Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176661 **Admit Date** : 20-Jul-2026 **Admit Time** : 03:50 PM **UHID** : BAH-00661862

Patient Details :

Patient Name	: Baby Of FATUMO AHMED MOHAMED	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr MOHAMED ISSE ADAM	**DOB**	: 16-07-2026 02:44 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 8-1-346/30/B/1,MAWIN SAUD HEIGHTS, BRUNDHAVAN COLONY Tolichowki Hyderabad Telangana INDIA 500008	**Phone No**	: 8121593686/ 9704523053
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 336 **Ward Name** : 3F-ZONE C

Room No : SPVT 336 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMED ISSE ADAM **Relationship** : Father

Contact Address : H NO 8-1-346/30/B/1,MAWIN SAUD HEIGHTS,BRUNDHAVAN COLONY Tolichowki Hyderabad Telangana INDIA 500008 **Phone No** : 8121593686 / 9740523053

Signature

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

BAH-00661862 IPS-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

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NEWBORN MONITORING FORM

Date of Birth : 16/7/26
Time of Birth : 2:44 p.m
Mode of Delivery : LSCS
Birth Weight : 3.638 kg
Head Circumference : .....
Length : .....
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : .....
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination : .....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
20/7/26	WD wt 3.385kg	DBF	-	98.0°F	Jyothy
21/07/26	3.432kg	DBF	-	98.2°F	Priya
22/7/26	3.428kg	DBF	-	98.0F	Priya

Date	Time	Investigation	Result	Order No.	Signature

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ACTIVITY RECORD FOR BILLING

BAH-00661862 IPS-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

Name :_____ _____

UHID No. : _____ _____Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____Date of Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	4:35 pm	ER	ward (336)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7/26	SSPT	4:45pm		9713151	Jyothy

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: B/o Fatuma Ahmed.

UHID ID:

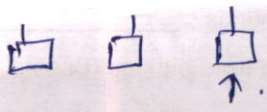
BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

Department:

Consultant:

(P.T.O.)

Docu. No. : RCHBH /FRM / GENERAL / 065



Birth & Socio Economic History:

About Father :

About Mother : Upper middle class.

Any additional Information :

Developmental History :

(N) development

Immunization History :

Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Name : _____

Information given by: _____ Age/Sex _____

Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yellowish discolouration of skin & sclera (+) since 1-2days.

History of present illness :

Mother details → 31yrs
→ G3P2L2
→ NO comorbidities
→ Opositive

BAH-00851862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_3.5kg_(Centile _____)

On Examination :

Temperature : 98.F Pulse Rate :128/min B.P. NR SPO2 98% on RA

Resp.rate and type of breathing : RR = 28/min

Rash Yellowish discolouration of skin & sclera (+)

Lymphadenopathy

Oedema : nil

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BILATE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, NT.

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

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:

Neonatal jaundice

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

SBR – T/M

Planned Management

- Vit D3 drops.
- Breast feeding as per demand.
- SSP1 with eyes & genitals covered.

Signature of the Doctor: Ramya

Name of the Doctor: Dr. RAMYA

Date & Time: 20/7/26 ; 4pm

Signature of the Consultant:

Name of the Consultant:

Date & Time:

DR. NALINIKANTA PANIGRAHY
REGISTRATION NO: TSMC/FMR/039695

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3+1			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation	2			
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Total No. of Pages	20			

Signature and Date : 21/7/26

(P.T.O)

ERROR LOG

LOCA JN : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

2nd loor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 5 D (M)
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CONSENT FOR FORMULA FEEDS

Patient Name : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No : ..... Reg. No. : ..... Department : ..... Date : .....

