DISCHARGE SUMMARY

Name	Baby Of SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00015505
Father/Guardian	Mr SYED ALE AMAIR RIZVI	**Age/Gender**	0 Y 0 M 0 D 7 H/ Male
Address	102, mashallah residency, Azampura Masjid, Hyderabad, Telangana, INDIA, 500024		
IP No	IP26-00006385	**Admission Date**	20-05-2026
Ref Doctor	Self.		
Discharge Date	22.05.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
TERM (37 weeks + 2 days)/AGA/LBW/BABY BOY/RH NEGATIVE PREGNANCY/ POLYCYTHEMIA / TRANSIENT THROMBOCYTOPENIA	

History: Baby Of SYEDA IRAM FATIMA RAZVI is a term (37 weeks + 2 days) baby boy, delivered to a G2A1 mother by emergency LSCS on 20.05.2026 at 3:52 am with birth weight of 2.02 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores

Name	Baby Of SYEDA IRAM FATIMA RAZVI .	UHID	HNH-00015505
IP No	IP26-00006385	Admission Date	20-05-2026

were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. SYEDA IRAM FATIMA RAZVI . is a 36 years old G2A1 mother.
G1 - 2025- ? Molar pregnancy- DnC done (HPE normal), Recieved Anti D,
G2 - Present pregnancy, Spontaneous conception.
had regular Antenatal checkup's, received 2 doses of Injection Tetanus Toxoid. Antenatal scans were normal. H/o hypothyroidism present. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is B Negative. Baby's blood group is B 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 : 2.02 kgs.
Weight at discharge : 1.92 kgs.
Head Circumference : 32 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Name	Baby Of SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00015505
IP No	IP26-00006385	**Admission Date**	20-05-2026

Management:
Course during hospital:

In view of Rh negative pregnancy, baby was evaluated further. Cord blood bilirubin was 1.9 mg/dl with indirect fraction of 1.8 mg/dl. hemoglobin of 14.0 gm%, white blood cell count of 10040 cells/cumm, platelet count of 0.62 cumm. Direct coombs test was negative. Reticulocyte count was 2%.

I/v/o thrombocytopenia (PLT-62k) baby was shifted to NICU for monitoring and sepsis screen was done .
Repeat hemogram showed hemoglobin of 23.5 gm%, white blood cell count of 19360 cells/cumm, platelet count of 2.49 lakhs/cumm - showed improved platelet count. CRP- 5 (negative) and Blood culture and sensitivity shows no growth after 24 hours of incubation.

I/v/o elevated hematocrit with HB-23.5 , jitteriness present - baby was started on IV fluids with calcium, following which - Repeat hemogram showed hemoglobin of 20.0 gm%, hematocrit decreased ,white blood cell count of 14920 cells/cumm, platelet count of 2.21 lakhs/cumm . Calcium 9.1 mg/dl. Serum bilirubin at 24 hours of life was 7.3 mg/dl with indirect fraction of 7.2 mg/dl.
Hence , baby shifted to mother side on DOL-2.
Serum bilirubin at 48 hours of life was 10.0 mg/dl with indirect fraction of 9.9 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:

Name	Baby Of SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00015505
IP No	IP26-00006385	**Admission Date**	20-05-2026

Vaccine Name	Status	Date
BCG	Given	21.05.2026
OPV	Given	21.05.2026
HEPATITIS B	Given	21.05.2026

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

Newborn screening advanced / Newborn sreening-4 : Sent on 22.05.2026, report awaited.

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

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

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

Name	Baby Of SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00015505
IP No	IP26-00006385	**Admission Date**	20-05-2026

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Newborn screening advanced / Newborn screening-4 report to be collected on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done / decided on followup**

Review consultation with Dr. SPANDANA PASUPULETI on Monday(24.05.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe 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.

