am										
10.00 am										
11.00 am										
12.00 pm										
1.00 pm										
2.00 pm	36.5°C	136/min	38/min	98%	8/10 9/10	DBF	15 min	–	–	–
3.00 pm										
4.00 pm	36°C	140	40	99%	8/10	DBF	15 min	–	–	–
5.00 pm										
6.00 pm	36°C	150	42	100%	8/10	DBF	10 m	–	–	–
7.00 pm								✓	✓	
8.00 pm	36°C	152	40	98%	9/10	DBF	10 m	✓	–	–
9.00 pm										
10.00 pm						DBF	15 min	✓	✓	
11.00 pm										
12.00 am	98.0 F	132	42	96%	–	DBF	20 min			
1.00 am								✓		
2.00 am						DBF	15 min			
3.00 am									✓	
4.00 am						DBF	10 min			
5.00 am										
6.00 am	98.2 F	136	40	97%	–	DBF	10 min	✓		
						TOTAL		U = 4	M = 2	

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan........DBF Given...

....

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Morning Shift

Clinical Diagnosis...

Nursing Diagnosis...

Plan of Care ....

Planned Investigations Procedures ....

Implementation ....

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis......Risk of infection related to

Nursing Diagnosis......hospitalization.

Plan of Care ......* warm care given.
* Vitals monitor.

Planned Investigations Procedures ....

Implementation ......* warm care given.
* vitals monitored.

Sreeja [signature]

Handed Over by : Name & Signature

[signature] 27/05/26 @8PM

Received by : Name & Signature

Night Shift

Clinical Diagnosis......Newborn

Nursing Diagnosis......Risk for infection related to hospitalization.

Plan of Care ...* Assess the baby condition
* maintain I/O chart
* DBM feed 2nd, 3rd.

Planned Investigations Procedures ....

Implementation ...* Assessed the baby condition
* maintained I/O chart.
* DBM feed 2nd, 3rd.

[signature] 28/05/26 @8Am.

Handed Over by : Name & Signature

Received by : Name & Signature

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(2)

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI.
27-05-2026 0Y0M0D7H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

VITALS CHART

Date →	28/05/26									
Time ↓	Temp	HP	RR	SPO₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am						DBM	20min		–	
8.00 am								✓	–	
9.00 am										
10.00 am	36	143	40	100	–	DBM	20min	✓	–	
11.00 am										
12.00 pm								✓	–	
1.00 pm	37	138	42	100	–	DBM	20min		–	
2.00 pm								✓		
3.00 pm	36.3	132	45	98	–	DBM	25min			
4.00 pm								✓	✓	
5.00 pm	37	138	42	99	–	DBM	20min			
6.00 pm										
7.00 pm	36.2°F	132	48	98	–	DBM	20min	✓		
8.00 pm										
9.00 pm						DBF	20min			
10.00 pm								✓		
11.00 pm	99.4°F	136	42	99%	–	DBF	25min		✓	
12.00 am										
1.00 am						DBF	30min	✓		
2.00 am										
3.00 am						DBF+FF	25ml		✓	
4.00 am										
5.00 am						DBF	20min			
6.00 am	98.0°F	132	40	99%	–			✓		
						TOTAL	25ml	U-8	M-3	

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan: DBF - Every 2 hourly

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Morning Shift

Clinical Diagnosis

Nursing Diagnosis

Plan of Care

Planned Investigations Procedures

Implementation

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis: New Born

Nursing Diagnosis: Risk for infection related to Hospitalization.

Plan of Care: * Assess the Baby condition
* Maintain the I/O Chart
* Monitored the vitals signs

Planned Investigations Procedures: DBF - 2hourly, SBR, N.B.S - 29/05/26 at 6AM

Implementation: * Assessed the Baby condition
* Maintained the I/O Chart
* Monitored the vitals signs

Lakshmi 28/05/26 8pm

Handed Over by : Name & Signature

Pavi 28/05/26 @ 8pm

Received by : Name & Signature

Night Shift

Clinical Diagnosis: New born

Nursing Diagnosis: Risk for infection related to hospitalization.

Plan of Care: * Assess the baby condition.
* maintain I/O chart.
* DBM feed 2nd, 3rd hr.

Planned Investigations Procedures: SBR, NBS (R) due.

Implementation: * Assessed the baby condition.
* maintained I/O chart.
* DBM feed 2nd, 3rd hrly.

Pavi 29/05/26 @ 8 Am.

Handed Over by : Name & Signature

Received by : Name & Signature

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(3)

FDH-00046351 IP25-00020666
Baby B/O M.RAJARAJESWARI
27-05-2026 0 Y 0 M 1 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

VITALS CHART

Date →	29/05/26									
Time ↓	Temp	HP	RR	SPO_2	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am										
9.00 am						DBF				
10.00 am								✓		
11.00 am	98.3°F	140	40	100%		DBF				
12.00 pm										
1.00 pm						DBF				
2.00 pm										
3.00 pm										
4.00 pm										
5.00 pm										
6.00 pm										
7.00 pm										
8.00 pm										
9.00 pm										
10.00 pm										
11.00 pm										
12.00 am										
1.00 am										
2.00 am										
3.00 am										
4.00 am										
5.00 am										
6.00 am										
						TOTAL				

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan..

