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DISCHARGE SUMMARY

Name	Baby Of V P S PRANEETHA	**UHID**	HNH-00016526
Father/Guardian	Mr V V N VINAYAKA PRASAD	**Age/Gender**	0 Y 0 M 0 D 2 H/ Female
Address	HNO:- 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP26-00006822	**Admission Date**	12-07-2026
Ref Doctor	SELF		
Discharge Date	15.07.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
LATE PRETERM (36 weeks + 5 days)/AGA/BABY GIRL	
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of V P S PRANEETHA is a term (36 weeks + 5 days) baby girl, delivered to a primi mother by elective lscs on 12.07.2026 at 08:45 am with birth weight of 3.14 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 at 1

Name	Baby Of V P S PRANEETHA	UHID	HNH-00016526
IP No	IP26-00006822	Admission Date	12-07-2026

min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. V P S PRANEETHA is a 34 years old primi mother. G1 - Present pregnancy, IVF conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Hypothyroidism present. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is O positive. Baby's blood group is O positive.

Examination: Baby was euthermic (36.5*C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 3.14 kgs.
Weight at discharge : 2.82 kgs.
Head Circumference : 34 cms.
Length : 48 cms.

Investigations: Enclosed reports.

Management:

Name	Baby Of V P S PRANEETHA	**UHID**	HNH-00016526
IP No	IP26-00006822	**Admission Date**	12-07-2026

Course during hospital:
Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Serum bilirubin at 48 hours of life was 11.7 mg/dl with indirect fraction of 11.6 mg/dl. Double surface phototherapy was continue for 24 hours and then stopped.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	13.07.2026
OPV	Given	13.07.2026
HEPATITIS B	Given	13.07.2026

Newborn screening advanced / Newborn screening-4: Sent on 14.07.2026, report awaited.

Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions): Report awaited.

SPO2 : 98% at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

Name	Baby Of V P S PRANEETHA	UHID	HNH-00016526
IP No	IP26-00006822	Admission Date	12-07-2026

Condition at discharge: Baby is pink, warm, active and on direct breast feeds + measured feeds.

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:
1. **Newborn screening advanced / Newborn screening-4 report to be collected on followup.**
2. **Serum Bilirubin to be done / decided on followup.**

Review consultation with Dr. DILNAAZ FAROOQUI on Thursday(16.07.2026) at Himayatnagar 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

Name	Baby Of V P S PRANEETHA	**UHID**	HNH-00016526
IP No	IP26-00006822	**Admission Date**	12-07-2026

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 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / 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**

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 2 D (F)
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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	5			
7	Nursing plan of care and handover sheets	3			
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				
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				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
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				
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			
	Referral	6			
	Total No. of Pages	29			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 15/07/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006822 **Admit Date** : 12-Jul-2026 **Admit Time** : 10:29 AM **UHID** : HNH-00016526

Patient Details :

Patient Name	: Baby Of V P S PRANEETHA	**Age**	: 0 D
Guardian	: Mr V V N VINAYAKA PRASAD	**DOB**	: 12-07-2026 08:45 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO:- 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9963894547/ 9989521747
		E-mail	: vinayakaprasad99@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-1 **Admission Type** : First Visit

Contact Details :

Name : Mr V V N VINAYAKA PRASAD **Relationship** : Father

Contact Address : HNO:- 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9963894547

Signature

Doctor Details :

Doctor Name : Dr. DILNAAZ FAROOQUI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016526 IP26-00006822 Baby Of V P S PRANEETHA 0 Y 0 M 0 D 2 H (F) 12-07-2026 Dr. DILNAAZ FAROOQUI	12/7/26	12/7/26 5:40 PM
	Transfer Ordered by DD.	Reason for Transfer observation
From Unit pre past	To Unit Room C	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films ABG	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

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
Anusha	Dr. Dilnaaz Farooqui

Patient & Clinical Records Received by : Swathi 12/7/26 8:40 PM

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0Y0M0D2H (F)
Dr. DILNAAZ FAROOQUI

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NEWBORN MONITORING FORM

Date of Birth : 12/7/26
Time of Birth : 8:45 AM
Mode of Delivery : EL-LSCS
Birth Weight : 3.14kg
Head Circumference : 34cm
Length : 48cm
Red Reflex :

