DISCHARGE SUMMARY

Name	B/O ROSHANI SONI	UHID	FDH-00046016
Father/Guardian	Mr SAURABH JAIN	Age/Gender	0 Y 0 M 8 D/ Male
Address	J904, HONER VIVANTIS, SURVEY NO. 176, TELLAPUR ROAD, Serilingampally(M), Hyderabad, Telangana, INDIA, 500032		
IP No	IP25-00020648	Admission Date	26-05-2026
Ref Doctor			
Discharge Date	27-05-2026		

Consultant:
Dr. Kondam Pradeep Reddy
MBBS, DNB (Pediatrics), (Neonatology)
Consultant Pediatrician & Neonatologist
Reg. No : 76060

DIAGNOSIS	ICD CODE
UNCONJUGATED HYPERBILIRUBINEMIA	P 59.9

History: B/O ROSHANI SONI, is a 6 Days, old baby boy presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, he was investigated on OPD basis (Serum bilirubin was 15.81 mg/dl). In view of hyperbilirubinemia, he was admitted to Rainbow Children's Hospital, Financial District for further management.

Birth history:
TERM / AGA / ASSISTED VAGINAL DELIVERY (KIWI) / BABY BOY / RH-

Name	B/O ROSHANI SONI	UHID	RDH-00046016
IP No	IP25-00020648	Admission Date	26-05-2026

NEGATIVE PREGNANCY / CIAB
Mother's Blood group is "O" Negative. Baby's blood group is "O" positive.

Examination: He was euthermic. Maintaining saturations at room air (97%). Heart Rate- 141/min, Blood pressure was 65/50mmHg and Respiratory Rate - 42/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 3.079 kilo grams.
Weight at discharge : 3.120 kilo grams.

Investigations: Enclosed reports.

Management: He was admitted in ward. His serum bilirubin on admission (done on OP basis) was 15.81 mg/dl. He was started on double surface phototherapy. Baby was continued on demand breast feeds. His serum bilirubin levels were regularly monitored which showed decreasing trend. Last serum bilirubin on 7th day of life was 11 mg/dl with indirect fraction of 10,9 mg/dl. This does not come under phototherapy range, hence phototherapy was stopped.

He remained hemodynamically stable and is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:
Warmth care.
Exclusive breast feeding every 2nd hourly followed by burping.
Burping after each feed.

Monitor urine output.
Immunization to be given as per schedule.
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Serum bilirubin to be decided on follow up.**

Review consultation with Dr. KONDAM PRADEEP REDDY, on 30/5/26 Saturday in OPD 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.**

Name	B/O ROSHANI SONI	UHID	FDH-00046016
IP No	IP25-00020648	Admission Date	26-05-2026

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

Registrar/Resident/C.M.O

Consultant:
Dr. Kondam Pradeep Reddy
MBBS, DNB (Pediatrics), (Neonatology)
Consultant Pediatrician & Neonatologist
Reg. No : 76060

Rainbow Children's Hospital | BirthRight by 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 : IP25-00020648 **Admit Date** : 26-May-2026 **Admit Time** : 03:45 PM **UHID** : FDH-00046016

Patient Details :

Patient Name	: Baby B/O ROSHANI SONI	**Age**	: 0 Y 0 M 7 D
Guardian	: Mr SAURABH JAIN	**DOB**	: 19-05-2026 08:32 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: J904, HONER VIVANTIS, SURVEY NO. 176, TELLAPUR ROAD Serilingampally(M) Hyderabad Telangana INDIA 500032	**Phone No**	: 7435008420/ 7435008420
		E-mail	: Jroshani146@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : TS 323 B **Ward Name** : 3F -TWIN SHARING

Room No : TS 323 B **Admission Type** : First Visit

Contact Details :

Name	: Mr SAURABH JAIN	**Relationship**	: Father
Contact Address	:	**Phone No**	:

