DISCHARGE SUMMARY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	B/O SREE VIDYADHARI NARAYANA BHATLA	**UHID**	FDH-00046102
Father/Guardian	Mr PRADEEP KOUTHA	**Age/Gender**	0 Y 0 M 3 D/ Female
Address	.., Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020598	**Admission Date**	24-05-2026
Ref Doctor			
Discharge Date	25-05-2026		

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

DIAGNOSIS	ICD CODE
UNCONJUGATED HYPERBILIRUBINEMIA	P 59.9

History: B/O SREE VIDYADHARI NARAYANA BHATLA, is a 3 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 19.0 mg/dl). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Financial district for further management.

Birth history:

Name	B/O SREE VIDYADHARI NARAYANA BHATLA	**UHID**	HH-00046102
IP No	IP25-00020598	**Admission Date**	24-05-2026

TERM / AGA / ASSISTED VAGINAL DELIVERY (KIWI) / LBW: 2.470 kg / BABY GIRL / CIAB
INFANT OF DIABETIC MOTHER
Mother's Blood group is "A" positive. Baby's blood group is "A1" positive.

Examination: She was euthermic. Maintaining saturations at room air (98%). Heart Rate- 135/min and Respiratory Rate - 40/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 : 2.277 kilo grams.
Weight at discharge : 2.296 kilo grams.

Investigations: Enclosed.

Management: She was admitted in ward. Her Transcutaneous bilirubin on admission (done on OP basis) was 19.0 mg/dl. She was started on double surface phototherapy. Baby was continued on demand breast feeds. Her last serum bilirubin on 4 day of life was 14.55 mg/dl with indirect fraction of 14.45 mg/dl. This does not come under phototherapy range, hence phototherapy stopped.

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.

Name	B/O SREE VIDYADHARI NARAYANA BHATLA	**UHID**	RBH-00046102
IP No	IP25-00020598	**Admission Date**	24-05-2026

Monitor urine output.
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. KONDAM PRADEEP REDDY, on Wednesday (27.05.2026) 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

Name	B/O SREE VIDYADHARI NARAYANA BHATLA	**UHID**	RBH-00046102
IP No	IP25-00020598	**Admission Date**	24-05-2026

www.rainbowhospitals.in

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

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

Rainbow Children's Hospital

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 : IP25-00020598 **Admit Date** : 24-May-2026 **Admit Time** : 11:44 AM **UHID** : FDH-00046102

Patient Details :

Patient Name	: Baby B/O SREE VIDYADHARI NARAYANA BHATLA	**Age**	: 0 Y 0 M 3 D
Guardian	: Mr PRADEEP KOUTHA	**DOB**	: 21-05-2026 12:00 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: .. Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9618407550/ 9618407550
		E-mail	: vidyadhari93@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 PRADEEP KOUTHA **Relationship** : Father

Contact Address : **Phone No** :

pradeep

Signature

Doctor Details :

Doctor Name : Dr. KONDAM PRADEEP REDDY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0Y0M3D (F)
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

NEWBORN MONITORING FORM

Date of Birth	: 21/05/26	New Born Screening	:
Time of Birth	: 12:00PM	TFT	:
Mode of Delivery	: AVD	OAE	:
Birth Weight	: 2.339kgs	Mother's Blood Group	: A (+ve)
Head Circumference	:	Baby's Blood Group	: A (+ve)
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
24/5/26	2.277Kgs	DBF	20 min	36.1°c	
25/5/26	2.296kgs	DBF	20 mins	98.6 F	

Date	Time	Investigation	Result	Order No.	Signature

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 No FDH-00046102 IP25-00020598 nt : ---------- Dept : ----------

Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
Dr. KONDAM PRADEEP REDDY

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

Room / Bed No : ---------- ested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	12pm	ER	333	
25/5/26	10:15AM	ward	Billing	Sushant

