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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	B/O V SUCHARITHA ,	**UHID**	FDH-00045642
Father/Guardian	Mr SUNIL CHOWDARY	**Age/Gender**	0 Y 0 M 6 D/ Female
Address	ALEKHYA PALM WOODS A 103, Nanakramguda, Hyderabad, Telangana, INDIA, 500008		
IP No	IP25-00020448	**Admission Date**	14-05-2026
Ref Doctor			
Discharge Date	15-05-2026		

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

DIAGNOSIS	ICD CODE
UNCONJUGATED HYPERBILIRUBINEMIA	P 59.9

History: B/O V SUCHARITHA, is a 6 Days, old baby girl presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, she was investigated on OPD basis (Transcutaneous bilirubin was 19.3 mg/dl , Serum Bilirubin on day 5 of life 18.18mg/dl). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Financial district for further management.

Birth history:

Name	B/O V SUCHARITHA ,	UHID	RBH-00045642
IP No	IP25-00020448	Admission Date	14-05-2026

TERM / AGA / ELECTIVE LSCS / LBW : 2.438 kgs / BREECH / BABY GIRL / CIAB
Mother's Blood group is "B" positive. Baby's blood group is "B" positive.

Examination: She was euthermic. Maintaining saturations at room air (100%). Heart Rate- 146/min, Blood pressure was 67/49 mmHg and Respiratory Rate - 46/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 : 2.292 kilo grams.
Weight at discharge : 2.283 kilo grams.

Investigations: Enclosed.

Management: She was admitted in ward. Her Transcutaneous bilirubin on admission (done on OP basis) was 19.3 mg/dl corresponding SBR is 18.1mg/dl. She was started on double surface phototherapy. Baby was continued on demand breast feeds. Baby was under phototherapy for 24 hours .

Baby 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:
Keep the baby clean & warm
Exclusive breast feeding every 2nd hourly followed by burping.
Monitor urine output.

Name	B/O V SUCHARITHA ,	UHID	RAIH-00045642
IP No	IP25-00020448	Admission Date	14-05-2026

Immunization 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. KALYAN CHAKRAVARTHY KONDA, on Monday (18.05.26) 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 number 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**

Name	B/O V SUCHARITHA ,	**UHID**	RBH-00045642
IP No	IP25-00020448	**Admission Date**	14-05-2026

Registrar/Resident/C.M.O

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

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 : IP25-00020448 **Admit Date** : 14-May-2026 **Admit Time** : 03:30 PM **UHID** : FDH-00045642

Patient Details :

Patient Name	: Baby B/O V SUCHARITHA ,	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr SUNIL CHOWDARY	**DOB**	: 09-05-2026 08:42 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: ALEKHYA PALM WOODS A 103 Nanakramguda Hyderabad Telangana INDIA 500008	**Phone No**	: 9952927043/
		E-mail	: na@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-329 **Ward Name** : 3F -PRIVATE ROOM

Room No : PVT-329 **Admission Type** : First Visit

Contact Details :

Name : Mr SUNIL CHOWDARY **Relationship** : Father

Contact Address : ALEKHYA PALM WOODS A 103 Nanakramguda Hyderabad Telangana INDIA 500008 **Phone No** : / 9176466442

Signature

Doctor Details :

Doctor Name : Dr. KALYAN CHAKRAVARTHY KONDA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
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

NEWBORN MONITORING FORM

Date of Birth : 9/5/26
Time of Birth : 8:42 AM
Mode of Delivery : EL. LSCS
Birth Weight : 2.498 kgs
Head Circumference :
Length :
Red Reflex :

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

Date	Weight	Type of Feed	Quantity	Temperature	Signature
14/5/26	~~2.292 kgs~~	DBF	25 min	98°F	Neha
	2.292 kgs				
15/5/26	2.283 kg	DBF + FF	30 ml	98.3°F	Ramana

Date	Time	Investigation	Result	Order No.	Signature

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
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 SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Kalyan Chakravarthy Department: 3rd-B. Date of Admission: 14/5/26

SITUATION

Diagnosis: NNJ

Any Infection: ☐ Yes ☒ No ☐ Not Known
If Yes Specify: —

BACKGROUND

Area / Shift Time	14/5/26 E	14/5/26 N	15/5/26 M			
Medical Condition (Any special condition to be noted):						

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	98.3°F	98.2			
Res:	36/m	40	40			
SpO_2:	100 %	97 %	99 %			
Pulse:	149/m	130/m	132			
BP:	—/47	—	—			
Fall Risk Score:	0/10	0/10	0/10			
Pain Score:	0/10	0/10	0/10			

Recommendations

Safety Needs:						
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:						
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:						

Post Operative Procedure Special Orders:						
Handed Over By Name :	Neha	Radha	Subha			
Signature :						
Date:	14/5/26	15/5/26	15/5/26			
Time:	@8PM	@ 8am				
Taken Over By Name :	Radha	Subha				
Signature :						
Date:	14/5/26	15/5/26				
Time:	8pm	@8AM				