Name	Baby Of SYEDA IRAM FATIMA RAZVI .	**UHID**	HNH-00015505
IP No	IP26-00006385	**Admission Date**	20-05-2026

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. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

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 : IP26-00006385 **Admit Date** : 20-May-2026 **Admit Time** : 04:18 AM **UHID** : HNH-00015505

Patient Details :

Patient Name	: Baby Of SYEDA IRAM FATIMA RAZVI .	**Age**	: 0 D
Guardian	: Mr SYED ALE AMAIR RIZVI	**DOB**	: 20-05-2026 03:52 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 102, mashallah residency Azampura Masjid Hyderabad Telangana INDIA 500024	**Phone No**	: 9030262914/ 8555866500
		E-mail	: razvi151@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 SYED ALE AMAIR RIZVI **Relationship** : Father

Contact Address : 102, mashallah residency Azampura Masjid Hyderabad Telangana INDIA 500024 **Phone No** : 9030262914

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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-00015505 IP26-00006385 Baby Of SYEDA IRAM FATIMA RAZVI 20-05-2026 0Y0M0D7H (M) Dr. SPANDANA PASUPULETI	21/5/26 1:30pm	21/5/26 @ 11
	Transfer Ordered by	**Reason for Transfer**
	Dr. Tejaswini Reddy	Shifting
From Unit	**To Unit**	**Information to Attendant**
NICU	Ward	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20	—	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
Tejaswini	Dr. Alapurnya

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : 11:44AM @ 21/5/26

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

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ACTIVITY RECORD FOR BILLING

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0Y0M0D9H (M)
Dr. SPANDANA PASUPULETI

Name: ----------

UHID N  ---------- Consultant : ---------- Dept : ----------

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

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/5/26	12 Noon	3rd Floor	NICU	Laxmiprasanna
21/5/26	11.30 AM	NICU	3rd Floor	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/5/26	CBP, CRP, Blood culture	8538	SY
20/5/26	RBS (85mg/dl), VBG	8554	SY
21/5/26	RBS (97mg/dl) 68m	8585	
21/5/26	CBP, SBR, Calcium	8578	
20/5	SBR, Reticulocyte, DCT, B.G,	8503	
	RBS	8508	
	RBS	8519	
	CROSS checked by SO Bharani 21/5/26		
	RBS - 4		
	VBG - 1		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5/26	Invasive monitor	12Noon	21/5/26 11:30Am	20/023	Cauri prasanna
20/5/26	Syringe pump	4pm	21/5/26 11Am	20/024	Tej
	Cross checked by SO-Bhavani 21/5/26				
21/5/26	DSPT	5 pm.	10AM 22/5/26	1197	
	Cross checked by Moutush @ 11AM				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2015/26	Iv placement	01	0883	
	Cross checked done. @ 1PM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI (M)
20-05-2026 0 Y 0 M 0 D 1 H
Dr. SPANDANA PASUPULETI

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NEWBORN MONITORING FORM

Date of Birth : 20/5/26
Time of Birth : 3:51Am
Mode of Delivery : Em: LSU
Birth Weight : 2.02 kg
Head Circumference : 32CM
Length : 47CM
Red Reflex :

New Born Screening : willing (B.F.HE)
TFT :
OAE : Not willing
Mother's Blood Group : Rh-negative (B-)
Baby's Blood Group : B+ve
Anomaly Scan :
Vaccination : B.C.G., O.P.V., Hep B given 21/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
20/5/26	2.02 kg	DBF	⓪	36°C	[signature]
22/5/26	1.920 kg	DBF+FF	①	36°C	[signature]

Date	Time	Investigation	Result	Order No.	Signature
20/5/26	4:50AM	Blood grouping		8503	[signature]
		CBP, DCT		8503	[signature]
		Reticular		8503	[signature]
		count		8503	[signature]
		Bilirubin			[signature]
20/5	6Am	GRBS	93mg/dL	8508	[signature]
20/5	9AM (6th)	GRBS	80mg/dl	8519	[signature]
			cross	checked	done
21/5	6am	GRBS	78mg/dL	8628	[signature]
22/5/26		SBR		8628	[signature]
22/5/26	9AM	NBS			

GRBS checked by @ [illegible] @ 11AM

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0Y0M0D9H (M)
Dr. SPANDANA PASUPULETI

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
20/5/26	4pm	85mg/dl	Feeds	
21/5/26	7am	97mg/dl	feeds	
22/5/26	6pm	90mg/dl	Feeds	
22/5/26	6/am	78mg/dl	beeds	

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 7 H (M)
Dr. SPANDANA PASUPULETI

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

UHID.No ..... Date: .....

I ..... S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

- thrombocytopenia
- need to r/o sepsis
- LBW baby.

The doctors have clearly explained to me that my patient B/o . ..... during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o :..... ..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....

Name : SYED

Relationship with Patient: FATHER

Date & Time : .....

Witness :

Signature : Sameer

Name : Sameer

Date & Time : 20/05/26

Doctor (who is taking the consent) :

Signature : .....