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
25/5/26	SBR, NBS, CBP	8313	Lakshmi

ccby Sudha
25/5/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/5/26	DSPT	12:22 PM	25/5/26 10:10 AM	9435	Subhra
[illegible]	[illegible]				

c. c by Subhra
25/5/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/5				

ANY OTHER INFORMATION

Date : 24/5/26 Time : Prepared By : Sreenija

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sreenija	333		

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NNJ (DSPT)

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	24/5/26 M	24/5/26 E	24/5/26 Night			
	Medical Condition (Any special condition to be noted):	NNJ	NNJ	NNJ			
	Diet:	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			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	97°F	98.6			
	Res:	39	40	40			
	SpO_2:	99	100%	98%			
	Pulse:	140	138	140			
	BP:	—	—	—			
	LOC:	Conscious	conscious	Conscious			
	Fall Risk Score:	0/10	0/10	0			
	Pain Score:	0/10	0/10	0			
	Skin Integrity	Yellowish	yellowish	Normal			
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	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	Dependent			
Post Operative Procedure Special Orders:							
Handed Over By Name :		Subhra	Neha	Lavanya			
Signature / ID :				25/5/26			
Date:		24/5/26	24/5/26	8 AM			
Time:		@2PM	@8PM	Subhra			
Taken Over By Name :		Neha	Lavanya	25/5/26			
Signature / ID :			24/5/26	@8AM			
Date:		24/5/26					
Time:		@2PM					

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

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:							

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Sree vidyadhari Mother's Name: Mrs. Sree vidyadhari

Date of Birth: 21/5/26 Time of Birth: 12pm Gender: ☐ Male ☑ Female

Birth Weight: 2.339 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: A+ve Baby: A+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: 36.1 ℃ HR: 130 b/Min RR: 44 b/Min BP: – SpO_2: 100%.

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

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: Sultana Signature: ..... Date &Time: 24/5/26 @10 hrs

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Sree vidyadhari Age : 3 days **Gender:** ☐ Male ☑ Female

Date : 24/05/26 Time of Arrival : 11:40Am

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: 135b/m BP: ..... RR: 40b/m SpO_2: 98%

Chief Complaints: C/O yellowish discoloration of skin TCBR:-19.0 mg/dL

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Decreased ☐ Increased ☐ 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 : 11:42Am

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 : Sreenija

Signature of Triage Nurse : .....

Date & Time : 24/05/26 @ 11:41Am

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

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/05/26 Time of arrival : 11:40 Am

Chief Complaints: Yellowish discoloration of the Skin RBS: .....

Height : ..... Weight : 2.21kgs 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 Parents

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

Time of Initial assessment completed by ER Nurse : 11:42 Am

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

Time	Nursing Notes
	⇒ Assessed pt condition
11:45 Am	⇒ Monitored vitals
	⇒ Inform to the Doctor
	⇒ Doctor Seen the Child

Samples collected by: / Nill Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 130b/m BP: Crying CFT: <2sec	Shift - out from ER to: 333
RR: 40b/m SPO_2 : 100-1	Time of Shift - out: 12pm
GCS: 15 Temperature : 98F°	Handover given to: Sr Subhra (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Nill

Name of the Nurse : Sreenija Signature of the Nurse : sreenija

Date & Time : 24/05/26 @

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
Dr. KONDAM PRADEEP REDDY

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ________

Information given by: ______________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

C/o Yellowish discoloration -> 1D

History of present illness :

C/o Yellowish discoloration -> 1D

TCBR - 19 mg/dl

B.vit - 2.2.39 mg
T.vit - 2.2.27 mg

MBG - A+ve
B.BG - A+ve

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term/AGA/AOD/2019

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Birth vaccine given

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__2.27kg__(Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 135/m B.P. 9 SPO2 98%

Resp.rate and type of breathing : 40/m

Rash_____

Lymphadenopathy_____

Oedema :_____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLAC-@

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 ~@

Any murmur :_____

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

Per Abdomen :

Inspection_____

Palpation : Soft

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 :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

UNCONJUGATED HYPERBILIRUBINEMIA

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

SBR,
NBS } after 6am
CBP

Noted by thabitha 24/10/26 @12pm

Planned Management

DBP Q24H

DSP7 c̄ eye & genitalia covered

Vit D3 0.5ml/OD

Signature of the Doctor: [signature]

