30 S-B
PC

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DISCHARGE SUMMARY

Name	Baby Of BEERLA ANJALI	**UHID**	HNH-00016204
Father/Guardian	Mr TARUN SUTRAVE	**Age/Gender**	0 Y 0 M 0 D 3 H/ Female
Address	lal darwaza, hyderabad, Lal Darwaza, Hyderabad, Telangana, INDIA, 500065		
IP No	IP26-00006666	**Admission Date**	27-06-2026
Ref Doctor	Self.		
Discharge Date	30.06.2026		

Consultant:
Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DIAGNOSIS	ICD CODE
TERM (38 weeks + 3 days)/AGA/BABY GIRL/ IDM/ MATERNAL HYPOTHYROIDISM	

History: Baby Of BEERLA ANJALI is a term (38 weeks + 3 days) baby girl, delivered to a primi mother by elective Lscs on 27.06.2026 at 12:01 pm with birth weight of 2.92 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed

Name	Baby Of BEERLA ANJALI	UHID	HNH-00016204
IP No	IP26-00006666	Admission Date	27-06-2026

cord clamping done . Fetal presentation was Vertex.

Maternal History: Mrs. BEERLA ANJALI is a 30 years old primi mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. Antenatal scans were normal. History of Hypothyroidism & Gestational Diabetes Mellitus present. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is AB positive. Baby's blood group is A positive.

Examination: Baby was euthermic (36.5*F), 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 : 2.92 kgs.
Weight at discharge : 2.82 kgs.
Head Circumference : 33 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Name	Baby Of BEERLA ANJALI	**UHID**	HNH-00016204
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In view of maternal history of gestational diabetes mellitus, baby's blood sugar levels were serially monitored which remained stable.

Serum bilirubin at 48 hours of life was 9.6 mg/dl with indirect fraction of 9.5 mg/dl.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk, measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	28.06.2026
OPV	Given	28.06.2026
HEPATITIS B	Given	28.06.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Parents not willing.

Newborn screening advanced / Newborn screening-4/ Thyroid Function Test: Parents not willing.

SPO2 : 99 % at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

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

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/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be decided on followup.**

Review consultation with Dr. S TEJASWI REDDY on Wednesday(01.07.2026) 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.

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The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 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. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006666 **Admit Date** : 27-Jun-2026 **Admit Time** : 12:33 PM **UHID** : HNH-00016204

Patient Details :

Patient Name	: Baby Of BEERLA ANJALI	**Age**	: 0 D
Guardian	: Mr TARUN SUTRAVE	**DOB**	: 27-06-2026 12:01 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: lal darwaza, hyderabad Lal Darwaza Hyderabad Telangana INDIA 500065	**Phone No**	: 9502183135/ 7036467296
		E-mail	: tarun.sutrave009@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 TARUN SUTRAVE **Relationship** : Father

Contact Address : lal darwaza, hyderabad Lal Darwaza Hyderabad Telangana INDIA 500065 **Phone No** : 9502183135

Signature

ctor Details :

Doctor Name : Dr. S TEJASWI REDDY **Specialisation** : NEONATOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016204 IP26-00006666 Baby Of BEERLA ANJALI 27-06-2026 0Y0M0D1H (F) Dr. S TEJASWI REDDY	27/6/26 @ 12:33PM	27/6/26 @ 5:40PM
	Transfer Ordered by DR. Anusha	Reason for Transfer Observation
From Unit PIC - Post	To Unit Room (305)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films –	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.	N/A	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha	DR. Anusha

Patient & Clinical Records Received by :

Date & Time of Patient Received : 27/6/26 @ 5:40PM

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

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27-06-2026 0Y0M0D1H (F)
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NEWBORN MONITORING FORM

willing

Date of Birth	: 27/6/26	New Born Screening	: SBR
Time of Birth	: 12:1 PM	~~TFT~~	:
Mode of Delivery	: EL-LSCS	~~OAE~~	:
Birth Weight	: 2.920 kgs	Mother's Blood Group	: AB positive
Head Circumference	: 32 cm	Baby's Blood Group	: A+ve positive
Length	: 46 cm	Anomaly Scan	:
Red Reflex	:	Vaccination	: BCG, OPV, Hepb given 28/6/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
27/6/26	2.920 kgs	DBF	—	36°C	
28/6/26	2.820 kg	DBF+ff	—	36°C	
28/6/26	2.820 kgs	DBF+ff	—	36°C	