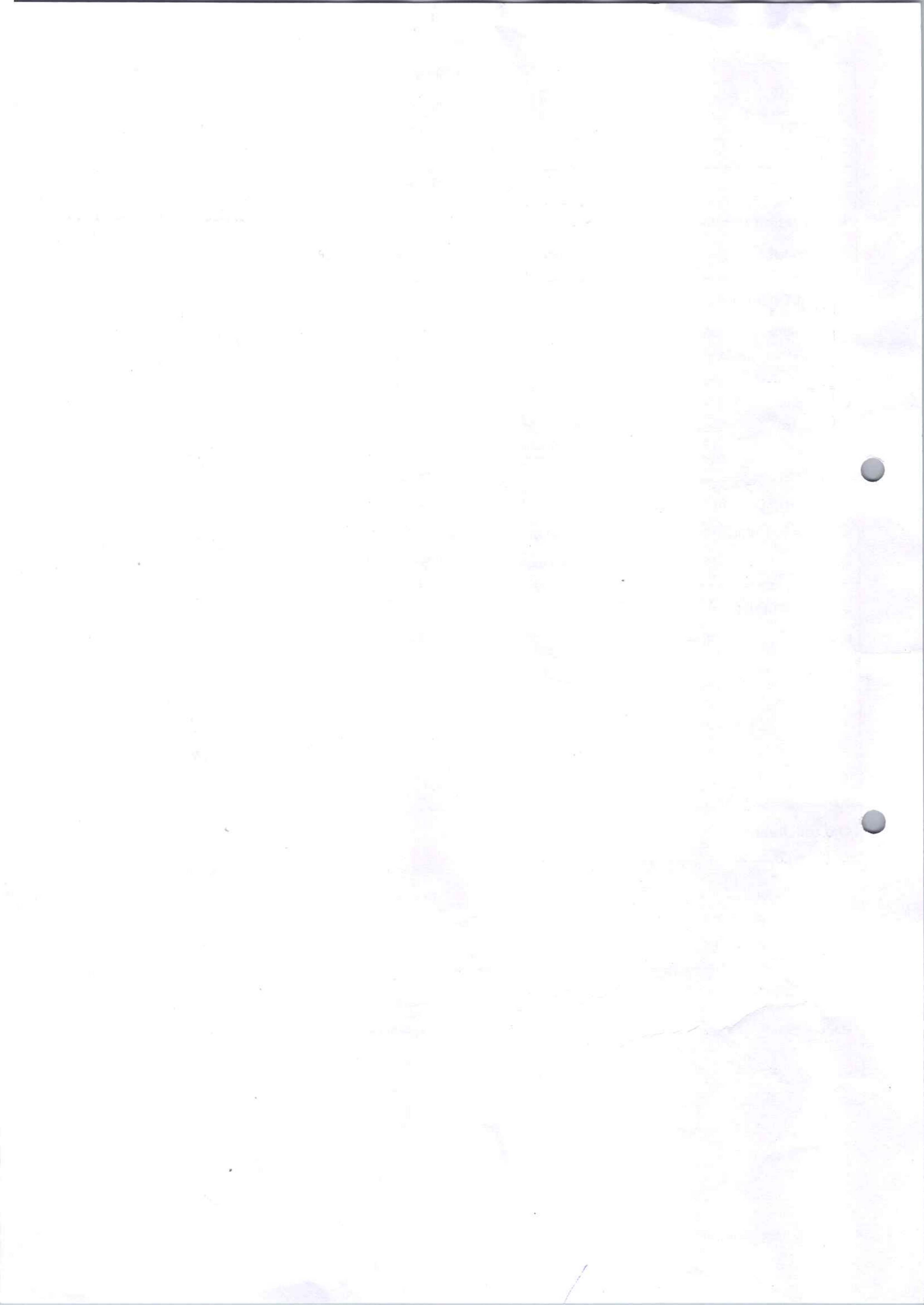
Signature

Doctor Details :

Doctor Name	: Dr. KONDAM PRADEEP REDDY	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD



FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

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NEWBORN MONITORING FORM

Date of Birth : 19/5/26
Time of Birth : 8:32 AM
Mode of Delivery : AVD
Birth Weight : 2.821 kgs
Head Circumference :
Length :
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group : O -ve
Baby's Blood Group : O +ve
Anomaly Scan :
Vaccination :

Date	Weight	Type of Feed	Quantity	Temperature	Signature
26/5/26	3.079kgs	DBF	25 min	37°c	Neha
27/5/26	3.120kg	DBF	20 min	37.3°c	Subhra.