Name : Thanni

Date & Time : 20/5/26 ; 11:30

CONSENT FOR FORMULA FEEDS

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HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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

UHID No : ..... epartment : ..... Date : .....

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

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: FATHER

Date & Time : 22/5/26

Witness :

Signature : .....

Name : .....

Date & Time : 20/5/26

Doctor (who is taking the consent) :

Signature : .....

Name : PRANAV

Date & Time : 20/5/20

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

Rh Negative Boy

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Syeda Iram Fatima Razvi Age : 34y 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 Syeda Iram Fatima Razvi

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 20/5/26 Time of Birth : 3:52 Am

Place of Birth : RCH - HNH

Mother's Blood Group : B Negative

Birth Weight (gms) : 2020 Length (cms) : 47 CM

OFC (cms) : 32 cm

Estimated Gesth Age : 37^{+2} wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 31/8/25 EDD : 7/6/26

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

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

Last Scans Details : N/S -) SLVF / Cephalic / 36^{+1} wk / Wt - 2069 g / AFI - 8 Cm / Increased resistance in uterine artery / IUGR

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs FTS - Low risk

Consanguinity : ☐ Yes ☐ No TIFFA - (N)

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

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

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	2025				Molar Pregnancy	Received Anti-D
2	Present Pregn					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NPOL

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

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Boy Baby delivered by Emg LSCS
↓
CIOTS
↓
DCC done
↓
Routine newborn care given
↓
Umbilical cord ↖ ZA / IL
↓
Inj Vit - K given in (L) - AL Thigh
↓
Baby Pink
Vigorous

Investigation details in previous Hospital :

Feeding History :

Past I ...

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Pink
V. active

VITALS : Temperature : 36.5°C HR : 160/m RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Normal

Jaundice : ..... Pallor : ..... SpO2 : 95%

Anthropometry : Birth Weight : 2020 g Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	AF – open
	Sutures	
	Shape / Moulding :	
	Edema / Bruising :	
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion :	(N)
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	
	Red Reflex :	To check
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	
	Periauricular Pits / Tags :	No cleft palate
	Nasal shape / Patency :	
	Palate :	
	Gums :	
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	
	Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape :	(N)
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	2A+IV
	Discharge :	
GENITILIA :	Labia / Hymen :	
	Testicles/penis :	Bil Testes descended
	Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes :	
	Arms / Legs :	(N)
	Deformities :	
	Mobility :	
	Hip Joint Examination :	

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 : 95% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 160/m BP : ..... Precordial Activity : No

Femoral Pulses : ..... Murmurs : .....

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

Abdomen :

Hernia orifice : .....

Shape : ..... Anal Patency : Patent

Palpation : Soft Umbilical Cord : 2A + 1V

Palpable masses : ..... First urine passed : x

Abdominal girth : ..... Meconium passed : x

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

State of wakefulness : ..... Good

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-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

Any ..... Anomalies : .....

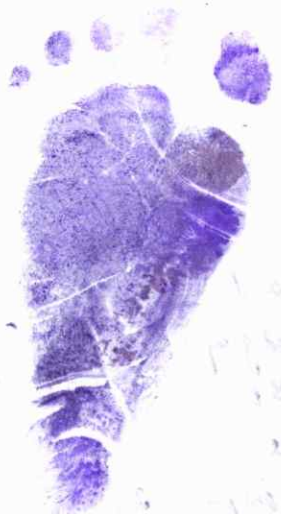
.....

Diagnosis : G2A1 / RT / 37+2 wk / En LSCS (NIOL + non reassuring NST) / CIAB / Boy / 2.02 kg / LBW / Rh Negative Preg / Mat. Hypothyroid

.....

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : PRANAV

Date & Time : 20/5/26

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.

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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 :

.....

.....

.....

.....

.....

.....

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

.....

.....

