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** : IP25-00020477 **Admit Date** : 17-May-2026 **Admit Time** : 12:32 PM **UHID** : FDH-00045787

## Patient Details :

| | | | |
|---|---|---|---|
| **Patient Name** | : Baby B/O VAHINI BHAVIRI | **Age** | : 0 Y 0 M 5 D |
| **Guardian** | : Mr SRAVAN KUMAR JILAKARA | **DOB** | : 12-05-2026 03:56 PM |
| **Gender** | : Male | **Religion** | : |
| **Occupation** | : | **Martial Status** | : |
| **Address (H)** | : H NO - 2-63/2, GOPANAPALLY, SERILINGAM PALLY, HYDEABAD Serilingampally Hyderabad Telangana INDIA 500019 | **Phone No** | : 9553053930/ 9912010633 |
| | | **E-mail** | : 9553053930@GMAIL.COM |

## Admission Details :

**Bed Type** : PRIVATE ROOM **Bed No** : PVT-333 **Ward Name** : 3F -PRIVATE ROOM

**Room No** : PVT-333 **Admission Type** : First Visit

## Contact Details :

| | | | |
|---|---|---|---|
| **Name** | : Mr SRAVAN KUMAR JILAKARA | **Relationship** | : Father |
| **Contact Address** | : H NO - 2-63/2, GOPANAPALLY, SERILINGAM PALLY, HYDEABAD Serilingampally Hyderabad Telangana INDIA 500019 | **Phone No** | : / 9912010633 |

Signature

## Doctor Details :

| | | | |
|---|---|---|---|
| **Doctor Name** | : Dr. CHIGULLAPALLI SHRAVANTHI | **Specialisation** | : GENERAL PEDIATRICS |
| **Referral Doctor** | : | **Phone No** | : |
| **Co-Consultant** | : | | |

## Payment Details :

**Deposit Amount** : 0.00

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

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It takes a lot to treat the little.

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Your Right to a Safe Delivery.

# ACTIVITY RECORD FOR BILLING

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

UHID No : --------------- I ... ultant : ------------------------ Dept : -----------------

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

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

:DH-00045787 IP25-00020477
Baby B/O VAHINI BHAVIRI
2-05-2026 0 Y 0 M 5 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

## WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---|---|---|---|---|
| 17/5/26 | 1:20pm | ER | 333 | Samree |
| 18/5/26. | 10:48AM. | WARD | Billing | Yhemi |
| | | | | |
| | | | | |
| | | | | |

## Cross Consultation Visit

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

## INVESTIGATIONS

| Date | Investigations | Order No. | Sign |
|---|---|---|---|
| 18/5/26 | SBR, DCT | 7536 | [illegible] |
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Coll by Juma
18/05/26
@ 9:45am

## MEDICAL EQUIPMENT ( WARD & ICU)

| Date | Name of Equipment | Connecting Time | Disconnecting Time | Order No. | Signature |
|---|---|---|---|---|---|
| 17/05/26 | DSPT | 17/5/26. 2.00pm | 18/5/26. 11AM. | 6404 — | Seema |
| | | | | | |
| | | | | | c/by Seema |
| | | | | | 18/05/26 |
| | | | | | @9:43am |
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## PROCEEDURE

| Date | Proceedure | Quantity | Order No. | Signature |
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## ANY OTHER INFORMATION

Date : 17/5/26 Time : Prepared By : Samreen

| Staff Nurse | Shift / Ward | Billing Assistant | Billing Supervisor |
|---|---|---|---|
| Samreen | ER 10 (333) | | |

# PATIENT TRANSFER FORM

| Patient Name & UHID No. | Date & Time of Admission | Date & Time of Transfer Order |
|---|---|---|
| :DH-00045787 IP25-00020477<br>Baby B/O VAHINI BHAVIRI<br>12-05-2026 0 Y 0 M 5 D (M)<br>Dr. CHIGULLAPALLI SHRAVANTHI | 17/5/26 @ 12:32Pm | 17/5/26 @ 1:20Pm |
| | **Transfer Ordered by** | **Reason for Transfer** |
| | Dr. sneharika | Admission |
| **From Unit** | **To Unit** | **Information to Attendant** |
| ER | 333 | Yes ☑ No ☐ |
| **Number of Sheets in Clinical File** | **Number of Imaging Films** | **Personal belongings including clinical documents. If any handed over to attendant** |
| 15 | — | Yes ☑ No ☐<br>If yes, what ? OP file, Discharge summary |