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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: ---------- DH-00045642 IP25-00020448 Baby B/O V SUCHARITHA, 09-05-2026 0 Y 0 M 5 D (F) Dr. KALYAN CHAKRAVARTHY KONDA ----------

UHID No : ---------- IP No : ---------- Dept : ----------

Date of Admission : ---------- e of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/5/26	9:15PM	BR	329	Aryan.
15/5/26	1:00PM	ward	Billing	Subhra

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/5/26	DSPT	14/5/26 4:45PM	15/5/26 2PM	5504	Neha

e.c by Subhan 15/5/26 @2PM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 14/5/26 Time : 9:15pm Prepared By : Aran

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aran	329		

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
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 DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o V SUCHARITHA Mother's Name: MRS. V SUCHARITA

Date of Birth: 9/5/26 Time of Birth: 8:42 AM Gender: ☐ Male ☑ Female

Birth Weight: 2.438 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: B+ve Baby: B+ve

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 9/5/26

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: ☑ Normal ☑ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: .....

Physical Assessment of New Born:

Temp: 37 °C HR: 149 /Min RR: 38 /Min BP: 71/47 SpO_2: 100%

Pain Score: 0/10 (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 skin

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: Date &Time: 14/5/26 @ 5:40pm

EDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
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) Sucharitha Age : 5 day **Gender:** ☐ Male ☑ Female

Date : 14/5/26 Time of Arrival : 3:00 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: 98°F PR: 150 b/m BP: 67/49 (72) RR: 42 b/m SpO2: 100%

Chief Complaints: C/O) yellowish discoloration of skin TCBR - 19.3 mg/dL

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ 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 : 3:03pm

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 : Ajay

Signature of Triage Nurse : .....

Date & Time : 14/5/26 3:02pm

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
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 : 14/5/26 Time of arrival : 3PM

Chief Complaints: C/O-) yellowish discoloration of skin RBS: .....

Height : ..... Weight : 2.292kg 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 : 3:03pm

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

Time	Nursing Notes
3:02PM	Assessed the PT general condition checked the vital signs

Samples collected by: Time:

Samples sent by : NIL 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: 149 b/m BP: 71/47 (65) CFT: <2sec RR: 38 b/m SPO_2 : 100% GCS: 15 Temperature : 98°F Pain Score: 0 Repeat RBS (if applicable): —	Shift - out from ER to: 329 Time of Shift - out: 9:15PM Handover given to: ..... (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

NIL

Name of the Nurse : Aman Signature of the Nurse : .....

Date & Time : 14/4/22

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

EDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
19-05-2026 0 Y 0 M 5 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : ____________________ Age/Sex ________

Information given by: ____________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

A 5 day old Fcn came to ER c/o
yellowish discoloration of skin
↓ (1) d

History of present illness :

Day 5 of life - TcBr - 19.8

B.wt - 2438
T.wt - 2.292
(8.3) wt loss

No BIND features

Mother BG - B POS
Baby BG - B POS

SBR on Day 5 of life = 18.16

Patient Sticker

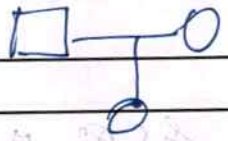
Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term | AGA | El. LSCS | LBW - 2.43 | Breed | Fem | Conv

Birth & Socio Economic History:



About Father :

About Mother :

Any additional Information :

Developmental History :

N

Immunization History :

Immunized upto date

(P.T.O.)

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) ________ (Centile ________) Height (cms): ________ (Centile) ________)

Weight (kgs)) 2.2 (Centile ________)

On Examination :

Temperature : 36.5C Pulse Rate : 146 bpm B.P. ________ SPO2 ________

Resp.rate and type of breathing : 46/min

Rash ________

Lymphadenopathy ________

Oedema : ________ } ⊖

Allergies (if any): ________

Respiratory System :

Inspection (any s/o distress) : ________

Air entry & breath sounds : ________

Any addes sounds : ________ } B/L AE, clear

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

Cardiovascular System :

Inspection of procordium : ________

Heart Sounds : ________ } S1S2 ⊕, M ⊖

Any murmur : ________

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

Per Abdomen :

Inspection ________

Palpation : ________

Ausculation : ________ } soft

Spine : ________ External Genitelia : ________

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

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Pedi ...rgan 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.)

EDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
19-05-2026 0 Y 0 M 5 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Kernicks

Desired goals of the treatment : H. stability

Planned Labs:

SBR on D5 OL = 18.1

To decide on SBR post Rounds

Planned Management

Advice

- Start DSPT

- 4 ORF + measured feeds 30-35ml @ 2hr (or) 45-50ml @ 3hr

Signature of the Doctor: .....
Name of the Doctor: Dr. Lahari
Date & Time: 19/05/26

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

Counter sign

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA,
19-05-2026 0Y0M5D (F)
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
14/5/26 5:30pm		C/S/B Dr. Soj d
		↓ DSPr
		on DBF
		accepting feeds well
		CGA-Gd
		Ph
		Cont DSPr
		- Cont DBF +
		required for
		30-35 ml/2 hrly
		or
		45-50 ml/3 hrly
		- SBR @ 7 am
		after 8 am

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA, (F)
09-05-2026 0 Y 0 M 5 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
15/5/2026 9AM	c/c/B Dr. Kalyan	
	A: Neonatal Hyperbilirubinemia	
	GC: Improving ↓ DSPT since admission. TSBR on D5 : 18.18. - No BIND	
	Vitals HR: 140/min RR: 42/min SpO2: 98% RA Temp: 36.5°.	MBG / B + BBG / B + BWT / 2.438 kg TWT / 2.283 kg (↓ 6.3%).
	S/E GI/AFT: Good CVS: S1S2 + R/S: B/L NVBS + P/A: Soft, ND	Plan 1] DBF + measured feeds 30-35ml/2hourly or 45-50ml/3hourly. 2] continue DSPT 3] SBR after rounds.

Sneha.

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA .
09-05-2026 0 Y 0 M 5 D (F)
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

REGULAR PRESCRIPTIONS

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

VERIFIED

DRUG : VIS - D3 DROPS				Date ▸ Time ▾	14/5
Dose	Route	Frequency	Start Dt.		
0.5ml	PO	OD	14/5	5PM	Sim/ ...
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 ....

15/5

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

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 ....

VERIFIED

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

14/5/26

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA

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	98°F	149b/m	36b/m	100%	0/10	DBF	25 min		✓	
6.00 pm								✓		
7.00 pm	99°F	141b/m	40b/m	99%	9/10	DBF	30 min		✓	
8.00 pm								✓		
9.00 pm						DBF	20 mils			
10.00 pm								✓		
11.00 pm	98.3F	130	40	97%		DBF	20 mils		✓	
12.00 am						FF	30 ml			
1.00 am								✓		
2.00 am						FF	35 ml			
3.00 am									✓	
4.00 am						DBF	20 mils	✓		
5.00 am									✓	
6.00 am	98.1F	135	42	99%		FF	30 ml	✓		
						TOTAL		6	5	

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 .....

.....

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

BirthRight™ BY RAINBOW HOSPITALS
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..... 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.
.....

14/5/26 @ 6PM

Handed Over by : Name & Signature

Received by : Name & Signature

Rahana.

Night Shift

Clinical Diagnosis..... NNJ.
Nursing Diagnosis..... Yellowish discolouration of skin
.....
Plan of Care ..... To assess baby condition, To monitor vital signs, To Maintain I/o Chart, To continue DSPT.
.....
Planned Investigations Procedures ..... SBR after 2 rounds
.....
Implementation ..... Assessed baby condition, Monitored vital signs, Maintained I/o Chart, Continued DSPT
.....
.....

Rahana 15/5/26 8pm

Handed Over by : Name & Signature

Received by : Name & Signature

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VITALS CHART

Date →										
Time ↓	Temp	HP	RR	SPO_2	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am						EBM+FF				
9.00 am								✓		
10.00 am						FF				
11.00 am	98.3°F	140	32	99%					✓	
12.00 pm						DBF				
1.00 pm								✓		
2.00 pm						DBF				
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%

2nd hourly feeding.

Feeding Plan.....

.....

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

BirthRight™
BY RAINBOW HOSPITALS
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-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
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)
14/5/26		Evening duty notes
	4:25PM	Hand over taken from ER staff
		→ Assess the Baby condition .
	4:40PM	DSPT started at @ 4:45 PM
	5PM	Every 2nd Hourly feeding.
	6PM	Monitored Vital Sign & Recorded
	7PM	Maintained I/o chart.
		→ To decide on SBR post Rounds
	8PM	Hand over given to night Duty steaff
		14/5/26 @ 8PM
14/5	8PM	Night notes
		— Assessed baby Condition
		— Monitored vital signs
		— Stated measured feeds as advised by doctor
		— Continued DSPT.
		— provided warmth Care .
		— SBR to decide post rounds
	8Am	— Handover given to morning steaff .
		15/5/26 @ 8Am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(P.T.O)

FDH-00045642 IP25-00020448
Baby B/O V SUCHARITHA ,
09-05-2026 0 Y 0 M 5 D (F)
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

☐ Drug Allergies .....

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00045642 IP25-00020448 Baby B/O V SUCHARITHA , 09-05-2026 0 Y 0 M 5 D (F) Dr. KALYAN CHAKRAVARTHY KONDA	14/8/26 @ 3:30pm	14/8/26 4:15pm
	Transfer Ordered by DR. Laheri	Reason for Transfer Admission
From Unit ER	To Unit 329	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? OP slip

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
Arun	DR. Laheri

Patient & Clinical Records Received by : 14/8/26 @ 4:25PM

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