LEAVE AGAINST MEDICAL ADVICE SUMMARY

Name	Baby Of VOONNA SHALINI	**UHID**	HNH-00016340
Father/Guardian	Mr V GOWTHAM KRISHNA	**Age/Gender**	0 Y 0 M 0 D 18 H/ Female
Address	SESHADRI TOWERS,1ST FLOOR ,MADHURA NAGAR, Yousufguda, Hyderabad, Telangana, INDIA, 500045		
IP No	IP26-00006734	**Admission Date**	04-07-2026
Ref Doctor	Self.		
LAMA Date	05.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
TERM (38 weeks + 1 day)/SGA/BABY GIRL/NVD/NEONATAL HYPERBILIRUBENIMIA	

History: Baby Of VOONNA SHALINI is a term (38 weeks + 1 day) baby girl, delivered to a G2A1 mother by Induced vaginal delivery on 04.07.2026 at 11:20pm with birth weight of 2.4 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 6/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after

Name	Baby Of VOONNA SHALINI	UHID	HNH-00016340
IP No	IP26-00006734	Admission Date	04-07-2026

delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. VOONNA SHALINI is a 32 years old GA1 mother.
G1 - 2021- Spontaneous conception, Complete miscarriage at 7-8weeks, SERPC done.
G2 - 2025 - Present pregnancy, Spontaneous conception
had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ 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 : 2.4 kgs.
Weight at discharge : 2.240 kgs.
Head Circumference : 30 cms.
Length : 40 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Name	Baby Of VOONNA SHALINI	**UHID**	HNH-00016340
IP No	IP26-00006734	**Admission Date**	04-07-2026

In view of small for gestational age, baby's blood sugar levels were serially monitored which remained stable.

As baby was clinically icteric at 36 hours of life TCB was done , 16.3mg/dl which is more than phototherapy range , hence planned to shift to NICU and start TSPT along with measured feeds and iv fluids . Inspite of explaining about condition and complications of baby , patient attenders were not willing for further hospital stay , hence being discharged against medical advice .

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

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	04.07.2026
OPV	Given	04.07.2026
HEPATITIS B	Given	04.07.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: To be done on follow up.

Newborn screening advanced / Newborn screening-4: To be done on follow up.

SPO2 : 99% at room air
Red Reflex: Present & Symmetrical

Name	Baby Of VOONNA SHALINI	**UHID**	HNH-00016340
IP No	IP26-00006734	**Admission Date**	04-07-2026

Hip Examination was normal.

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

Condition at discharge: Baby is Icteric, warm, active and on direct breast feeds.

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds.
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.

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**

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby Of VOONNA SHALINI	**UHID**	HNH-00016340
IP No	IP26-00006734	**Admission Date**	04-07-2026

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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 : IP26-00006734 **Admit Date** : 04-Jul-2026 **Admit Time** : 12:12 AM **UHID** : HNH-00016340

Patient Details :

Patient Name	: Baby Of VOONNA SHALINI	**Age**	: 0 D
Guardian	: Mr V GOWTHAM KRISHNA	**DOB**	: 03-07-2026 11:20 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SESHADRI TOWERS,1ST FLOOR ,MADHURA NAGAR Yousufguda Hyderabad Telangana INDIA 500045	**Phone No**	: 8341139510
		E-mail	: gudlashalini2010@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 GOWTHAM KRISHNA **Relationship** : Father

Contact Address : SESHADRI TOWERS,1ST FLOOR ,MADHURA NAGAR Yousufguda Hyderabad Telangana INDIA 500045 **Phone No** : 8341139510

T. Divya
Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016340 IP26-00006734 Baby Of VOONNA SHALINI 03-07-2026 0 Y 0 M 0 D 1 H (F) Dr. SINDHURA MUNUKUNTLA	3/7/26	4/7/26 5.40am
	Transfer Ordered by Dr. Sushanth	Reason for Transfer observation
From Unit LDR	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	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.		
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. Monika.	Dr. Sushanth.