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 |
|---|---|
| Samreen | Dr. sneharika |

Patient & Clinical Records Received by : Suma 17/5/26 @ 1:20 Pm

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

DH-00045787 IP25-00020477
Baby B/O VAHINI BHAVIRI
12-05-2026 0 Y 0 M 5 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

# EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby B/o Vahini Bhavini Age : 5 Days Gender: ☑ Male ☐ Female

Date : 17/5/26. Time of Arrival : 12:15pm.

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: 98.0°F PR: 142 b/m BP: 84/56 RR: 36 b/m $SpO_2$: 100%

Chief Complaints: C/o: yellowish discolouration of skin, TCBR - 17.2 mg/dl.

| INITIAL PHYSIOLOGICAL CATEGORIZATION | INITIAL PHYSIOLOGICAL STATUS |
|---|---|
| Appearance: ☑ Normal ☐ Sick Looking<br>Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding<br>Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea | ☑ Stable<br>☐ Unstable :<br>☐ Not – Life – Threatening<br>☐ 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: [signature]

Triage Completion Time : 12:19pm

## 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 : PRAVEEN

Signature of Triage Nurse : [signature]

Date & Time : 17/5/26 & 12:19pm

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

:DH-00045787 IP25-00020477
Baby B/O VAHINI BHAVIRI
12-05-2026 0 Y 0 M 5 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

# NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 17/5/26. Time of arrival : 12:15 pm

Chief Complaints: c/o yellowish discoloration of skin & eyes

Height : ............ Weight : 3.347kg Head Circumference (<2 years) ............

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

If yes , identify ............

**Pain Screening:** ☐ Yes ☑ No If Yes, Pain Score: ............ Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

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

**RISK FOR FALL:**

| | | |
|---|---|---|
| If patient is < 6 years | ☑ Yes | ☐ No |
| If **'Yes'** tick below fall risk intervention directly | | |
| If Patient is > 6 years | | |
| If **'Yes'** 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 : 12:20 pm

**Nursing Care Plan (Including Labs / Medications / Other Care):**

| Time | Nursing Notes |
|---|---|
| 12:20PM | Assess the pt condition |
| | Inform to Duty Doctor |
| | |
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Samples collected by: / NIL Time:

Samples sent by : Time:

**Medication given in ER:**

| Date / Time | Medication | Route | Dosage & Instructions | Doctor Sign | Nurse Sign 1 |
|---|---|---|---|---|---|
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| **Condition of patient at time of shift - out :** | **Details of Shift - out** |
|---|---|
| HR: 120b/min BP: 84/53 CFT: <2sec | Shift - out from ER to: 333 |
| RR: 35b/min SPO2 at FiO2: 100% | Time of Shift - out: 1:20PM |
| GCS: 15 Temperature : 98°F | Handover given to: (Nurse's Name) |
| Pain Score: - | |
| Repeat RBS (if applicable): - | |

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): NIL

Name of the Nurse : Samreen Signature of the Nurse : Sam

Date & Time : 17/5/26 @ 1:20pm

Patient Sticker

## Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : (A) 15/15

Cranial Nerves : (N) No features of BIND.

**Motor System:**

Nutriton :

Tone: (N) Power (N)

Co-ordinator :

Posture :

Involuntary Movements :

**Reflexes :**

**DTR** (N) **Superficials:** (N)

Plantars B/L flexor

**Sensory System :** (N)

**Bladder / Bowel :** NAD

**Clinical Summary & Diagnostic:**

Neonatal Jaundice.

(P.T.O.)

Patient Sticker

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: Kernicterus.

