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 : IP25-00020459 **Admit Date** : 15-May-2026 **Admit Time** : 12:43 PM **UHID** : FDH-00045692

Patient Details :

Patient Name	: Baby B/O AISHWARYA SOMISETTY	**Age**	: 0 Y 0 M 6 D
Guardian	: Mr MAYURESH	**DOB**	: 09-05-2026 05:06 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: gardenia florenle villa , villa no-27, manchirevula , hyderabad Narsingi Hyderabad Telangana INDIA 500075	**Phone No**	: 9901824006/ 6302050957
		E-mail	:

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-327 **Ward Name** : 3F -PRIVATE ROOM

Room No : PVT-327 **Admission Type** : First Visit

Contact Details :

Name	: Mr MAYURESH	**Relationship**	: Father
Contact Address	: gardenia florenle villa , villa no-27, manchirevula , hyderabad Narsingi Hyderabad Telangana INDIA 500075	**Phone No**	: / 9246920669

Signature

Doctor Details :

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

Payment Details :

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

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

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

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP FDH-00045692 IP25-00020459 Baby B/O AISHWARYA SOMISETTY 09-05-2026 0 Y 0 M 6 D (M) Dr. KALYAN CHAKRAVARTHY KONDA ltant : ---------- 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
15/5/26	1:30 P.M.	ER	327.	Sameen.

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
16/5/26.	SBR	7380	Rouhana
	Cross checked by 16/5/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/5/26	DSPT	2:22pm		5791	Subhra

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Anusha	327.		

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-00045692 IP25-00020459 Baby B/O AISHWARYA SOMISETTY 09-05-2026 0 Y 0 M 6 D (M) Dr. KALYAN CHAKRAVARTHY KONDA	15/5/26 @ 12.43 P.M.	15/5/26 @ 1.30 P.M.
	Transfer Ordered by DR. Lahari.	Reason for Transfer Admission,
From Unit ER.	To Unit 327.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 12.	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? OP File

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
Ankush.	DR. Lahari

Patient & Clinical Records Received by : Subhra 15/5/26 @ 1:45 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

FDH-00045692 IP25-00020459
Baby B/O AISHWARYA SOMISETTY
19-05-2026 0 Y 0 M 6 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O AISHWARYA SOMISETTY Age : 6 days **Gender:** ☑ Male ☐ Female

Date : 15-5-26 Time of Arrival : 12:40 PM

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: 98F PR: 140b/M BP: 76/30 (61) RR: 40b/m SpO_2: 98% (TCBR: 17.3 mg/dl)

Chief Complaints: C/O Yellow discoloured eyes & body.

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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 12:45 PM

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 : YASEEN

Signature of Triage Nurse : .....

Date & Time : 15-5-26 @ 12:42 PM

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

FDH-00045692 IP25-00020459
Baby B/O AISHWARYA SOMISETTY
09-05-2026 0 Y 0 M 6 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15-5-26 Time of arrival : 12:40 PM

Chief Complaints: Yellow discoloration body RBS: N/A

Height : ..... Weight : 1.987kg BMI : ..... 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
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 Parent

Siblings in household ☐ Yes ☑ No (if yes How Many?) 0

Time of Initial assessment completed by ER Nurse : 12:43 PM

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

Time	Nursing Notes
12:41 PM	Assessed the condition
	check the vital sign
	And Inform to doctor.

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: 60/45(9) CFT: 2sec.	Shift - out from ER to: 327
RR: 38b/m SPO$_2$: 99%	Time of Shift - out: 1.30 P.M.
GCS: 15/15 Temperature : 98°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 : YASEER Signature of the Nurse :

Date & Time : 15/5/26 @ 1.30 P.M.

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.)

FDH-00045692 IP25-00020459
Baby B/O AISHWARYA SOMISETTY
09-05-2026 0 Y 0 M 6 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent Kernicterus

Desired goals of the treatment : resolution of symptoms

Planned Labs:

- SBR
  → to be decided after rounds tomorrow

Planned Management

1. Start DSPT
2. Cover eyes & genitalia
3. DBF every 2 hrly
4. Monitor U/O
5. Vit D drops 0.5 ml OD

Signature of the Doctor: Kasmeera. A
Name of the Doctor: Dr. Kasmeera
Date & Time: 15-05-26

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

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

EDH-00045692
Baby B/O AISHWARYA SOMISETTY IP25-00020459
09-05-2026 0 Y 0 M 6 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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 :: 1 day

History of present illness :

A 6 day old male was brought with c/o yellowish discolouration of skin :: 1 day.

accepting feeds well

MBG - O +ve
BBG - A +ve

B.wt 2.176 kg
Wt d/s 2.020 kg

T.wt 1.987 kg
Wt. loss 8.68 %

@ DOL - 6
TCBR - 17.3

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:

Late preterm / AGA / Em LSCS / LBW - 2.176 kg / Boy / CIAB

Birth & Socio Economic History:

About Father : —

About Mother : —

Any additional Information : —

Developmental History :

—

Immunization History :

Vaccinated at birth

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 30·8 (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs)) 1·987 kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 140/m B.P. 76/32 SPO2 98%

Resp.rate and type of breathing : 40/m

Rash

Lymphadenopathy } (−) Icterus (+)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : AEBE (+)

Air entry & breath sounds :

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : S_1 S_2 (+)

Heart Sounds :

Any murmur :

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

Per Abdomen :

Inspection Soft

Palpation :

Ausculation :

Spine : External Genitelia :

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

FDH-00045692 IP25-00020459
Baby B/O AISHWARYA SOMISETTY
09-05-2026 0 Y 0 M 6 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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
15/5/26	c/s PB Dr Umaki	
4:30 pm	A/S :- NNJ	
	D6 OL	↓ DSPT
	M | O+	
	B | A+	
	NO BIND features.	
	Wt loss % 8.68%	
	TCBr 17.3 mg/dl	
	O/E : icteric	
	Euthermic	
	CRT < good.	
	S/E :- (N) neonatal examination.	
		Plan
		DSPT c̄ eyes/ genitalia covered.
		DBF/ warm care.
		Vit D drops 0.5 ml OD
		SBorf + f/u @ 6 am
16/5	S/B. Dr. Vinodha (LC)(PT)	
	Breastfeeding counselling given.	

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

(P.T.O)

FDH-00045692 IP25-00020459
Baby B/O AISHWARYA SOMISETTY (M)
09-05-2026 0 Y 0 M 6 D
Dr. KALYAN CHAKRAVARTHY KONDA

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
	Cls 13 Dr Meleen	
16/5	O: NNJ	
6am	wt gain	
	LDSPT	
	on mean feeds	
	~~c/c/a good~~	
	P/A SSB/A	
		① DRF + Measured feed ORS
		② DSPT to cont
		③ SBR to trace ↓ 10ml q/d
		Discharge today
		Review Tuesday