Patient & Clinical Records Received by : Sunanda @ 6am

Date & Time of Patient Received : 4/7/26

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-00016340 IP26-00006734
Baby Of VOONNA SHALINI 0 Y 0 M 0 D 1 H (F)
03-07-2026
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth : 3/1/26
Time of Birth : 11:20pm
Mode of Delivery : Normal
Birth Weight : 2.440kg
Head Circumference : 30cm
Length : 40cm
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : O+ve
Baby's Blood Group : O+ve
Anomaly Scan : .....
Vaccination 4/7/26 : BCG, OPV, Hep-B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
3/7/26	2.440kg	DBF	(1)	36 C	Mouni
4/7/26	2.380kg	DBF	(1)	36.4°C	
5/7/26	2.240 kg	DBF	(1)	36.4°C	

Date	Time	Investigation	Result	Order No.	Signature
3/7/26	1Am	Blood group		10895	
4/7/26	11:20pm	~~ABG~~		10897	
4/7/26	1:30Am	VBG		10898	
4/7/26	1:20Am 2nd	GRBS	~~97 mg/dL~~	10896	
4/7/26	3:20Am 4th	GRBS	90 mg/dL	10902	
4/7/26	5:20Am 6th	GRBS	67 mg/dL	10903	
~~4/7/26~~	~~11:20Am~~	~~GRBS.~~			
	~~5:20pm~~	~~GRBS.~~			
4/7/26	11:30Am 12th	GRBS - ~~87mg/dL~~	87 mg/dL	0979	
4/7/26	5:20pm 18th	GRBS.	91 mg/dL	0980	
4/7/26	11.30pm 24th	GRBS	85 mg/dl	0981	
5/7/26	11.30am 36th	GRBS			
5/7/26	1:20pm	DSPT		0889	

Cross checked done by Sunanda

HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/o Voonna Shalini Age : 32y Father's Name : ..... Age : .....

Date of Birth : 02/07/26 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 Voonna Shalini

Gender : ☐ M ☑ F Blood Group : O+ve

Date of Birth : 02/07/26 Time of Birth : 21:20Pm

Place of Birth : .....

Mother's Blood Group : O+ve

Birth Weight (gms) : 2490gm Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38 wks 1d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : 38 wks 1d AN Steroids Drugs / Doses : .....

Last Scans Details : 19/06/26 ~

..... 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?

.....

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 : PROM 11hrs ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

PAST OBSTETRIC HISTORY

2 P: ..... A: 1 L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
(2021)		Spontaneous			Conception → Complete miscarriage (D & C)	
PP	—		2440gm	Female	(SGA)	

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 : .....

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

TOTAL

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	1	
1	2	
1	2	
6/10	8/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term (38 w + 1d) / Female / B. wt: 2440gm / SGA / CIAR / IUD /

female baby born by NVD @ 03/07/26 11:20pm

↓

crade cry after birth

↓

Good cry after dry and stimulation

↓

Routine Newborn care given

↓

Inj Vit-K ~~given~~ given

↓

Shifted to mother side

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : .....

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

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

HEAD TO TOE EXAMINATION

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 52/min..... 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 : 160/min..... BP : .....

Femoral Pulses : Fl+ Felt.....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : 2VT + UV.....

First urine passed : .....

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 : .....

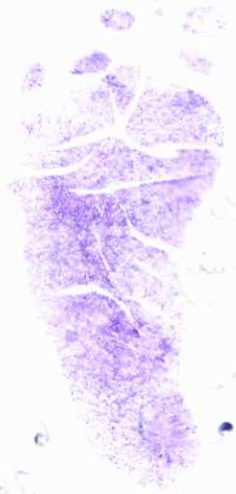
HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

No

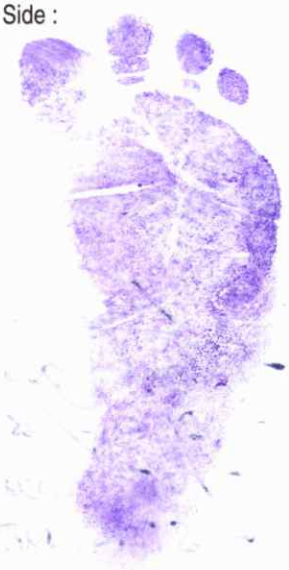
Diagnosis : Term (38 wks + 1d) / Female / NVD / B.wt: 2.900gm / cIAB / SGA / Jaundice

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : .....

Date & Time : 03/07/26 11:20pm

Consultant : Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

Signature : .....