SBR
New Born Screening : willing
TFT :
OAE : willing
Mother's Blood Group : O+
Baby's Blood Group :
Anomaly Scan :
Vaccination 13/7/26 : BCG opv hep-B given

willing

Date	Weight	Type of Feed	Quantity	Temperature	Signature
12/7/26	3.14kg	DBF	(1)	36 C	Moni
13/7/26	2.960kg	DBF	(1)	36 C	Madh
14/7/26	2.860kg	DBF	(1)	97.2°C	
15/7/26	2.820kg	DBF	(1)	97.4°C	

Date	Time	Investigation	Result	Order No.	Signature
12/7/26	10Am	Blood grouping		11553	Moni
12/7/26		ABG		1157	[illegible]
				cross checked done	
14/7/26	10 Am	SBR			[illegible]
		NBS		11696	
14/7/26	4PM	DSPT		3798	[illegible]
15/7/26	11am	ODE		13965	[illegible]
				cross checked done 15/7/26	

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : praneetha Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Dilnaaz Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O praneetha

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 3.14kg Time of Birth : 8:45AM

Place of Birth : .....

Mother's Blood Group : O positive.

Birth Weight (gms) : 3.140kg Length (cms) : ~~40~~ cm

OFC (cms) : 34 cm

Estimated Gesth Age : 36+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 34yr Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 27/10/25 EDD : 3/8/26

Conception : Spontaneous or with Rx. : IUI Conception

Booked at what GA. : 5+2d. AN Steroids Drugs / Doses : .....

Last Scans Details : S11UV | 36+5 | PH-AIH | AFP - 8.8 cm

EFW - 2-8.kg TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

Maternal Hypothyroidism.

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. DILNAAZ FAROOQUI

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : ..... Prev LSCS.

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
1	2	
2	2	
2	2	
1	1	
2	2	
1	1	
TOTAL 7/10	8/10	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

LPT(36+5) | 3.141kg | AGA | Female | EL LSCS

Baby cried immediately after birth

↓

Cord clamped & cut

↓

Inj vit-k given

↓

Vitals - stable

↓

Shifted to ward

Investigation details in previous Hospital :

—

Feeding History :

—

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. DILNAAZ FAROOQUI

Past H

—

Family History :

—

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition :

LPT(36+5) | AGA | 3.14kg | EL LSCS | CIAB
Neonatal hypothyroidism

VITALS : Temperature : 36°C. HR : 142 RR : 44 NIBP : CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : — Pallor : — SpO2 : 98%

Anthropometry : Birth Weight : 3.14kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : yet to be done. Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : ? A+IV. Discharge :	(N)
GENITILIA :	Labia / Hymen : Testicles/penis : (N) Female genitalia. Anus : Patent	
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 44 SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : 98% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 142 BP : ..... Precordial Activity : N

Femoral Pulses : WF Murmurs : N

Other Peripheral Pulses : ..... Signs of Cardiac Failure : —

Abdomen : Hernia orifice : .....

Shape : ..... Anal Patency : Patent

Palpation : Soft, NT Umbilical Cord : 2A + V.

Palpable masses : ..... First urine passed : —

Abdominal girth : ..... Meconium passed : —

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : N

.....

.....

.....

Motor System :

Passive Tone : N

Active Tone : N

Neonatal Reflexes : N

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : N

Moro's : ..... DTR : N

ATNR : ..... Skull and Spine : N

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
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Any Congenital Anomalies : .....

Diagnosis : LPT(36+5) | AGA | 3.14kg | CIAB | ELBCS
Mat hypothyroidism

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

Consultant :

Signature : Dilnaaz

Name : Dr Dilnaaz

Date & Time : 13/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

HNH-00016526 IP26-00006822
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12-07-2026 0 Y 0 M 1 D (F)
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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

- DBF 2nd hourly fb bwpy
- SBR, NBS, OAE } 48 HOL
- vaccination today BCG, OPV, Hep-B
- Kangaroo Care
- Cos Formula feed

.....

Feeding Plan at the time of shifting : .....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : ..... Audiometry time 9:30 to 9:38 AM

ROP : .....

TFT : .....

NP2 : .....

HNH-00016526 IP26-00006822
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 10 pm	CWB Re-Admn	
	36+5 | AGA | 3.14 kg	
	— urine ✓	
	— stools ✓	
	— feeds ✓	
	O/E euthermic	
	H+/A: good	Plan
	AF: plat	1) warm care
	mew (+)	2) DBF every 2nd hr
	CRT: L3sec	3) nasal ration today
	vitals: stable	4) SBR, NBS, ODE — e/u/s/d/c
	SLE - (N)	5) monitor vitals.
	dmi	noted by Sr. Sandhya. 12/7/26 @10:pm.