Date	Time	Investigation	Result	Order No.	Signature
27/6	1:30pm	Blood grouping		10448	
27/6	2PM	GRBS	75 mg/dL	10454	
27/6	4pm	GRBS	79mg/dL	104666	
27/6	6PM	GRBS	93mg/dl	10479	
					cross check done
27/6	8pm	GRBS	73 mg/dl	10481	
28/6/26	12Am	GRBS	98 mg/dl	10514	
28/6/26	8Am	GRBS	92mg/dl	10515	
28/6/26	12pm 29th	GRBS	87mg/dl	10529	
28/6/26	12Am 30th	GRBS	878mg/dl	10539	
			cross check done by maheshwari		
29/6/26	GBR		10592		
27/6/26	12pm	GRBS	83 mg/dl	10601	

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Beerla Anjali. Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : ..... 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 Beerla Anjali

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 27/6/26 Time of Birth : 12:01 pm

Place of Birth : RIH HMNK

Mother's Blood Group : AB +ve.

Birth Weight (gms) : 2.920kg Length (cms) : 46cm

OFC (cms) : 32cm

Estimated Gesth Age : 38+3 / Primi

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 1/10/25 EDD : 8/7/2026.

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : 10/6 AFI 8cm, Plact Ant, EFW 2.490.

Dopplers (N) 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 OHA + Insulin.

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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 : .....

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Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1P	spontaneous.					

PERINATAL HISTORY

Treating Obstetrician : Indira Rani Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

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
8/10	9/10	

TOTAL

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

Comments :

Asymptomatic

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Term / primi (38+3wk) / hypothyroidism / GDM (OHA + insulin) for ELLSCS.

Baby delivered via LSCS
↓
CIAB
↓
warm / dry / suction done
↓
- vit K given.
- cord cautioned
↓
shifted to moth sick

Investigation details in previous Hospital :

—

Feeding History :

-

Family History :

-

Socio Economic History :

-

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Acrynosis

VITALS : Temperature : 36.5 HR : 154/min RR : 58/min NIBP : ..... CFT : <3sec

Color of the extremities : Acrynosis

Jaundice : - Pallor : - SpO2 : 98%

Anthropometry : Birth Weight : 2.920 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

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Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

HEAD TO TOE EXAMINATION

	Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	WNL
Facies : (Any Facial Dysmorphism)		WNL
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	WNL
EYES :	Symmetry : Red Reflex : to check Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	WNL
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	WNL
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2 A+iv Discharge :	WNL
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	WNL
HERNIAL ORIFICES		WNL
TRUNK and SPINE :		WNL
SKIN LESIONS :		WNL
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	WNL

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Precordial Activity : .....

Femoral Pulses : .....

Murmurs : .....

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

Abdomen :

Hernia orifice : .....

Shape : .....

Anal Patency : .....

Palpation : .....

Umbilical Cord : .....

Palpable masses : .....

First urine passed : .....

Abdominal girth : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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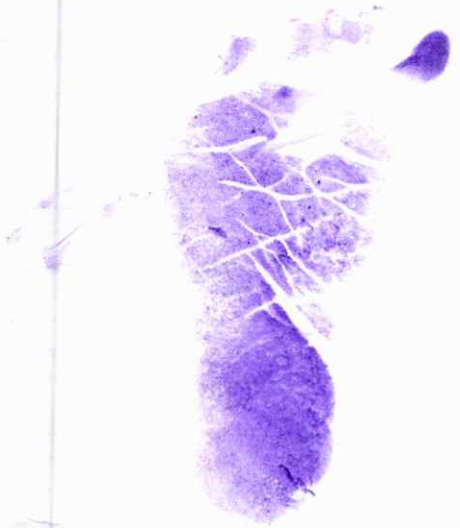
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

Diagnosis : Term/ AGA /F/ 2.92 kg /CIAB/
Hyst of hypothyroid & GDM moth.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : Af

Name : Anuka.