Name : Dr. Sindhura

Date & Time : 03/7/26 @ 11.20pm

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-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0Y0M0D1H (F)
Dr. SINDHURA MUNUKUNTLA

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Adv
- Blood gas @ 12AM (04/07/26)
- DBF / to be given well
- NBT exam
- SBR, NBI, OAG @ 48Hol
- GRBS monitoring (1, 2, 4, 6, 12, 18, 24, 36, 48Hol)

Plan during ward follow up :

- Vaccination to be done
- Shift to mother side

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes C/S/b Dr. Varma	Doctor's Order
4/7/26 7AM	Term / NVD / SGA / LBW / Female.	
	Euthermic.	
	GRBS - N :	
	Cry, Tone, Activity — Normal.	Plan:
		- Vaccination today
	PE - Vitals stable.	
		- Warm care
	Passed meconium stool.	- DBF Q2H.
		- SDR, MBL, BAE @ 9AM.
	T.W - 2380 gms (60↓) B.W - 2440 gms	
		- GRBS monitoring
4/7/26	BCG, OPV, Hep-B — given	
		N.B. Maheshwari @ 2pm

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 12:20pm.	c/s/10y. 20s. Sindhu M.	
	T/ NVD/ SGA	
		Plan
	euthemic	
	C/T/A - Good.	Vaccination today
	B/L Red reflex - (N).	SBR / NBS / OAE — 48 HTOL
	Caput (T)	
	oral cavity - (N)	4 limb saturation
	chest (N).	
	(N) female genitalia.	
	stool, urine - passed.	
	Spine - (N).	
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970
		N.B. mahushuri

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 2:00pm	C/S/B Dr. Naipunya	
	T / SGA / NVD / F / C/AB	
	Euthermic.	Plan
	C/T/A - Good.	- DBF 2nd hourly
	Vitals - Stable	for bumping
		- SBR, NBS, OAE] 48 HOL.
	R/S / P/A | NAD	
		- GRBS monitoring
		- warmth care.
		[signature]
?/7/26 6pm	U/B Dr. Sindhura	
	Term / SGA / NVD / F / UAB	
		Plan
	- feeds ✓	1) warm care
	- urine ✓	2) DBF every 2nd h
	- stools ✓	3) SBR, NBS, OAE] @48 HOL: tomorrow @11pm
	O/E euthermic	
	C/T/A : good	
	AF : flat	
	moves ⓔ	4) GRBS monitoring
	S/E	5) monitor vitals
	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66876 [stamp]	6) T/M discharge.
	[signature]	7) nasoclear saline drops. 2°/EN Q[illegible]

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

1NH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 7am	c/s/B Dr. Pranav / Dr. Thanmi	
	FT / 38+1 wk / NVD / CIAB / 2.44 kg / LBW	M/ 0+ B/ 0 fm
	T-Wt → 2.240 kg (↓140g)	
	Wt loss → (8) %.	Plan
	Baby on DBF	1) DBF f/b burping Q2h
	Baby Euthermic	2) Warm care
	Cry, Tone, Activity } Good	3) D/C Today & F/up T/m c SBR/NBS
	Passing Urine & Meconium	Pranav
5/7 10Am	C/S/B Dr. Spandana	
	Baby on DBF	Plan
	Wt loss – 8%	1) DBF f/b burping Q2h + Formula
	Baby Euthermic	2) D/C Today & F/Up – T/m (D/W Dr. Sindhura m)
	T, A } Good	3) SBR/NBS @ 11pm
	Passing Urine & Meconium. Icteric TCB – (↑)	4) Check TcBs – Now
		5) Start/DSPT

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

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/2/26 11AM.	c/s/by Dr Anuche	
	11/6 TCB = 16.7 Icte (+)	(> phototthy range) .. ↓
	Referred to Dr Sindhu	- start TSPT. & - shift to NICU - Exchange. Transf (SOS) - Send VBG, SBR after shifting to NICO
	AF Fever.	- Inj DBF + FF 16ml – 20ml Q2H - SOS IV fluids based on VBG
	As father is not willing for further stay & phototthy Baby is discharged against medical advice.	Nau Dr Naveen

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: B/o. Shalini

Date of Birth: 3/2/26 Time of Birth: 11:29pm Gender: ☐ Male ☐ Female

Birth Weight: 2.4000 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: 130 /Min RR: ..... /Min BP: ..... SpO_2: 94

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: Monika. Signature: Date &Time: 3/2/26

HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SINDHURA MUNUKUNTLA

Voona Shalini DATE : 03/07/26
11:20am

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	Normal		
2	Pre natal teeth	No		
3	Anal opening	(P)		
4	Genitalia	Normal female genitalia		
5	Spine	(N) Sacral hair (+)	(N)	
6	Red reflex	Ref for G. checked	(N)	
7	4 limb saturation (before discharge)		(N)	

Ped.Registrar signature

Ped.Consultant signature

HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0Y0M0D1H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.,) : .....