HNH-00016526 IP26-00006822
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12-07-2026 0 Y 0 M 0 D 2 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	MVB Re-Dragon	
7:30am		
	- T. wt : 2.960 kg	
	- wt loss : 5.7%	
	O/E	Plan
	- euthermic	1) warm care
	UT/A issued	2) DBF every 2-3 h
	AF flat	3) HR
	tolerating	RBS } avg HOL
	feeds ✓	OAE
	urine ✓	4) vaccination today.
	stools ✓	
		5) monitor vitals.
		noted by Sr. Sandhya 13/7/26 7:a'

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 1 D (F)
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NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	S/D Dr Dilnaaz	
10:15 Am	Late preterm	
	D [illegible] / AGA / 3.1 kg / F / CIAB	
	Euthermic	Plan
	CVS - S1S2 (+)	- DBF + Bag 2 hrly
	RS - BLL - AE (+)	
		- SBR, NBS, OAE @ 9 Am on 14/7/26
	P/A soft	
	CIA feed	
	T. wt :- 2.960g	- Warm care
	wt Loss - 5.7%	
		- Vaccine for today: OPV, BCG, Hep-B
13/7/26	BCG, OPV, Hep-B given	- Red reflex to be checked
		Dr. Dilnaaz Farooqui, Consultant Pediatrician, Reg. No: 27476 [signature]
		N.B. Maheshwari 13/7/26 @ 2:15 PM.

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 1 D (F)
Dr. DILNAAZ FAROOQUI

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

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7 2:00PM	C/S/IB Dr. Vaipavya	
	T/AGA/3.1kg/CIAB	
	Euthermic	Plan
	C/T/A-Good.	- DBF 2nd hourly fbs bluprly
	Vitals-Stable.	
	Tolerating feeds well	- SBR, NBS, OAE 14/7 9:00AM
	R/S/NAD	
	P/A	- Red reflex to be checked.

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Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7	CISIB DOO. Dilnaaz	
5.00pm	T1 AGA CHB 3.1kg Mat Hypothyroidism	
	Euthemic CIT/A -Good Vitals -Stable	Plan - SBR, NBS, OAE — 14/7 9:00Am
	RBS NAD PIA	- DBF 2nd hours fbo burping - Red reflex to be Checked - warmth care - lactation Counselling
		Noted by Divya 13/7/26.

Dilnaaz
Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA (F)
12-07-2026 0 Y 0 M 1 D
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7	c/s/b Dr. Pranav / Dr. Prashanthi	
	Late PT / 36+5 wk / 3.14 Kg / AGA /	Mat Hypothyroid
	T-Wt - 2860	m) O+
	↓ 160 g	B)
	% = 8.9 %	Plan
	Baby Euthermic	1) Warm Care
	Vitals Stable	2) DBF [illegible]
	C, T, A } Good	3) To check Red reflex
		4) SBR, NBS } @ 9Am
		0 AR
	Passed Urine / Stools	5) Monitor Vitals
		Pranav
		noted by Sr. Sandhya 14/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 9:00pm	CLS/B Dr. Dilnaaz LPT | AGA | Mat hypothyroidism	
	Euthemic C/T/A - Good Vitals - Stable R/S | NAD P/A B/L red reflex - Present	Plan DBF 2nd hourly Ab bupsy (T) SBR, NBS OAE report noted by Divya 14/7/26 Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 2[illegible]
14/7	CLS/B. Dr. Naipunya | Dr. Archana. LPT | AGA | 3.1 kg | maternal Hypothyroidism.	
	Euthemic C/T/A - Good. Vitals - Stable R/S | NAD P/A	Plan DBF 2nd hourly Ab bupsy Trace SBR, NBS OAE. Warmth Care noted by Divya 14/7/26