Date & Time : 27/6/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

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.

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Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

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 :

- GRBS - 0h, 4h, 6h, 8h, 12h, 48h, 24h, 36h, 48h, 72h
- DBF Only 1/6 hourly + FF (SOS)
- Send cord B/G/T
- vaccination - BCG, OPV, Hep B
- Samples @ 48 HOL
- Inform SOS

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

.....

.....

Feeding time
12:11 to 12:20 pm

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Spandana	
27/6 7:00pm	T/AGA/2.9kg/IDM/	mat Hypothyroid.
	Euthermic.	Plan
	Vitals - stable	- DBF 2nd hourly for
	C/T/A - Good.	burping
	R/S / NAD	- SBR } 48 HOL
	P/A	NBS
		OAG
	- Oral Cavity - normal.	- Vaccination tomorrow
	- Abdomen & chest - normal.	- Trace. Blood group.
	- mongolical spots (+).	- GRBS monitoring
	No sacral dimple	as adviced
	- No cleft palate	- monitor vitals
	B/L red reflex - Normal	
		Noted by [illegible] 27/6/26 @ 8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	C/S/B - Dr. Prashanth / Dr. Naipunya.	
7:45 AM	Δ - Term (38-13) / AGA / 2.9 kgs / IDM. maternal hypothyroidism	
	Euthermic Feeds Urine ✓ Stools	HBOL - 19hol. Bwt - 2.920 kg. Twt - 2.820 kg wt loss - 100g %: 3.4+/. AM	MBG - AB+ BBG - A+
	Vitals - Stable	
	C/T/A - Good.	Plan
		Warm care
	GRBS - 98 mg/dl 12 AM	DBF @ 2H Burping SBR OAE NBS @ 48 - 12:01 HOL 29/6 PM
	feeding not established -	
	noted by	Sr. Sandhya 28/6/26 8:00

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:SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 AGA for Spandana	
28/6 9:00AM.	T/ AGA / 2 DM	
	Euthermic.	Plan
	Vitals stable	- DBF 2nd hourly fb buyping
	C/T/A - Good	
	RIS / NAD PIA	- SBR 2916 NBS OAE 12:00pm
		- Adf Formula feed with Care
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925	
	BCG, OPV, HepB given 28/06/26	noted by Sr. Sandhya 28/6/26 10:00

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 10 pm	S/B Dr. Archana Term/E. LSCS/GDM on OHA/IDM. Enthermic Accepting well orally v] passed s] o/e vitally stable ste wnl Dr. Archana	Advice · Keep baby warm SBR] 29/6/26 @ 12pm NBS] · Bf every 2 hourly flb burping
29/6/26 8 AM	S/B Dr. Archana Urine - passed × 8 stool - passed × 7 ywt - 2.520 g twt - 2.520 g (~) Accepting well orally o/e Vitally stable ste wnl Dr. Archana	T/E LSCS/ AGA/ GDM Adv send SBR] @ 8pm today NBS] · BF every 2 hourly flb burping N.B. mukerhacon

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10 AM	SIB Dr. Tejaswi	Plan
	D Term AGA F/C IAB	
	Baby Euthermic	- DBF + Bumpy 2nd
	CVS - S1 S2 ✓	- SBR NBS @ 12PM
	RS - BL - AE ✓	@AC
	PA soft	- Warm care
	CTA good	- By NAPPI' care for LA

Dr. S Tejaswi Reddy
Consultant Neonatologist and Pediatrician
Reg. No: 94068

Dr. Tejaswi

noted by SI - scanned
29/6/26
10 am

HNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 20 H (F)
Dr. S TEJASWI REDDY