Date	Time	Investigation	Result	Order No.	Signature

FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

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NURSING SHIFT HAND OVER FORM

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

	Field	26/5/26 E	26/5/26 N				
BACKGROUND	Date / Shift	26/5/26 E	26/5/26 N				
	Medical Condition (Any special condition to be noted):	NNJ	NNJ				
	Diet:	DBF	DBF				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	97.8°F				
	Res:	40b/m	41b/m				
	SpO_2:	99%	99%				
	Pulse:	130b/m	140b/m				
	BP:	65/46	—				
	LOC:	conscious	conscious				
	Fall Risk Score:	0/10	0/10				
	Pain Score:	0/10	0/10				
	Skin Integrity	yellowish	Yellowish				
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	DBF				
	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				
Post Operative Procedure Special Orders:							
Handed Over By Name :		Neha	Subhra				
Signature / ID :		[signature]	[signature]				
Date:		26/5/26	27/5/26				
Time:		@8PM	@8AM				
Taken Over By Name :		Subhra					
Signature / ID :		[signature]					
Date:		26/5/26					
Time:		@8AM					

Patient Sticker

NURSING SHIFT HAND OVER FORM

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

Section	Item						
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:							

Docu. No. : RCH /FRM / CLINICAL / 097

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ACTIVITY RECORD FOR BILLING

FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

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

UHID No : --------------- IP ... tant : ------------------------ Dept : ----------------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26.	4.00P.M.	ER.	323(B)	A. Roy.
27/5/26	11:20 AM	Ward	Billing	Neha

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	SBR	8550	Subhra

Cross checked by Bhanu

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/5/26	DSPT	26/5/26 5PM	27/5 10:30pm	80416	Neha

Cross Checked by Bikash

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Anusu	323(B)		

FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Roshani
Mother's Name: MRS. Roshani Soni

Date of Birth: 19/5/26
Time of Birth: 8:32 AM
Gender: ☑ Male ☐ Female

Birth Weight: 2.821 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: O +ve

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: 37 °C HR: 130 b /Min RR: 40 /Min BP: 65/46 mmHg SpO₂: 99%

Pain Score: .... (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** .... (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: yellowish discolouration of whole body & eyes

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

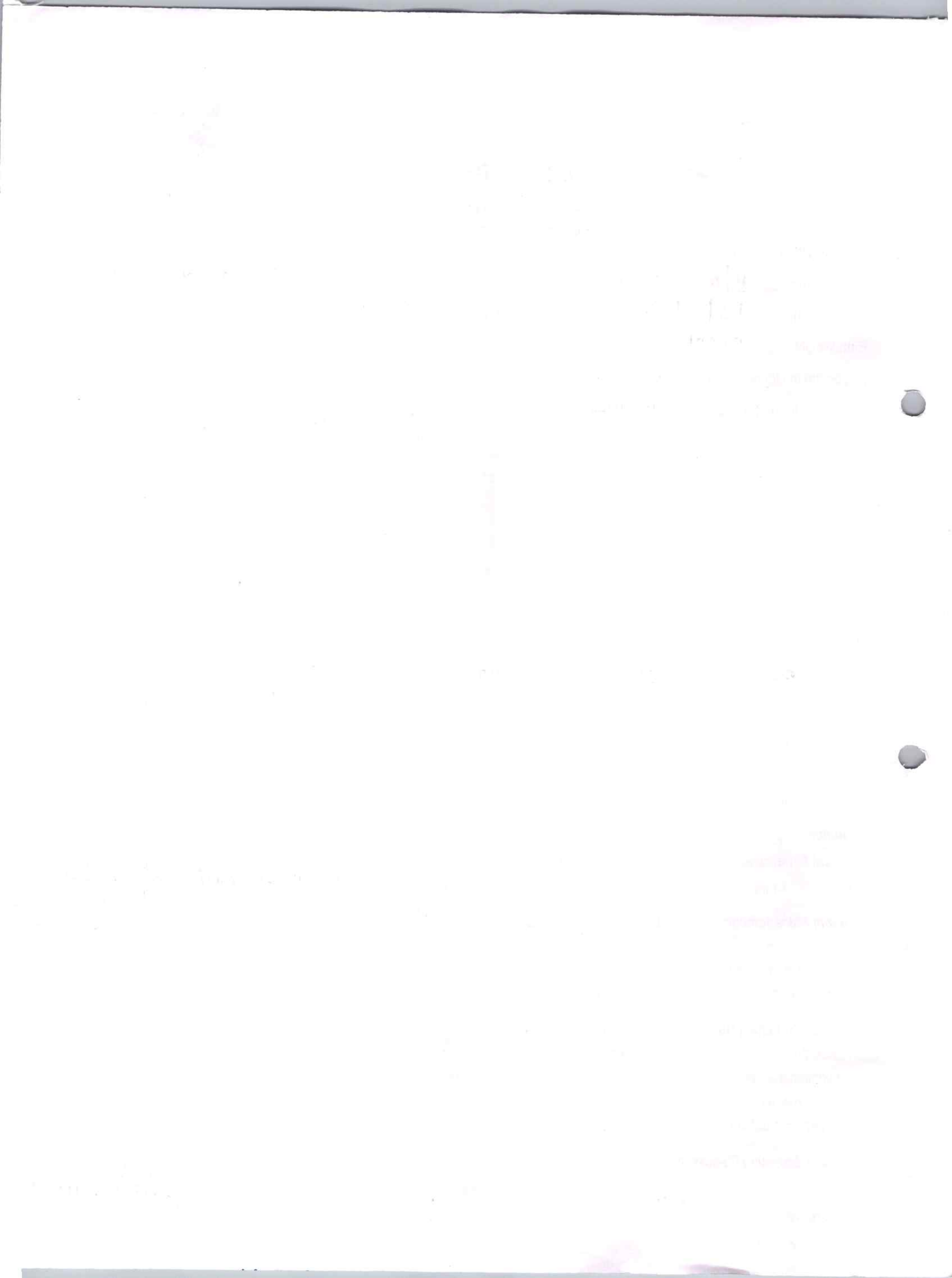
1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No