HNH-00016526 IP26-00006822
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
APH	C/O/D Dr. Dilnaaz	
	SBR - 11.7 ·	
	Adv: Start DSPT more.	
14/7/26 4:30pm	SB Dr. Dilnaaz	
	SBR - 11.7	Adv
	Accepting well orally	Start DSPT ·
	v/s passed	D tomorrow
	o/e	CBR @ follow-up
	vitally stable	Noted by Divya 14/7/26
	Ste wnl	Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476
	mother's BG / Baby's 0 pos	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	S/B Dr. Sreeghar / Dr. Nagren	
	D ~~[illegible]~~, Left prefer / AGA / FI C TAB	
	Euthermic	Plan
		CF DSPT
	CVS - S1 S2 ⊕	
	RS - BLL - AEF ⊕	Plan discharge
	P/A - Soft	DBF + Bag [illegible]
	CTA food	
	T. wt. - 2820g	noted by Sr. Sandhya 15/7/26
	wt loss (40g ↓)	
	B wt - 3.14	
15/7/26	d/w/s. D. Dilnaaz	
	Baby Euthermic	
	Cry / Tone / Activity - good	
	Vitals Stable	
	S/E: NAD	
		Adv
		- discharge today
		- Flu TIM ~~[illegible]~~ ~~[illegible]~~ report for F/U of jaundice
		Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476 (signature)

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 2 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

210

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RESULT SHEET

Date						
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						
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.,) : .....

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. DILNAAZ FAROOQUI

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

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

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

Date: 12/7/26 Time:	10 AM	12 PM	3 PM	6 PM	10 PM	9 AM	6 AM	
Doctor/Nurse/Family Concern?								

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	130	132	124	142bpm	140b/m	140bpm	140bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	30	48	36	40bpm	40b/m	40bpm	40b/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2(l/min) O_2Saturations (%)	94	98	99	99%	99%	99%	99%
Conscious Level (Normal / Altered)							
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

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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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. DILNAAZ FAROOQUI

FRM / CLINICAL / 124

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

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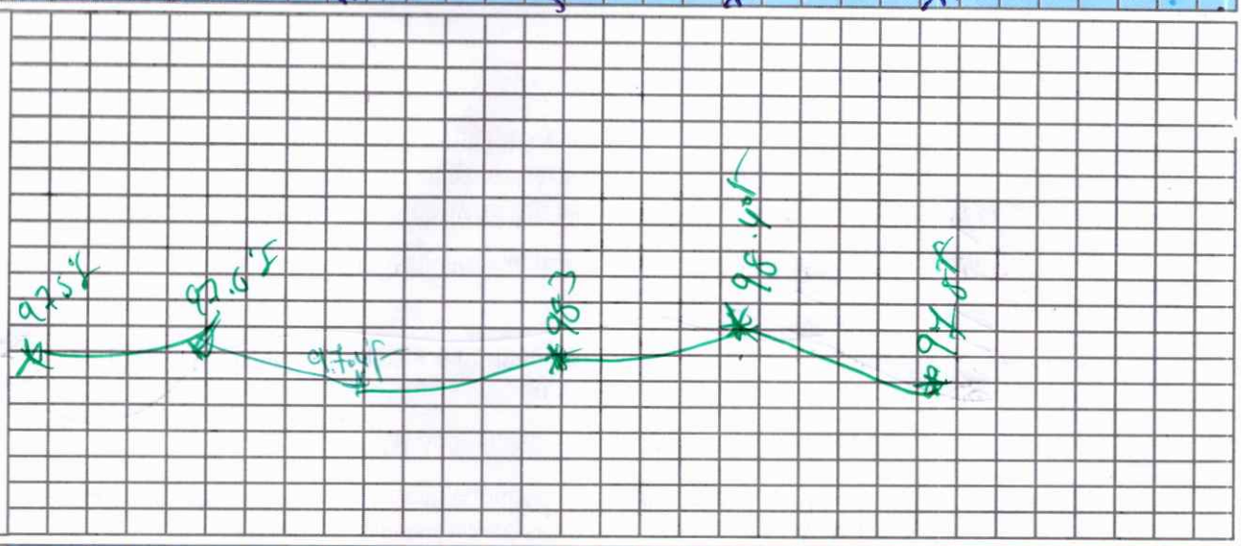
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/7/26 Time: 10Am 2pm 6 PM 10 pm 2 Am 6 Am