....

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Morning Shift

Clinical Diagnosis: New born.
Nursing Diagnosis: Risk of infection related to hospitalization

Plan of Care: To assess baby condition, To maintain I/O chart, To monitor vital signs

Planned Investigations Procedures .

Implementation: Assessed baby condition, maintained I/O chart, Monitored vital signs

Handed Over by : Name & Signature Suma 29/5/06 @2pm

Received by : Name & Signature

Evening Shift

Clinical Diagnosis

Nursing Diagnosis

Plan of Care

Planned Investigations Procedures

Implementation

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis

Nursing Diagnosis

Plan of Care

Planned Investigations Procedures

Implementation

Handed Over by : Name & Signature

Received by : Name & Signature

VITALS CHART

Date →										
Time ↓	**Temp**	**HP**	**RR**	**SPO_2**	**Score**	**Type of Feed**	**Qty**	**Urine**	**Stool**	**Vomit**
7.00 am										
8.00 am										
9.00 am										
10.00 am										
11.00 am										
12.00 pm										
1.00 pm										
2.00 pm										
3.00 pm										
4.00 pm										
5.00 pm										
6.00 pm										
7.00 pm										
8.00 pm										
9.00 pm										
10.00 pm										
11.00 pm										
12.00 am										
1.00 am										
2.00 am										
3.00 am										
4.00 am										
5.00 am										
6.00 am										
						TOTAL				

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan...

....

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Your Right to a Safe Delivery

Morning Shift

Clinical Diagnosis..

Nursing Diagnosis..

....

Plan of Care ....

....

....

Planned Investigations Procedures ....

....

Implementation ....

....

....

....

Handed Over by : Name & Signature | Received by : Name & Signature

Evening Shift

Clinical Diagnosis..

Nursing Diagnosis..

....

Plan of Care ....

....

....

Planned Investigations Procedures ....

....

Implementation ....

....

....

....

Handed Over by : Name & Signature | Received by : Name & Signature

Night Shift

Clinical Diagnosis..

Nursing Diagnosis..

....

Plan of Care ....

....

....

Planned Investigations Procedures ....

....

Implementation ....

....

....

....

Handed Over by : Name & Signature | Received by : Name & Signature

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI .
27-05-2026 0Y0M0D3H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

(1)

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

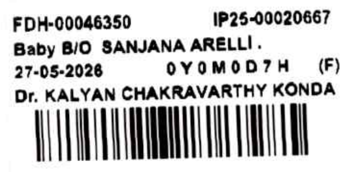
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening Note's
27/5/26		
	2Pm	=> Assessed Pati Baby condition.
		=> monitered vitals & recorded
	4Pm	=> maintend I/O chart & noted.
		=> 2nd hourly feeding.
	6Pm	-> worm care Provided.
		-> Baby mother side.
	8Pm	-> Hand over given to sister.
		Night
	8:40pm ~~8:40pm~~	-> Handover taken from MICU Sadhika sister
	9Pm	-> Assessed the baby condition. baby is stable.
	11Pm	-> maintain I/O chart.
	1Am	-> DBM feed 2nd - 3rd hy.
27/05/25	3Am	-> Provided warm care
	6Am	-> monitor vitals and recorded.
	7Am	-> weight checked and bathing done.
	8Am	-> Handover given to morning duty staff
		Pavi 28/05/25 @8Am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

(P.T.O)


FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI .
27-05-2026 0 Y 0 M 0 D 7 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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BY RAINBOW HOSPITALS
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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
28/5/26	8Am	Morning duty notes
	8Am	* Handover taken from night duty notes.
	9Am	* Assessed the baby condition
	10Am	* Maintained I/O chart.
	12Am	* Monitored vitals & documented
	1pm	* provided warm care
		* Every 2nd hourly feeding
	2pm.	* Handover given to evening duty staff.
		RH-19 RL
		P-145 P-149 Suma
		SpO_2-100 SpO_2-100 28/5/26 @ 2pm.
		LH LL
		P-142 P-145
		SpO_2-99 SpO_2-99.