INH-00016340 IP26-00006734
laby Of VOONNA SHALINI
3-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

Patient Stick

AL / 124

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:																																	
Doctor/Nurse/Family Concern?																																	
Temperature (°F)	104																																
	103																																
	102																																
	101																																
	100																																
	99																																
	98																																
	97																																
	96																																
	95																																
	94																																
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																																
	180																																
	170																																
	160																																
	150																																
	140																																
	130																																
	120																																
	110																																
	100																																
Note: BP does not score in early warning scoring	90																																
	80																																
	70																																
	60																																
	50																																
Heart Rate (Number)																																	
Resp. Rate (bpm) (Over 1 Minute) *	70																																
	60																																
	50																																
	40																																
	30																																
	20																																
	10																																
Resp Rate (Number)																																	
Resp Distress: Mod/ Severe																																	
Resp Distress: None / Mild																																	
Receiving O_2(l/min)																																	
O_2Saturations (%)																																	
Conscious Level: Normal																																	
Conscious Level: Altered																																	
GCS *																																	
TOTAL SCORE Number of shaded boxes																																	
Pain Score																																	
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

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

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-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
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											
	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 :**						
3/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am		DBF			NA						
	01:00 am											
Total Intake :						**Total Output :**						
4/7/26	02:00 am		DBF									
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am				NA							
	07:00 am											
Total Intake :						**Total Output :**						

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

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
3-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
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											
	09:00 am		DBF									
	10:00 am	0										
	11:00 am		DBF									
	12:00 pm				NA							
	01:00 pm		DBF									
Total Intake :						**Total Output :**						
4/8/26	02:00 pm		DBF									
	03:00 pm											
	04:00 pm		DBF		NA		✓		NA	✓	0	Maadu
	05:00 pm											
	06:00 pm		DBF									
	07:00 pm											
Total Intake :						**Total Output :**						
4/7/26	08:00 pm		DBF									
	09:00 pm											
	10:00 pm	0	DBF				✓			✓	0	S
	11:00 pm				NA				NA			
	12:00 am		DBF				✓					
	01:00 am											
Total Intake :						**Total Output :** U. 1 m. 2						
5/7/26	02:00 am											
	03:00 am		DBF									
	04:00 am											
	05:00 am	0	DBF		NA				NA		0	S
	06:00 am											
	07:00 am		DBF									
Total Intake :						**Total Output :** U - 1 m.l						

Total 24 hrs. Intake		Total 24 hrs. Output	

INH-00016340 IP26-00006734
laby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight BY RAINBOW HOSPITALS
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											
	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	

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

BirthRight BY RAINBOW HOSPITALS
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					IV. Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			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-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

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	8pm to 8A	→ Assess the Baby condition → monitor vitals → maintain [illegible]	8pm to 8Am	→ Assessed the baby condition → monitored	Now baby is stabl	Re-chel [illegible]	[illegible]

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
3-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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: 9/2/26

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 general condition Checked vital & recorded Ab chart maintain Administered medication as per doctor advice	8am to 2pm	Assessed the general condition Checked vital & recorded Ab chart maintained Administered medication as per doctor advice	stable	Rechecked vital	
Afternoon	2pm to 8pm	⇒ Assess the Pt condition ⇒ check the vital ⇒ DBF + FF 2nd hourly	2pm to 8pm	⇒ Assess the pt condition ⇒ checked vitals re corded ⇒ Admission as pr chart advice	stable	Re-check for vitals	Akash
Night	8pm to 8am	⇒ Assess the pt. condition. ⇒ checked the v/s ⇒ DBF + FF 2nd hourly	8pm to 8am	> Assess the general condition > checked the v/s & record ⇒ DBF + FF 2nd hrly	Stable	Re-Check the vitals	

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
3-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. SINDHURA MUNUKUNTLA

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: .....

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							

Patient Sticker

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: .....