Plan

1) Send card Samples
   • Blood group • SBR • DCT
   • CBP • Retic Count
2) Warm Care
3) DBF 1/6 bolusing @ 2 ml
   + Formula (SOS) - 10 ml/@2 hr
4) Vaccination - (BCG, OPV, Hep B) today
5) SBR/NBS/ORE @ 48 hrs
6) GRBS Monitoring
   1st hrly (Post feed) later at
   3rd, 6th, 12th, 18th, 24th, 36th, 48th hrly
   (Post feed)
7) Monitor Vitals

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

PATI... B/ ...ram Fatima Razvi

DATE : 20/5/26

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	Patent		
4	Genitalia	B/L Testis descended		
5	Spine	(N)		
6	Red reflex	To check		
7	4 limb saturation (before discharge)	To check		

Ped.Registrar signature

Ped.Consultant signature

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 11am	d/s/b Dr. Tejasvini	
	- PCT - 62K	
	- accepting feeds well	
	urine ✓	
	stools ✓	
	O/E:	
	UT/A: good	
	AF: flat	Plan
	mom (4)	1) Shift to NICU
	vitals: stable.	2) send CBP
		CRP
		Blood c/s
		3) Trace Retic count
		DCT.
		Blood group
		4) ct. DBF / spoonfeeds 2nd h.
		Dr Tejasvini
		5) ct. 4 RBS monitoring
		NB - Mounika @ 11AM

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 9 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 10:30 AM	COUNSELING NOTES M/o Syeda Iram	
	- Baby platelets are low → ↑ed risk of bleeding.	
	↓	
	Reason – 1) Mothers plt. ↓.	
	2) Ongoing infection	
	3) Transient phenomenon.	
	- So will send USG, CRP, Blood cs.	
	↓	
	if negative, not to worry.	
	- Plan NSG if ↓ in platelets for low.	
	- Could be a transient thing.	
	- If everything normal, will shift.	
	- If Plt. <50K, transfuse SDP.	
	- Observe for 24 hrs in NICU.	
		(FATHER)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 3.30 pm.	c/s/by Dr. Spandana	
	Baby on RA.	
	HR = 115/min	
	SpO2 99%.	⇒ DO VBG Now (for Cg s/e)
	RR = 34/min.	⇒ Do NISG I w/H.
	H/o NAD.	⇒ (T) CRP / CBP / B/C/s
	90 ml/kg/day	= Monitor vitals.
	(60) (30)	– (VBG) I/
	Feeds 2.2 ml/h.	4 Ca low
	(10-15 ml).	↓
		start Ca correction. (Before that Inform Father)
		– Do GRBS Now.
		– strict (I/O) chart

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Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 3PM	C/o Dr. Verma	
	Term/AGA/Male/Thrombocytopenia.	
	On room air.	Jitterojimus (+)
	Taking feeds (SF) well.	
	O/E - HR - 155/min. RR - 55/min. SpO2 - 100% @RA.	Plan - Trk CBP, CRP, blood c/s.
	O/E - WNL.	- Cont. SF

Noted by Laxmi prasanna
2015/26 @ 3pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 8:30 pm	Ease dis Dr. Spandana Δ Term / AGA / M1	Polycythemia / Rh-ve mother
	HR - 117/min	Plan
	SpO2 - 97%	- IVF D10% @ 2.7 ml/hr
	CNS - S,S,S	
	RS - NAD	
		- CBP, SBR - Tomorrow
	To closely spoon feeds	Sn. Calcium morning 6 Am
	Baby blood group - B Positive Mother Vibhi Mother blood group - B Negative	
		CB-Smear

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26, 30 30 pm	counselling Note	
	= Baby admitted B/C of low platelet count - To Evaluate further.	
	- Now Baby has Jitteriness. we do VBG Now ⇒ - can look for Calcium & Electrolytes.	
	- Now baby on R/A.	
	- To trace remaining reports. - to R/o Infection	
	→ To f/u NSG today. W/H	↓ If +ve ↓ start Antibiotics.
	- Platelets are ⓝ ↓ N/H NSG.	
	- Hb 23.9 Now ↓ stati IVF	[signature]
	[signature]	

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

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

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Baby of Syeda Iram Fatima Razvi

Male

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0Y0M0D7H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 19.05pm		
	Hb- (23.5) polycythemia	
		plt-normal
	Feed + IV fluids	Ca- normal.
	Formula feed + Mother	
		Rh-negative
	CBP- (Hb)	Blood
	→ High risk for seizures	
	→ Jaundice.	
	any baby - who becomes jaundice with in 24hours of life - pathological jaundice	
	Hb- 23.5 (HCT - 62%).	
	Polycythemia - risk of jaundice ↑ed.	
	CRP - not yet back	
	if high - need to start Abx. Jaundice level - so far it is normal	
	Baby might become jaundice with in 24hours	
	Monitor Urine output	
	Tomorrow - CRP/SBR.	