Name of the Doctor: Dr Mela

Date & Time:

Signature of the Consultant: [signature]

Name of the Consultant: pradeep

Date & Time: 24/10/26

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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
25/5/26 9am	CWB Dr. Pradeep / Dr. Aishwarya	
	ANNY	
	On DCPT	
	On DBF Q2H	
	Baby active and feeding well	
	O/E: GC fair	
	C, T, A } (+)	
	UV	
	S ✓	
		Plan
		- Trace SBR / CBP
		- DBF Q2H
		- D/S based on SBR reports
		(signature)
	SBR - [illegible] ↓ D/C - today [illegible]	
		(signature)

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: 333

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 24/5/26 @ 12pm

Nurse Name & Signature: .....

Date & Time : 24/5/26 @ 2pm

Docu. No. : RCH / FRM / GENERAL / 090

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : VITAMIN D3

Dose	Route	Frequency	Start Dt.
0.5 ml	PO	OD	24/5

Date: 24/05 — Time: 1pm

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
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

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 ....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FDH-00046102 IP25-00020598
Baby B/O SREE VIDYADHARI
21-05-2026 0 Y 0 M 3 D (F)
Dr. KONDAM PRADEEP REDDY

VITALS CHART

Date →	24/5/26									
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	98°F	130	40	99	0/10	DBF	20min			
1.00 pm								✓		
2.00 pm						DBF	20min			
3.00 pm	97°F	138	42	100%	0/10			✓		
4.00 pm						DBF	25min			
5.00 pm										
6.00 pm						DBF	20min	✓		
7.00 pm	97°F	128	40	100%	0/10					
						DBF	20min	✓		
8.00 pm										
9.00 pm						DBF	30mins	✓		
10.00 pm	98.6	140	40	100%	0					
11.00 pm						DBF	30mins	✓		
12.00 am										
1.00 am						DBF	30mins			
2.00 am	98.6	140	40	99%	0			✓		
3.00 am						DBF	30mins			
4.00 am										
5.00 am						DBF	20mins	✓		
6.00 am	98.6	140	40	100%	0					
						TOTAL		8		

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

Feeding Plan..... 2nd hourly feeding. DBF .....

.....

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: NNJ (DSPT)
Nursing Diagnosis: Risk of infection related to hospitalization
Plan of Care: Assess the baby condition.
Maintain I/O chart
Planned Investigations Procedures:
Implementation: Assessed the baby condition
Maintained I/O chart

Sabina 24/5/26 @ 2pm
Handed Over by : Name & Signature

Neha 24/5/26 @ 2pm
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: → SBR, NBS, CBP Tommorrow @ 6AM
Implementation:
- Assessed the Baby condition
- Monitored vital signs & Recorded
- Maintained I/o chart

Neha 24/5/26 @6PM
Handed Over by : Name & Signature

Laxshmi Sulochana 8PM
Received by : Name & Signature

Night Shift

Clinical Diagnosis: NNJ
Nursing Diagnosis: yellowish discoloration of the skin
Plan of Care:
- Assess the Baby condition
- monitor vitals
- maintain I/o chart

Planned Investigations Procedures:
Implementation:
- Assessed the Baby condition
- monitored vitals
- maintained I/o chart

Laxshmi 24/05/26 @8pm
Handed Over by : Name & Signature

Received by : Name & Signature

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-00046102 IP25-00020598 Baby B/O SREE VIDYADHARI 21-05-2026 0Y0M3D (F) Dr. KONDAM PRADEEP REDDY	24/5/26 @ 11.44 Am	24/5/26 @ 12pm
	Transfer Ordered by: DR. Malavika	Reason for Transfer: Admission
From Unit: ER	To Unit: 333	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File: 10	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: OP file given Yes ☐ No ☐ If yes, what ? Vidya

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
Sreenija	DR. Malavika

Patient & Clinical Records Received by : Subhra 24/5/26 @ 12PM

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