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-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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 : 3/7 4/7 4/7 4/7 Time : N1 M6 E2 N3
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.
"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.
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.
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.
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."
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.
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.
				TOTAL SCORE 28 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

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

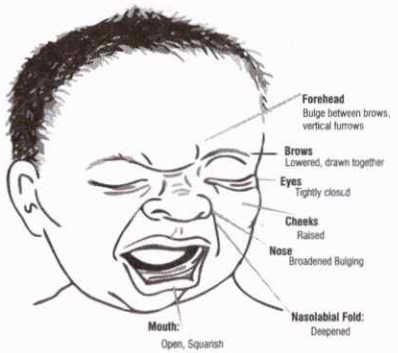
HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0Y0M0D1H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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
						NH	M6	N1						
					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	NR	-	-						
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)	NR	NA	NA						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NR	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	NR	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	NR	NA	NA						
Gestational Age / Corrected Age						38+1	38+	38+2						
Total Pain / Agitation Score						-	-	-						
Intervention						-	-	-						
Effectiveness						-	-	-						
Signature						NH	MB	A						



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.

INH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
13-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. SINDHURA MUNUKUNTLA

CONSENT FOR LEFT AGAINST MEDICAL ADVICE
(Taking Ambulance for Transport)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Blo Shalini. Age : NIB Gender : ☐ Male ☑ Female

UHID NO : ..... Department : ..... Date : .....

I ..... S/D/W/O ..... here

by give declare that my ..... is diagnosed of ..... ? Neonatal

..... hyperchi liruhein ? pathological.

.....

.....

The doctor has explained me nature of illness and need of ..... TSPT & IV fluids.

..... care. After extensive discussion with the family members about the risk and alternatives I have decided not to continue treatment in this hospital and I want to take my ..... Baby ..... to another health care facility. The hospital staff have advised and helped me in arranging an ambulance with appropriate medical care facilities and a healthcare worker for safe transportation of my ..... Baby

I wish to take my ..... Bay ..... in the private ambulance to another health care facility fully understanding that such transportation can be consiquences for my ..... Baby ..... due to his / her sickness. I do not have any complaints against the doctors and hospital staff.

Patient Attendant :

Signature : V.G.K

Name : V. Gowtham Krishna

Relationship with Patient: Husband

Date & Time : 05/07/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor :

Signature : .....

Name : Anuha

Date & Time : 5/7/26

Doc. No. : RCH / FRM / CLINICAL / 017

HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0Y0M0D1H (F)
Dr. SINDHURA MUNUKUNTLA

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	3/7/26 N/	4/7/26 M	4/7 E	5/7 N		
	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	97.1 F	98°	98.2°F		
	Res:	36	40b/m	40b/m	41b/m		
	SpO_2:	99	99%	99%	100%		
	Pulse:	102	141b/m	140	141b/m		
	BP:	—	—	—	—		
	Fall Risk Score:	—	—	/	—		
	Pain Score:		10	—	—		
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 :		Mouni	Mahesh	Madhu	Sunita		
Signature :							
Date:		4/7/26	4/7/26	4/7/26	5/7/26		
Time:		8 PM	8 pm	8 pm	8 am		
Taken Over By Name :		mahi	Madhu	Sunita			
Signature :							
Date:		4/7/26	4/7/26	4/7			
Time:		8 AM	8 pm	8 am			

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/2	Time:	12 AM	8 AM
Doctor/Nurse/Family Concern?			
Temperature (°F)	104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94	97	97
Heart Rate (bpm) and Blood Pressure (mmHg) *	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50		
Note: BP does not score in early warning scoring			
Heart Rate (Number)		130	130
Resp. Rate (bpm) (Over 1 Minute) *	70 / 60 / 50 / 40 / 30 / 20 / 10		
Resp Rate (Number)		30	30
Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min)			
O_2Saturations (%)		99	99
Conscious Level	Normal		
	Altered		
GCS *			
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	5
Observer's Initials		[illegible]	

ACTIONS	
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: Scores 3 should be recorded overleaf

* 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

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

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-00016340 IP26-00006734
Baby Of VOONNA SHALINI
03-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SINDHURA MUNUKUNTLA

Pati ... RM / CLINICAL / 124

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

WARNING SCORE: CHILDREN'S UNIT

Date: 4/7/26 Time:	10Am	2pm	6 pm	10 pm	2 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)	136 b/m	137 b/m	140 b/m	140 b/m	140 b/m	142 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	40 b/m	40 b/m	40 b/m	40 b/m	40 b/m	42 b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%	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
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

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

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)