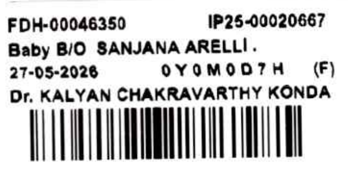
NOTE : DO NOT WRITE OUTSIDE THE MARGINS

FDH-00046350 IP25-00020667
Baby B/O SANJANA ARELLI.
27-05-2026 0Y0M0D7H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

(2)

NURSES NOTES

(USE BALL POINT PEN ONLY)



☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty notes
28/05/26	2pm	Hand over taken By Morning duty ~~not staff~~
		Assessed the Baby condition,
	4pm	Maintained the I/O Chart,
		Monitored the vitals signs,
	5pm	today, OAE, 4 limbs, vaccine, Red reflex Done,
	7pm	DBF – Every – 2 hourly,
	7:30pm	SBR, NBS – Tomorrow Morning,
	8pm	Hand over given By Night duty ~~staff~~
		Laxmi 28/05/26 at 8pm
		Night
	8pm	→ Handover taken from evening duty staff.
	9pm	→ Assessed the baby condition. baby is stable.
	11pm	→ Maintained I/O chart.
29/05/26	1Am	→ DBM feed given every 2nd, 3rd hrly.
	3Am	→ provided warm care.
	5Am	→ monitor vitals and recorded.
	6Am	→ SBR, NBS ⓢ due.
	7Am	→ weight checked and bathing done.
	8Am	→ Handover ~~taken~~ given to morning duty staff.
		Ravi 29/05/26 @8Am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

FDH-00046352 IP25-00020669
Baby B/O INDRANI P (M)
27-05-2026 0Y0M1D
Dr. KALYAN CHAKRAVARTHY KONDA

NURSES NOTES

(USE BALL POINT PEN ONLY)

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

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

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
29/5	8Am	Morning notes
		— Assessed baby condition
		— Monitored vital signs
		— Maintained I/O chart
		— given feedings and baby
		— Doctor rounds done, can be get
		discharge.
	2pm	— Handover given to evening staff
		Suma
		29/5/26
		@ 2pm.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH / FRM / CLINICAL / 089 (P.T.O)

FDH-00046352 IP25-00020669
Baby B/O INDRANI P
27-05-2026 0 Y 0 M 1 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

NURSES NOTES

(USE BALL POINT PEN ONLY)

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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

(USE BALL POINT PEN ONLY)

Rainbow® Children's Hospital
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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref. No. : F / NICU / FD / 02

CONSENT FOR FORMULA FEEDS

FDH-00040350 IP25-00020667
Baby B/O SANJANA ARELLI .
27-05-2026 0 Y 0 M 2 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Patient Name : .... Age : ....

Gender : M ☐ F ☐ - IP No : .. Reg. No. : ....

Department : .... Date : ....

I Mr / Mrs. : .... S / W / D / o.: ....

aged .... years. Hereby declare that I have admitted my son / daughter ....

In the NICU of Rainbow Children's Hospital, Hyderabad on .... Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : Nithish

Name : D. Nithish

Relationship with Patient: Father

Date & Time : 29/05/26 @ 4 Am.

Witness :

Signature : Pavi.

Name : Pavi M.

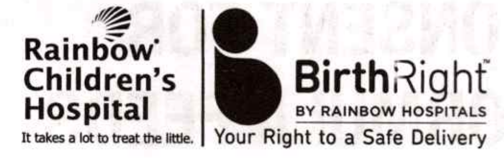
Date & Time : 29/05/26 @ 4 Am

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Lahari

Date & Time : 29/05/26 @ 4 Am



డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

రోగి పేరు : .... వయస్సు : .... లింగం :పు☐ స్త్రీ☐

రిజిస్ట్రేషన్ నం : .... ఐ.పి. నం : ....

నేను శ్రీ/శ్రీమతి : .... S/W/D/O: ....

వయస్సు : .... సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్‌బో పిల్లల ఆసుపత్రి, ఎన్ఐసియులో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు డబ్బాపాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సంతకము : ____________________

పేరు : ____________________

తేది మరియు సంతకము : ____________

సాక్షి

సంతకము : ____________________

పేరు : ____________________

తేది మరియు సమయము : ____________

డాక్టర్ :

సంతకము : ____________________

పేరు : ____________________

తేది మరియు సమయము : ____________

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 & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00046350 IP25-00020667 Baby B/O SANJANA ARELLI . 27-05-2026 0Y0M0D3H (F) Dr. KALYAN CHAKRAVARTHY KONDA	27/5/26	27/5/26
	Transfer Ordered by DR. Kalyan	Reason for Transfer observation
From Unit MICU	To Unit word	Information to Attendant Yes ☐ No ☐
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 ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sadhika	DR. Kalyan

Patient & Clinical Records Received by :

Date & Time of Patient Received : 27/05/26 @ 8:40pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

OT

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00046350 IP25-00020667 Baby B/O SANJANA ARELLI . 27-05-2026 0Y0M0D3H (F) Dr. KALYAN CHAKRAVARTHY KONDA	27/5/2026	27/5/2026 @ 1:50PM
	Transfer Ordered by	Reason for Transfer
Dr. Kalyan	Dr. Mohith	Newborn care
From Unit	To Unit	Information to Attendant
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
4	-	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	warm care given	30 mins.
2.	vitals checked.	done
3.	vit -K given	0.5ml
4.	cord clamp done	1
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sreeja [signature] @ 1:50PM	Dr Mohith

Patient & Clinical Records Received by : Sadhika

Date & Time of Patient Received :

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

Docu. No. : RCH /FRM / CLINICAL / 102