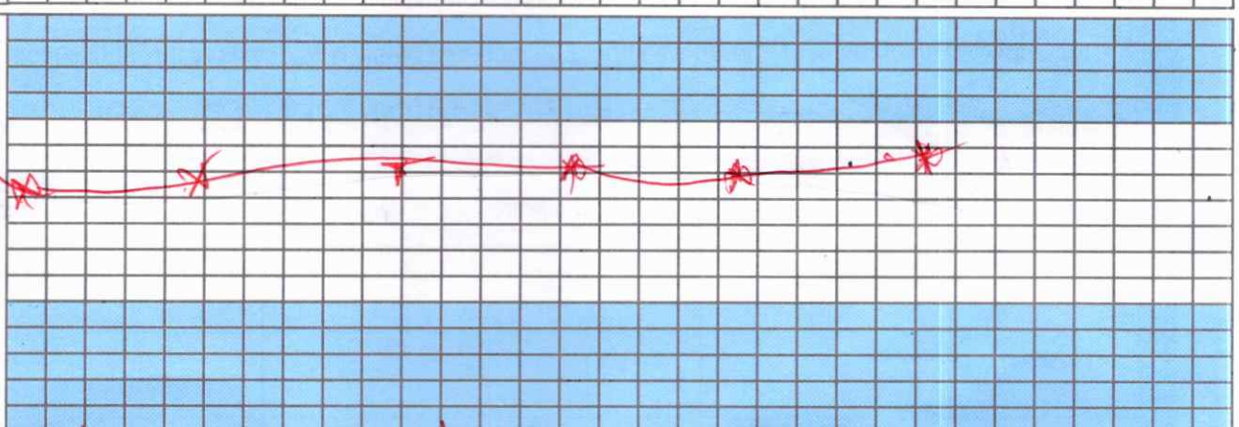
Doctor/Nurse/Family Concern?

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number) 136b/m 146b/m 142b/m 140b/m 140b/m 142b/m

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

Resp Rate (Number) 46b/m 48b/m 140b/m 140b/m 40b/m 40b/m

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		100% 100% 99% 99% 99% 99%
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		0 0 0 0 0 0
Pain Score		0 0 0 0 0 0
Observer's Initials		

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
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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:

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

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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)

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 1 D (F)
Dr. DILNAAZ FAROOQUI

RCH / FRM / CLINICAL / 124

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

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ARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/7/26 Time:	10			2			6			6am			2am			6am								
Doctor/Nurse/Family Concern?	Ano			pms			pms																	

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

99.8°F 99.2°F 99.8°F at 11 98.4°F 98.6°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	139/m			140/m			142/m						145/m			143/m								

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

70 60 50 40 30 20 10

Resp Rate (Number)	43/m			42/m			40/m						39/m			43/m								

Resp Distress: Mod/ Severe / None / Mild																								
Receiving O_2 (l/min) O_2 Saturations (%)	99%			99%			99%						99%			99%								
Conscious Level: Normal / Altered																								
GCS *																								
TOTAL SCORE Number of shaded boxes	0			0			0						0			0								
Pain Score	0			0			0						0			0								
Observer's Initials	[illegible]			[illegible]			[illegible]						[illegible]			[illegible]								

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. DILNAAZ FAROOQUI

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FLUID CHART

Sheet No. : .....

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.

		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							
12/7/26	08:00 am											
	09:00 am											
	10:00 am		DBf									
	11:00 am											
	12:00 pm		DBF									
	01:00 pm									✓		
Total Intake :						**Total Output :**						
12/7/26	02:00 pm											
	03:00 pm		DBF							✓		
	04:00 pm											
	05:00 pm		DBf									
	06:00 pm											
	07:00 pm		Dbf									
Total Intake :						**Total Output :**						
12/7/26	08:00 pm											
	09:00 pm		DBf				✓			✓		
	10:00 pm	0										
	11:00 pm		DBf									
	12:00 am									✓		
	01:00 am		DBf									
Total Intake : Taken						**Total Output :** U-2 M-1						
13/7/26	02:00 am											
	03:00 am		DBf							✓		
	04:00 am	0										
	05:00 am		DBf									
	06:00 am						✓			✓		
	07:00 am		DBf									
Total Intake : Taken						**Total Output :** U-2 M-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016526 IP26-00006822
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12-07-2026 0Y0M0D9H (F)
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FLUID CHART

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

		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							
13/7/26	08:00 am		DBF									
	09:00 am											
	10:00 am		DBF									
	11:00 am											
	12:00 pm		DBF									
	01:00 pm											
Total Intake : Taken						**Total Output :** V-2 M-1						
13/7/26	02:00 pm											
	03:00 pm		DBF									
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake : Taken						**Total Output :** V - M -						
13/7/26	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake :						**Total Output :**						
14/7/26	02:00 am		DBF									
	03:00 am											
	04:00 am		DBF									
	05:00 am											
	06:00 am		DBF									
	07:00 am											
Total Intake :						**Total Output :** V-2 M-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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.