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: Mother

Date & Time : 21/7/26 @ 4 AM

Witness :

Signature : Priya

Name : Priya

Date & Time : 21/07/26 @ 4 AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Pooja

Date & Time : 21/7/26

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	CRS/B Resident	
	DOL-4 / 40+6 / Post dated / 3638 / mch / LSCS.	
	D: Neonatal Jaundice	
		Plan
	M/O+ B/O+ TCBR → 15.8 mg/dl (OPD)	(1) SSPT with eyes and genitals covered.
	for phototherapy	
	Twt → 3.510kg (4% ↓)	(2) DBF and fully flb bumping on measured feeds 35ml Q2H 55ml Q3H.
	Euthermic Euglycemic icty tone reactivity } good	
	yellowish discolouration of eyes & skin	(3) Monitor Vitals, feeds, I/O Inform SOS
		(4) SBR T/m after rounds
		noted by Phys 8PM Sohib

DR. NALINIKANTA PANIGRAHY
Registration No: TSMC/FMR/03605

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

(P.T.O)

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26	CLS/B Resident	
	Δ: Neonatal Jaundice	
	DOL-5 | 40+6 | 3635g | M ch | LSCS on phototherapy	
	TWT ↑ 3432g (5.6% ↓) (78g ↓)	Plan TCBR – 15 & (OPD)
	M | O+ U | (3) ↓ B | O+ M | (3) ✓	
	Baby on room air	(1) SSPT with eyes and genitals covered
	excess cry @ night post feed in view of which Formula feed initated	(2) Measured + FF. 45ml Q2H or. 65ml Q3H
	Euthermic Euglycemic Cry tone activity } good	(3) SBR after rounds
		(4) monitor vitals, I/O, feed. Soluble

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9:30 am	TCBR on DOL-4 15.8 Started SSPT at 5pm yesterday. M/0+ B/0+ C/T/A - good. icterus (+) legs wt loss - 5.6% Dr-Poopathi	Plan. → Continue SSPT c̄ eyes & genitals covered. → R/v SBR at 3pm → Monitor vitals → Continue measured feeds @ 1 DBF 2nd hrly. Noted by Sushanth
21/7/26 3pm	Afternoon rounds (Seen by Dr Nalinikanta) Baby on Room air No RD / No desaturation Accepting feeds well Ongoing Phototherapy Euthermic Euglycemic Vitals: Stable CRT<3sec	→ SSPT with eye & genital care → SBR now → DBF 2nd hourly → If SBR (N) plan Discharge (R/V) on Thursday Sai

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 5 D (M)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 5:00pm	SBR → 11.7 mg/dl	→ continue SSPT 8th till 11th
		→ R/V SBR & discharge tomorrow
		noted by Rijo PRM — Suj Sai
22/7/26 9:15am	CSPB Dr. Sohila (Resident)	
	DOL-5 / 40+6 / 3638g / LSCS / NNJ	Plan
	on phototherapy	SBR @ 3pm — 11.7mg on 21/7 ↑ 0.1 ↓ 11.6
	Twt → 3428g.	
	3432g → 3428g. (5.7% ↓) (4g ↓)	① SSPT with eyes & genitals covered.
	m/O+ B/O+ — U/9 m/5	
		② DBF Q2H or Q3H 48ml 70ml. ↓ on PF/ measured.
	cry. Tone activity good Euthermic Euglycemic	③ monitor vitals I/O, feeds
		④ R/V discharge today
		⑤ discharge Sohila now.

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

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RESULT SHEET

Date	21/7/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	11.7 / 0.1 / 11.6					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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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: ER Shifted to: Ward

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 : Dr. Ramya

Date & Time : 20/7/26 ; 4pm

Nurse Name & Signature: DOJs

Date & Time : 20/7/26 @ 4:40 pm

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

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DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 3.5 kg Ward. ....