All information obtained from ☐ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Neha
Signature: [signature]
Date &Time: 26/5/26 @ 4:30 PM

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



FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Roshani Soni Age : 7d Gender: ☑ Male ☐ Female

Date : 26/5/26 Time of Arrival : 3:30P.M

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98°F PR: 141 b/m. BP: 65/50 (56) RR: 42 b/m. SpO_2: 97%. SBR – 15.81 mg/dL

Chief Complaints: c/o – yellowish Dis-colouration of whole body and eyes

INITIAL PHYSIOLOGICAL CATEGORIZATION			**INITIAL PHYSIOLOGICAL STATUS**
Appearance ☑ Normal ☐ Sick Looking	Circulation / Colour ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

Triage Classification	**CTAS**
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All 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 : 3.32 P.M

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☑ **Not applicable**

1. 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

   If yes, State Location:
2. 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 unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

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).

Name of Triage Nurse : Ankush. Signature of Triage Nurse : A. Raj

Date & Time : 26/5/26 @ 3.32 P.M

Docu. No. : RCH /FRM / CLINICAL / 085

FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/5/26 Time of arrival : 3.30 P.M.

Chief Complaints: c/o - yellowish Dis-colouration of whole body and eyes. RBS: Nil

Height : .... Weight : 3.079 kgs BMI : .... Head Circumference (<2 years) ....

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

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character .... ☐ Location .... ☐ Frequency .... ☐ Duration ....

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☐ No
• Uses furniture for support	☐ Yes	☐ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☐ No
• Weak	☐ Yes	☐ No
• Impaired	☐ Yes	☐ No
Mental Status: Forgets limitations	☐ Yes	☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☑ Escort while ambulating
☑ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 3.35 P.M.

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
3.30p.M	Assess the Baby condition.
	vitals checked and Recorded.
	Informed to the Doctor.
3.32P.M	Doctor Assess the Baby.

Samples collected by: — Nil Time:

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		Nil			

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 130b/m BP: 65/46(52) CFT: <2sec R/A	Shift - out from ER to: 323(B)
RR: 40b/m SPO₂ : 99%	Time of Shift - out: 4.00P.M
GCS: 15/15 Temperature : 98.2°F	Handover given to: (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): Not Applicable	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): — Nil —

Name of the Nurse : Ankush Signature of the Nurse : A. Roy

Date & Time : 25/6/26 @ 4.00P.M.

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

Patient Name: ________________

UHID ID: ________________

Department: ________________

Consultant: ________________

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discolouration of skin ∵ 5 days

History of present illness :

A 6 day old male child was brought with c/o yellowish discolouration of skin ∵ 5 days

accepting feeds well

B.wt. = 2.821 kg
Wt. d/s = 2.868 kg

T.wt - 3.079 kg   Wt gain (+)

Wt. loss - —

M.BG O -ve
B.BG O +ve

@ DOL - 6
SBR - 15.81

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

–

Birth & Neonatal History:

Term / AGA/AVD/ Boy //C/AB/ Rh -ve pregnancy

Birth & Socio Economic History:

About Father : –

About Mother : Anti -D taken at 28+5 wks

Any additional Information : –

Developmental History :

–

Immunization History :

vaccinated at birth

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 35·2 (Centile ______) Height (cms): ______ (Centile) ______)

Weight (kgs)) 3·0791 kg (Centile ______)

On Examination :