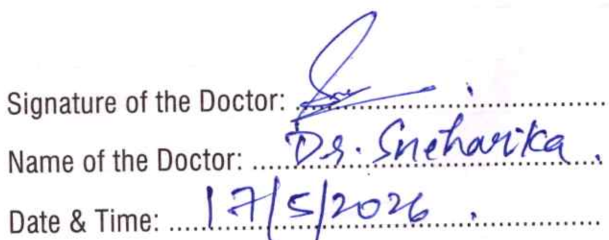
Desired goals of the treatment : Resolution of Jaundice.

**Planned Labs:**

SBR ] T/m
DCT ] 6Am.

**Planned Management**

1) DBF 2hourly.
2) DSPT (cover eyes + genitalia).
3) DROP Vitamin D3
0.5ml P/o once daily.



Signature of the Doctor: ..............................
Name of the Doctor: Dr. Sneharika
Date & Time: 17/5/2026.

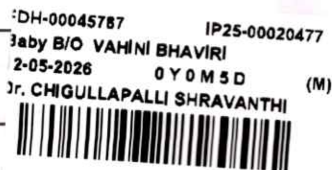
Signature of the Consultant: ..............................
Name of the Consultant: Dr. Shravanthi
Date & Time: ..............................

It takes a lot to treat the little.

# PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: ____________________

UHID ID: ____________________




Department: ____________________

Consultant: ____________________

Patient Sticker

## Pediatric Multiorgan History & Physical Examination

Name : B/o Vahini Bharti Age/Sex 5d/Male

Information given by: Relationship

**Chief Presenting Complaints & Duration (Chronologically)**

Yellowish discoloration of skin and eyes × 1 day

**History of present illness :**

Apparently baby was alright 1 day ago when he developed yellowish discoloration of eyes and skin.

TCBR on D5 : 17.2 mg/dl.

Mother blood group : O +ve
Baby blood group : A, +ve.

Birth weight : 3.472 kg.
today weight : 3.347 kg

Cumulative weight loss : ~~3.6 kg~~ / 3.6 %.

Patient Sticker

## Pediatric Multiorgan History & Physical Examination

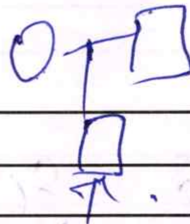
**Past History :** (Including details of any previous investigation or treatment)

H/o Neonatal jaundice on Day 2, received phototherapy for 1 day.

**Birth & Neonatal History:**

Term / AGA / Em LSCS / Baby Boy / CIAB / NNJ

**Birth & Socio Economic History:**



About Father :

About Mother :

Any additional Information :

**Developmental History :**

As per age

**Immunization History :**

Birth dose given.

(P.T.O.)

Patient Sticker

## Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) 34.5cm. (Centile ______) Height (cms): ______ (Centile) ______)

Weight (kgs) ) 3.347kg (Centile ______)

**On Examination :**

Temperature : 98f Pulse Rate : 140/min B.P. 60/40mm Hg SPO2 98% RA

Resp.rate and type of breathing : 40/min, Regular

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): –

**Respiratory System :**

Inspection (any s/o distress) :

Air entry & breath sounds : (N).

Any addes sounds :

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

**Cardiovascular System :**

Inspection of procordium :

Heart Sounds : (N) S1 S2 (+)

Any murmur : No murmur

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

**Per Abdomen :**

Inspection

Palpation : (N).

Ausculation :

Spine : External Genitelia : (N).

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

FDH-00045787
Baby B/O VAHINI BHAVIRI IP25-00020477
12-05-2026 0 Y 0 M 5 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 17/5/26 | Review | |
| @ | ↓ DSPT | |
| 1410 | parents ? guardians present | |
| | plan discharge tomorrow @ 6 am | |
| | | - SBR + DCT |
| 18/5/26 | C/S/B Dr. Sajid / ? | |
| 9:30 am | | |
| | ↓ DIPT | ? parents |
| | ? | ? guardians |
| | ? on DBF | |
| | accepting feeds well | |
| | CTIA - Good | ? exam |
| | urine & stools passed | |
| | dr - vitals stable | |
| | | Plan |
| | SBR - 10.1 g/dl | - D/C - feeds |
| | | - R/V - ? |
| | | |

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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