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

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26	c/s/b Dr. Varun / Dr. Sreeharam	
3PM.	Term / AGA / Em. LSCS / SDH / female.	
MB AB+ve	- Pink, euthermic.	
BB A+ve	Cry, Tone, Activity } Good	Plan
		- Term SBA
		- Warm care
	S/E - vitals stable.	- DBF Q2H + FF.
	S/E WNL.	
		[signature]
29/6	C/s/B Dr Spandana	
3:30pm	RT / AGA / Em LSCS / Female / 2.9kg / 1DM	
	Baby Euthermic	Plan
	Cry, Tone, Activity } Good	1) Term SBR
		2) DBF f/b burping Q3h
		3) Warm Care
	On DBF + FF	4) Discharge
	Passing Urine & Stool	[signature]

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

HNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

305

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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						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

IH-00016204 IP26-00006666
by Of BEERLA ANJALI
-06-2026 0 Y 0 M 0 D 1 H (F)
. S TEJASWI REDDY

ICH / 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: 27/6 Time: 1pm 5pm 9pm 10 pm 2 Am 6 Am

Doctor/Nurse/Family Concern?

Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94

36.4 36.1 98.5 98.4 98.6 98.4

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) 138 bpm 138 bpm 140 bpm 140 bpm 140 bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 50 bpm 50 bpm 48 bpm 40 bpm 40 bpm 40 bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min) O_2 Saturations (%)	99% 99% 99% 99% 100%
Conscious Level	Normal / Altered
GCS *	0
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
	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)

HNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

H / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

ILY WARNING SCORE: CHILDREN'S UNIT

Date: 28/6/26 Time: 10 am | 2PM | 6pm | 10pm | 2AM | 6AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.4°F | 97.3°F | 97.8°F | 98.1°F | 97.5°F | 98.1°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) 140b/m | 140b/m | 150b/m | 140b/m | 138b/m | 125b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 20b/m | 25b/m | 32b/m | 24b/m | 41b/m | 32b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99% | 99% | 100% | 100% | 100% | 99%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes 0 | 0 | 0 | 0 | 0 | 6

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
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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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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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-00016204 IP26-00006666
Baby Of BEERLA ANJALI (F)
27-05-2026 0 Y 0 M 0 D 20 H
Dr. S TEJASWI REDDY

Patient ... Doc. No. : RCH / ... / 124

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date	10am	27/5 6pm
Doctor/...m?		
Temperature (°F) (scale 104–94)	97.4 f	98.8 f
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50) Note: BP does not score in early warning scoring	* (≈145)	* (≈145)
Heart Rate (Number)	145b/m	140b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)		
Resp Rate (Number)	28b/m	25b/m
Resp Distress — Mod/ Severe / None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	99%	95%
Conscious Level — Normal / Altered		
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

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
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* 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

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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-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 20 H (F)
Dr. S TEJASWI REDDY

Rainbow® Children's Hospital
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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 :**						
26/6	02:00 pm		DBF+FF									
	03:00 pm											
	04:00 pm											
	05:00 pm		DBF+FF									
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U-2 M-2						
27/6	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF+FF									
	11:00 pm											
	12:00 am		FF									
	01:00 am											
Total Intake :						**Total Output :** U-2 M-2						
28/6	02:00 am		FF									
	03:00 am											
	04:00 am		FF									
	05:00 am											
	06:00 am		FF									
	07:00 am											
Total Intake :						**Total Output :** U-2 M-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 20 H (F)
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

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							
28/6/26	08:00 am											
	09:00 am	0	DBF+FF				✓			✓		
	10:00 am							NA			0	
	11:00 am		DBF+FF		NA							
	12:00 pm									✓		
	01:00 pm		DBF+FF									
Total Intake : Taken						**Total Output :** U-2 M-1						
28/6/26	02:00 pm											
	03:00 pm		DBF+FF				✓			✓		
	04:00 pm	0						NA			0	
	05:00 pm		DBF+FF		NA							
	06:00 pm						✓			✓		
	07:00 pm		DBF+FF									
Total Intake : Taken DBF+FF						**Total Output :** U-2 M-2						
29/6/26	08:00 pm											
	09:00 pm		DBF				✓			✓		
	10:00 pm		+					NA			0	
	11:00 pm		FF		NA							
	12:00 am						✓			✓		
	01:00 am		DDF+FF									
Total Intake :						**Total Output :**						
29/6/26	02:00 am						✓			✓		
	03:00 am		DDF+FF									
	04:00 am	0						NA			0	
	05:00 am				NA		✓			✓		
	06:00 am		DDF+FF									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

HNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 20 H (F)
Dr. S TEJASWI REDDY

Rainbow® Children's Hospital
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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							
29/6/26	08:00 am		20BF/FF									
	09:00 am									✓		
	10:00 am		20BF/FF								0	
	11:00 am				NA				NA			
	12:00 am		20BF/FF							✓		
	01:00 pm											
Total Intake :								**Total Output :** U-2 M-				
29/6/26	02:00 pm	↑									↑	
	03:00 pm		20BF/FF									
	04:00 pm											
	05:00 pm	0	20BF/FF		NA				NA		0	
	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	

Docu. No. : RCH /FRM / CLINICAL / 092

Patient Sticker

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Your Right to a Safe Delivery

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											
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	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	

CONSENT FOR FORMULA FEEDS

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

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Patient Name HNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 20 H (F)
Dr. S TEJASWI REDDY
..... Age : ..... Gender : ☐ Male ☐ Female

UHID No : .....
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 : B. Anjali

Relationship with Patient: Mother

Date & Time : 27/6/26 @ 3:00pm

Witness :

Signature : .....

Name : TARUN SUTRAVE

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. ..... రిజిస్ట్రేషన్ నెం.: .....విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

NH-00016204 IP26-00006666
aby Of BEERLA ANJALI
-08-2026 0Y0M0D1H (F)
r. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
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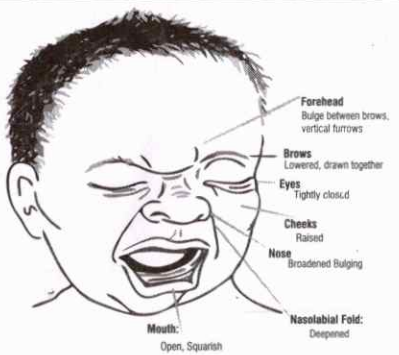
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						27/6	28/6	29/6	29/6	29/6				
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						M5	M6	E2	M6	E2				
					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	NA	NA	NA	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)	NA	NA	NA	NA	NA				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA				
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	NA	NA	NA	NA	NA				
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	NA	NA	NA	NA	NA				
Gestational Age / Corrected Age														
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 / [illegible]
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.

NH-00016204 IP26-00006666
aby Of BEERLA ANJALI
7-06-2026 0Y0M0D1H (F)
r. S TEJASWI REDDY

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
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					Date : 27/6	28/6	28/6	29/6
					Time : mg	~~AN~~	MG	
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.	3	3	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.	3	3	4	4
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	4
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	4
				TOTAL SCORE	26	26	28	28
				Evaluator's Name	Sri	~~ML~~	SS	L

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-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 28/6/26	29/6/26	30/6/26	
					Time : M	MG		
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	
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					TOTAL SCORE	26	28	28	
					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

Docu. No. : RCH /FRM / CLINICAL / 119

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
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NNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0Y0M0D1H (F)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/6

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 → plan for vitals → plan for I/o chart → plan for DBF	8AM To 2Pm	→ Assessed the pt condition → vitals are checked & recorded → 2nd baby DBF given	I/o chart maintained	Patient is stable	Sri Sujatha
Afternoon				day			
Night	8pm to 8Am	→ Assess the pt condition → check the vitals → 2nd baby DBF ~~to~~	8pm to 8Am	→ Assess the pt condition → Vitals are checked record. → 2nd baby DBF	I/o chart Maintained	pt is a stable	Nikhil

HNH-00016204 IP26-00006666
Baby Of BEERLA ANJALI
27-06-2026 0Y0M0D1H (F)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/6/26