DRUG : VITAMIN D3 drops

Dose	Route	Frequency	Start Date
0.5ml	PO	OD	20/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Ramya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7													
10AM	7AM / Mouth													
(Endorsement)														

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾														

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾														

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾														

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED (M)
16-07-2026 0 Y 0 M 4 D
Dr. NALINIKANTA PANIGRAHY

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Fatumo Ahmed Mother's Name: Mrs. Fatumo Ahmed

Date of Birth: 16/7/26 Time of Birth: 2:44 pm Gender: ☑ Male ☐ Female

Birth Weight: ..... Kgs HC: - cm Lenght: - cm

Meconium in Liquor: ☑ Yes ☐ No Cried at Birth: ☐ Yes ☐ No

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: ..... Baby: .....

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: 98.0F °C HR: 132 /Min RR: 37 /Min BP: - SpO2: 99 %

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 0 (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: .....

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: Jyo Ny Signature: Jyo Ny Date &Time: 20/7/26 @ 8pm

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

BAH-00661862 IP5-00175551
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: NNJ

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
20/7/26 4:20 pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	NNJ	hemodynamic stability	phototherapy		☑ Nursing ☐ Others:
20/7/26 4:45pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	NNJ	H-stability	phototherapy	Renuka	☑ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Telugu ..... Patient / Learner Literacy: ☑ Read ☐ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☑ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/7/26	4:00pm	7	Infection control measures	M	4	O	1	1	NA	Renuka

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

IP5-00176661
[...]ATUMO AHMED MOHAMED (M)
0 Y 6 M 4 D
[...]NIKANTA PANIGRAHY

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Doc. No.: RCH / FRM / CLINICAL / 124

INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/1/2026 .... Time: 4:45pm | 10 PM | 2 AM | 6 AM | 7

Doctor/Nurse/Family Concern?

		4:45pm	10 PM	2 AM	6 AM
Temperature (°F)	104, 102, 101, 100, 99, 98, 97, 96, 95, 94	98.1°F	97.4°F	98.4°F	9[illegible]
Heart Rate (bpm) and Blood Pressure (mmHg) *	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50	*	*	*	*
Note: BP does not score in early warning scoring			138b/m	140b/m	130
Heart Rate (Number)		142			
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10	*	*	*	*
Resp Rate (Number)		38b/m	36b/m	38b/m	40b/m
Resp Distress	Mod/ Severe / None / Mild	N	N	N	N
Receiving O_2(l/min)					
O_2Saturations (%)		99%.	100%.	99%.	100
Conscious Level	Normal / Altered	N	N	N	N
GCS *		15/15	15/15	15/15	15
TOTAL SCORE Number of shaded boxes		0	0	0	8
Pain Score		0	0	0	
Observer's Initials		[signature]	[signature]	[signature]	

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1 :	Continue normal observation by staff nurse and continue hourly observatio[...]
Score 2 :	Shift in charge nurse to be informed and continue hourly observation and half hou[...]
Score 3 :	Shift in charge AND ER doctor/Floor Registrar to see and half [...] / Shift in charge AND treating consultant(till 8 PM) or On call night d[...]
Score 4 :	Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be inform[...]
Score 5 & 6 :	[...]

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST i[...]

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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INSTRUCTIONS:

- The paediatric Early Warning Score sees to identify the abnormal physiological finding seen during se
  childhood illnesses and ii) offers a tool to interpret such physiological derangements with clearly defined actions, ensuring that suitably exped staff are involved with the care of the sickest children.
- The Early Warning Score does not clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assesse corded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Hi Warning Score are seen in sicker children)
- Detailed actions are described a o increasing Early Warning Score.
- Some children with complex m s e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this s discussion with senior colleagues.
- Any Early Warning Score of 3 uld be recorded below with details of any subsequent action initiated

Record Details when EARLY W E > 3				
Date	Tim arning Score	Record Time of Review and Plan		
		Date	Time	Name

- If at any time addi elp – regardless of the Early Warning Score!
- Following a Early senior help may be required

The SBAR communi nd, assessment, recommendations) is a helpful mnemonic that can be used to describe colleague.