		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							
14/7/26	08:00 am		DBF+FF							✓		
	09:00 am											
	10:00 am		DBF+FF		NA		✓		NA		0	
	11:00 am	0								✓		
	12:00 pm		DBF+FF									
	01:00 pm							NA				
Total Intake : Taken								**Total Output :** U- 2 M- 1				
14/7/26	02:00 pm		DBF+FF									
	03:00 pm											
	04:00 pm		DBF+FF		NA		✓		NA	✓	0	
	05:00 pm	0										
	06:00 pm		DBF+FF									
	07:00 am									✓		
Total Intake : Taken								**Total Output :** U- 2 M- 1				
14/7/26	08:00 pm		DBF+FF									
	09:00 pm									✓		
	10:00 pm	0	DBF+FF								0	
	11:00 pm											
	12:00 am		DBF+FF		NA				NA	✓		
	01:00 am											
Total Intake : Taken								**Total Output :** U- 2 M-				
15/7/26	02:00 am		DBF+FF									
	03:00 am									✓		
	04:00 am	0	DBF+FF								0	
	05:00 am											
	06:00 am		DBF+FF		NA				NA	✓		
	07:00 am											
Total Intake : Taken.								**Total Output :** U- M-				

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 1 D (F)
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FLUID CHART

Sheet No. : .....

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.

		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							
	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 :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
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BRADEN 'Q' SCALE

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					Date : 12/7	12/7	13/7/26	15/7
					Time : M6	E7	N8	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	3
					TOTAL SCORE	28	28	25
					Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00016526 IP26-00006822
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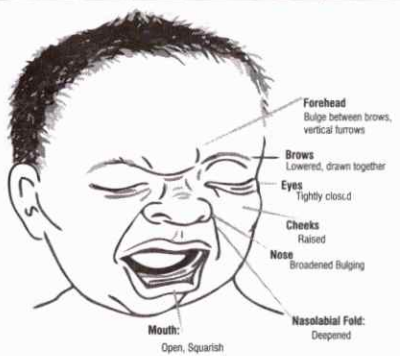
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						12/2 NB	12/2 EN	13/2 NB	13/2 NG	23/7/26 NE2	14/2 MS	NB		
					Procedure ➡	-				-	-	-		
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NP	-	5	NP	NP	NA	NA		
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NP	-	-	-	-	-	-		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NP	-	-	-	-	-	-		
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NP	-	-	-	-	-	-		
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NP	-	-	-	-	-	-		
Gestational Age / Corrected Age						37	37	37	37	37+6	37+4 weeks			
Total Pain / Agitation Score						-	-	-	-	-	-	-		
Intervention						-	-	-	-	-	-	-		
Effectiveness						-	-	-	-	-	-	-		
Signature														



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / [redacted]
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
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NURSING CARE RECORD

Date: 12/7/2026

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the pt condition → monitor vitals → maintain I/O	8AM to 2pm	→ Assessed the pt condition → monitor vitals → maintain I/O	→ Now pt is stable	Re-check vitals	Meri
Afternoon				day			
Night	8PM to 8am	→ Assess the patient general condition → DBF and hrly → monitor vitals → maintain I/O	8PM to 8am	→ Assessed the patient condition → monitored vitals → maintained I/O → DBF and hrly	Patient is stable	Rechecked vitals	

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 9 H (F)
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Patient Sticker

NURSING CARE RECORD

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Date: 12/7

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2Pm	→ Assess the pt condition → monitor the vitals → Maintain I/O chart. → DBF - give 2nd hourly.	8Am 2Pm	→ Assessed the pt condition. → Monitored the vitals → Maintained I/O chart. → DBF - given 2nd hourly.	→ Baby is stable now	→ Re assessed the vitals	
Afternoon	2Pm 8Pm	→ ~~Assess the~~ Pt condition → Monitor vitals → maintain I/O chart → DBF 2nd hourly	2Pm 8Pm	→ ~~Assessed the~~ Pt condition → Monitored the vitals → maintained I/O chart → DBF 2nd hourly	→ baby is stable	→ rechecked vitals	
Night	8Pm to 8Am	→ Assessed the Pt condition. → Monitored the vitals → DBF + 2nd hourly	8Pm to 8Am	→ Assessed the Pt condition → Monitored the vitals → DBF + 2nd hourly	Baby is a stable.	→ re-checked vitals	Made