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 to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - DBF + FF every 2nd hourly	8am to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - DBF + FF every 2nd hourly	- Now baby is stable	- Rechecked the v/s	
Afternoon	2pm to 8pm	⇒ assess the pt condition ⇒ monitor. Vitals & record ⇒ Maintain I/o chart ⇒ DBF+FF - Every 2nd baby	2pm to 8pm	⇒ Assessed the pt condition ⇒ Monitored vitals & recorded ⇒ Maintain I/o chart ⇒ DBF+FF - Every 2nd baby	⇒ pt is stable	Rechecked vitals	
Night	8pm	→ Assess the baby/ condi → monitor the vitals → DBF+FF every 2nd h. → SBR, NBS, OAE - 12pm.	8pm	→ Assessed the baby condition → monitored the vitals → DBF+FF every 2nd h → SBR, NBS, OAE 12pm.	→ pt is stable NOW	→ Reassessed the vitals	

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Baby Of BEERLA ANJALI
27-06-2026 0 Y 0 M 1 D (F)
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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 29/6/26

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 general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication. → Plan to give DBF IF 2 hourly	8AM / 2PM	→ Assessed the general condition of pt → Monitored vitals → Maintained I/O chart → Administered medication → Every 2nd hourly DBF IF given	Pt is Stable	Reassessed vitals	
Afternoon	2pm to 8pm	→ Assess the pt condition hourly → Monitor vital & record → Maintain I/O chart → ~~DBF + FF~~ Every 2nd hrly	2pm to 8pm	→ Assessed the baby condition hourly → monitored vitals & recorded → maintained I/O chart → DBF + FF Every 2nd hrly	Baby is stable	→ Rechecked vitals	
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

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							
Afternoon							
Night							

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NG 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	27/6 M5	27/6 N1	28/6 M6	28/6 E2	28/6 N1	28/6 M6
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

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:	36°C	36°C	98.3°F	98.2°F	98.4°F	98.4°F
Res:	42	42	44b/m	40b/m	40b/m	40b/m
SpO_2:	99%	99%	99%	99%	99%	99%
Pulse:	145	146	142b/m	138b/m	140b/m	132b/m
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	NA	NA	Yes	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	NA	NA	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Swathi	Nadia	Sarada	Swathi	Mahi	Moutush
Signature :						
Date:	27/6	28/6	28/6/26	28/6/26	28/6	28/6/26
Time:	8pm	8pm	2pm	8pm	8pm	2pm
Taken Over By Name :	Nadia	Sarada	Swathi	Mahi	Moutush	Swathi
Signature :						
Date:	27/6/26	28/6/26	28/6	28/6/26	28/6/26	28/6/26
Time:	8pm	8am	8pm	8pm	8pm	8pm

HNH-00016204 IP26-00006656
Baby Of BEERLA ANJALI
27-05-2026 0Y0M0D1H (F)
Dr. S TEJASWI REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

VH-00016204 IP26-00006666
aby Of BEERLA ANJALI
-06-2026 0Y0M0D1H (F)
. S TEJASWI REDDY

DATE : 27/6/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft lip/palate	(N)	
2	Pre natal teeth	No.	None	
3	Anal opening	Patent	present	
4	Genitalia	(N)	(N)	
5	Spine	(N)	(N)	
6	Red reflex	Bilateral	Bl--present	
7	4 limb saturation (before discharge)		Normal.	

Ped.Registrar signature

Ped.Consultant signature

IH-00016204 IP26-00J06666
by Of BEERLA ANJALI
06-2026 0Y0M0D1H (F)
S TEJASWI REDDY

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: baby of ANJali Mother's Name: MRS. ANJali

Date of Birth: 27/6/26 Time of Birth: 12:01 PM Gender: ☐ Male ☑ Female

Birth Weight: 2.920 Kgs HC: 32 cm Lenght: 46 cm

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

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

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: AB positive 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: 36.6 °C HR: ..... /Min RR: ..... /Min BP: ..... SpO_2: .....

Pain Score: ..... (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: Swiatha Signature: Rj Date &Time: 27/6/26 @ 1PM