I	IDENTI I am calling about (child X)
S	SITUA rned that ... (e.g. BP is low/high, pulse is XXX, Temp
B	BAC X date) with (e.g. respiratory infection). They have had (X operation/ pro has changed in the last (XX mins). Their last set of observations (e.g. alert/ drowsy/ confused, pain free) we
A	A d I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am eteriorating, OR I don't know what's wrong but I am really worried.
R	see the child in the next (XX mins) AND I s there anything I need to t observation)

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

21/7/26.

Date: ..... Time:	10 am	1 pm.	7pm	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						

Temperature (F)

	10 am	1 pm.	7pm	10 PM	2 AM	6 AM
	98°F.	97.9°F	95.0°F	*99.0°F	*98.6°F	*98.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

	10 am	1 pm.	7pm	10 PM	2 AM	6 AM
Heart Rate (Number)	132/m	124/m	134/m	130/m	132/m	130/m

Resp. Rate (bpm) (Over 1 Minute) *

	10 am	1 pm.	7pm	10 PM	2 AM	6 AM
Resp Rate (Number)	32/m	30/m	32/m.	36/m	38/m	40/m
Resp Distress: Mod/ Severe / None / Mild				N	N	N
Receiving O_2(l/min) O_2Saturations (%)	100%.	99%.	99%.	99%.	100%.	99%.
Conscious Level: Normal / Altered	-	-	-	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	d	d.	E	R	R	R

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00661862 IP5-00176661
Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 5 D (M)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

22/7/26

Date: ..... Time:	10 am
Doctor/Nurse/Family Concern?	
Temperature (F)	97.9F
Heart Rate (bpm) and Blood Pressure (mmHg) *	*
Note: BP does not score in early warning scoring	
Heart Rate (Number)	132 b/m
Resp. Rate (bpm) (Over 1 Minute) *	*
Resp Rate (Number)	32 b/m
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	100 %
Conscious Level: Normal / Altered	— /
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	dr

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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Date	Time	Early Warning Score	Date	Time	Name

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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16-07-2026 0 Y 0 M 4 D (M)
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FLUID CHART

Sheet No. : .....

20/07/2026

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
21/7	08:00 pm											Riya
	09:00 pm		D5F									Riya
	10:00 pm						✓			✓	NO	
	11:00 pm		D5F 60ml/hr								IV	Riya
	12:00 am										Canu	
	01:00 am		D5F									Riya
Total Intake :						**Total Output :** V=1 m=1						
21/7	02:00 am											Riya
	03:00 am		D5F				✓			✓	NO	
	04:00 am										IV	Riya
	05:00 am		FF40ml									Riya
	06:00 am										Canu	
	07:00 am		FF80 ml				✓	✓		✓		Riya
Total Intake :						**Total Output :** V=2 m=2						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	V=3 m=3

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Baby Of FATUMO AHMED MOHAMED
16-07-2026 0 Y 0 M 4 D (M)
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FLUID CHART

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Sheet No. : ..... 21/7/26.

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am											
	09:00 am		EBM 35ml									
	10:00 am						NP				NO IV	
	11:00 am		EBM 40ml									
	12:00 pm											
	01:00 pm		EBM 40ml									
Total Intake : Taken.						Total Output : m-Np u-3						
21/7	02:00 pm											
	03:00 pm		EBM 40ml									
	04:00 pm										NO IV	
	05:00 pm		EBM 40ml									
	06:00 pm											
	07:00 pm		EBM 40ml									
Total Intake : Taken						Total Output : u-2 m-2						
21/7	08:00 pm											
	09:00 pm		EBM 40ml									
	10:00 pm										NO IV	
	11:00 pm		DBF									
	12:00 am											
	01:00 am											
Total Intake : Taken						Total Output : V=2 m=1						
22/7	02:00 am		DBF									
	03:00 am										NO IV	
	04:00 am		DBF FF 30ml									
	05:00 am											
	06:00 am		DBF									
	07:00 am											
Total Intake : Taken						Total Output : V=2 m=2						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	V=9 m=5