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 1 D (F)
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NURSING CARE RECORD

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Date: 14.12.26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	- Assess the Baby Condition - monitor vitals - maintain I/o Chart - DBF+ff every 2nd Hourly	8am	- Assessed the Baby Condition - Monitored vitals - maintain I/o Chart - DBF+ff every 2nd Hourly	Baby is Stable	Rechecked vitals	Manjula
Afternoon		Daily					
Night	8PM	→ Assess the patient general condition → monitor vitals → DBF+ff every 2nd hrly → DSPT to continue.	8PM	→ Assessed the baby condition → monitor vitals → DBF+ff every 2nd hrly	Baby is stable. -Baby is on DSPT	Rechecked vitals	

Patient

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 1 D (F)
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NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00016526 IP26-00006822
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NB

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

BACKGROUND

Area / Shift Time	12/7 M6	12/7 E	12/7/26 N8	12/7 Mc	13/7/26 E2	13/7/26 N1
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:	97.	97.8°F	97.3°F	98.1°	97.3F	98
Res:	36	36	35 b/m	39b/m	20 b/m	20 b/m
SpO_2:	96	96%	99%	99%	100%	100%
Pulse:	136	141	145 b/m	141 b/m	130 b/m	132 b/m
BP:		-	—	—		/
Fall Risk Score:	-	-	—		—	—
Pain Score:		-	—	00	—	-

Recommendations

Safety Needs:		-	-	YES	yes	yes
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 :	NDivi	Divya	Sandhya	Mahi	Divya	Madhu
Signature :						
Date:	12/7	12/7	13/7/26	13/7/26	13/7/26	14/7/26
Time:	2p	8pm	8am	2pm	8pm	8Am
Taken Over By Name :	Divya	Sandhya	Mahi		Madhu	Divya
Signature :						
Date:	12/7	12/7/26	13/7/26		13/7/26	14/7/26
Time:	2pm	8pm	8am		8pm	8am

Patient Sticker

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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	14/7/26 M5	14/7/26 N8				
	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:	98.6°f	98.3°f				
	Res:	40b/m	42b/m				
	SpO_2:	100%	99%				
	Pulse:	143bbm	145b/m				
	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 :		Divya D	Sandhya				
Signature :							
Date:		14/7/26	15/7/26				
Time:		8pm	8am				
Taken Over By Name :		Sandhya					
Signature :							
Date:		14/7/26					
Time:		8:1					

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0 Y 0 M 0 D 2 H (F)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: .....

Date of Birth: ..... Time of Birth: ..... 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: ..97.. °C HR: ..132.. /Min RR: ..... /Min BP: ..... SpO_2: ..99%..

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: .....

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: ..Nomide.. Signature: ..Nm.. Date &Time: ..12/7/26..

HNH-00016526 IP26-00006822
Baby Of V P S PRANEETHA
12-07-2026 0Y0M0D2H (F)
Dr. DILNAAZ FAROOQUI

zeths

DATE : 12/7/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N)	(N)	(N)
2	Pre natal teeth	~~Patent~~ None	None present	Nil
3	Anal opening	(N) ~~female genitalia~~	Patent	Patent anal orifice
4	Genitalia	(N) female genitalia	Female external genitalia	(N) Female genitalia
5	Spine	(N)	(N)	(N)
6	Red reflex	Yet to be done	Red reflex seen in both eyes	
7	4 limb saturation (before discharge)	Yet to be done	Equal in all 4 limbs	

Ped.Registrar signature

Dilnaaz

Ped.Consultant signature

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of V P S PRANEETHA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006822**	**Sex:**	**Female**
Consultant:	**Dr. DILNAAZ FAROOQUI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-412-1**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: K.S.Y.Sarma / Father

Name: K.S.Y. Sarma

Relationship: Father

Date: 12.7.2026 Time: 10:29

Witness Name:

Witness Signature: Puja

Patient Address:

HNO:- 10-282/7/1 SRI SURYA NILAYAM, VASANTHAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaIn the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**