Temperature : 98°F Pulse Rate : 141/m B.P. 65/50(56) SPO2 97%

Resp.rate and type of breathing : 42/m

Rash ⎫
Lymphadenopathy ⎬ (-) Icterus (+)
Oedema : ⎭

Allergies (if any):

AEBE (+)

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

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

Cardiovascular System : $S_1 S_2$ (+)

Inspection of procordium :

Heart Sounds :

Any murmur :

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

Per Abdomen : Soft, nontender

Inspection

Palpation :

Ausculation :

Spine : ______ External Genitelia :

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

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : ______

Cranial Nerves : ______

Motor System:

Nutriton : ______

Tone: ______ Power ______

Co-ordinator : ______

Posture : ______

Involuntary Movements : ______

C/T/A - Good

Reflexes :

DTR **Superficials:**

Plantars ______

Sensory System :

Bladder / Bowel : ______

Clinical Summary & Diagnostic:

NNJ

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

to prevent Kernicterus

Desired goals of the treatment :

resolution of symptoms

Planned Labs:

- SBR tomorrow

Planned Management

- Start DSPT
- Cover eyes & genitalia
- DBF every Q 2 HRLY
- Monitor U/O
- Vit D drops 0.5ml OD
- Tobramycin eye drops

Signature of the Doctor: Kasmeera.An

Name of the Doctor: Dr Kasmeera

Date & Time: 26-05-2026

Signature of the Consultant: [illegible]

Name of the Consultant: Pradeep

Date & Time: 26/5/26

FDH-00046016 IP25-00020648
Baby B/O ROSHANI SONI
19-05-2026 0 Y 0 M 7 D (M)
Dr. KONDAM PRADEEP REDDY

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/s/b [illegible]	
26/5		
	dayv on DBF	
	1 DSPT	
	C/T [illegible] good	
	P/A soft	
		pl
		1) DBF Q2H
		2) DSPT
		3) Vit D3
		4) SBR - [illegible] 6 am
		[signature]
		[signature]

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2[illegible]	Term / AGA / M	/ Rh [illegible] pregnancy
8 am		
	↓ [illegible] SpT	
	SBR - 11.0	
		Adv
	-	Discharge today
	-	A/N on Saturday
		[signature]
		[signature]

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : Vit D Drops				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Dt.			
0.5 ML	PO	OD	26-05-26	5PM	Siri / Neha	
Name & Signature of the Doctor Starting the Drugs: Kasmeera. A						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : TOBRAMYCIN EYE DROB				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Dt.			
1 DROP	-	Q8HRLY	26-5-26	5PM	Siri / Neha	
Name & Signature of the Doctor Starting the Drugs: Kasmeera. A				1AM	X	[illegible signature]
				9AM	X	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name .... Signature ....

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name .... Signature ....

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26/5/26

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19-05-2026 0 Y 0 M 7 D (M)
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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	98°F	130	42	99%	0/10	DBF	25min	✓		
5.00 pm									✓	
6.00 pm						DBF	20 min			
7.00 pm	96°F	145	40	100%	0/10			✓		
8.00 pm						DBF	20min	✓	✓	
9.00 pm										
10.00 pm						DBF	20min			
11.00 pm	97°F	142	39	100%				✓		
12.00 am						DBF	20 min		✓	
1.00 am										
2.00 am						DBF	20 min	✓		
3.00 am										
4.00 am						DBF	20 min		✓	
5.00 am								✓		
6.00 am	97.3F	142	41	100%		DBF	20 min			
						TOTAL		6	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: Every 2nd 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..... NNJ

Nursing Diagnosis..... yellowish discolouration of the whole body & eyes

Plan of Care .....
- Assess the Baby condition
- Monitor vital signs & Record
- Maintain I/O chart

Planned Investigations Procedures ..... SBR Tommorrow @ 6AM

Implementation .....
- Assessed the Baby condition
- Monitored vital signs & Recorded
- Maintained I/O chart

Neha 26/5/26 @8PM

Handed Over by : Name & Signature

Subhra 26/5/26 @8pm

Received by : Name & Signature

Night Shift

Clinical Diagnosis..... NNJ

Nursing Diagnosis..... yellowish discolouration of the skin

Plan of Care .....
- Assess the Baby condition
- Monitor vital signs & Record
- Maintain I/O chart

Planned Investigations Procedures ....

Implementation .....
- Assessed the baby condition
- Monitored vital signs & Recorded
- Maintained I/O chart

Subhra 28/5/26 @8AM

Handed Over by : Name & Signature

Received by : Name & Signature