Dr. Spandana Pasupuleti
Consultant Neonatologist
Reg. No.

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

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 7 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2?/5/26	S/B Dr Prathibha	Dr Sreegha
1 Am	T / AGA / ♂ / Polycythemia / Rh ⊖	
	Baby stable	
	accepting feed	
	pass u/s	
	No c/o	Adv
	MBG / B⁻ O/E Vitals	CBP, SBR T/m
	BBG / B+ Stable	Sr. Ca - T/m 6 am
	Pt sign	
	(signature)	

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0Y0M0D7H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 8am	S/B. Dr Prabhath	
	T / AGA / O+ / Polycythemia / Rh⊖ pregnancy.	
	Baby stable	
	GRBS 97mg/dL · accepting feed 17cc	Nanpro @2H.
	+33ml. passed urine stool.	AAU.
	T.Wt 1940g.	
	MBG/B−	O/G vitals stable (1) Trace reports; SBR
	BBG/B+	PA (+). (2) CT. IVF 10D 2.7 ml/hr.
	(CBP)	
	Hb 20.	
	PCV 54	
	TLC 14,920	
	N 61.2.1	
	PLT 2.2 lakh	

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Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 7 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 10:00AM	~~Shifted~~ C/S/IB/Dr. Tejaswi T/ACOG/polycythemia/Rh incompatibility On room Air. Vitals - stable PA - soft, NT R/S - B/L AE(+)	Plan - Cont. IVF ml/2nd hourly th buppy - Plan shift out.
21/5 10:00AM	Shifting notes Baby got shifted to NICU in view of Thrombocytopenia at birth, ? Suspected Clinical Sepsis relevent investigations were sent which were normal. Repeat CBP showed plt improvent. Blood Cs repeat awaited. GRBS monitoring was normal. Baby tolerated feeds well. Hence baby is shifted to ward.	Dr. Nastpuri

-/- Cudda Iram Fatima

NH-00015505 IP26-00006385
aby Of SYEDA IRAM FATIMA RAZVI
)-05-2026 0 Y 0 M 1 D (M)
r. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 10:00 AM	Counselling notes →	
	- Baby is stable, on room Air.	
	- Hb normal, plt - improved.	
	- plan to shift out today.	
	- plan to continue SF. and intermittent DBF. (Expressed milk + formula feed)	
	- Vaccination. - NBS] before discharge.	
	Dr. Tejaswi	

Dr. S. TEJASWI REDDY
Registration No: 94068

NH-00015505 IP26-00006385
aby Of SYEDA IRAM FATIMA RAZVI
)-05-2026 0 Y 0 M 1 D (M)
r. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 2PM.	C/S/R - Dr. [illegible]	
	Term / male / AGA / Rh incompatibility	
	Baby feeding adequately	
	Passing urine & stools.	Advise:
	O/e -	1. DBF + FF.
		O2H.
		No Drugs.
	Cry, tone, Activity } good.	ii. Trace Blood Culture report.
	S/e	iii. Vaccination to be done.
	CVS - S1S2 +	
	RS - B/L AVBS	iv. Monitor vitals
	P/A - S/T	SBR, NBS } → T/m 5AM
		OAE
		NB - Supriya
		2:15pm @ 21/5/26

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20-05-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 4:00pm.	C/S/B Dr. spandana.	
	? stress (P)	
	On Room Air	plan
	Vitals - Stable.	✓ DSPT now.
	No cleft palate	
	Oral Cavity - (N)	✓ Vaccination today
	B/L Testicles in Scrotum	
	Meconium - passed.	- (T) Blood C/S
	Spine - (N)	- NBS / OAE tomorrow.
	No	
	Red reflex = B/L red reflex (N)	- Monitor vitals
	SBR - 7.3.	noted by Maheshwari @ 4pm
	P. Sp[signature]	
	21/05/26 BCG, OPV, HepB given.	

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

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Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	C/S/b Dr. Varun	Dr. Anusha
7AM.	Term / AGA / Male	Rh incompatibility.
		DCT- Negative.
	- On room air.	52 HOL
	- Accepting feeds well.	
		T.W - 1920
	Cry	B.W - 2020gms.
	Tone } Good.	Δ - (20↓).
	Activity	% - 5.2%.
	O/E - vitals stable.	✓ Pkn - Lxm care.
		- DBF Q2H f/b
	S/E - WNL.	topping.
		✓- Trace SBR, NBS.
		✓ PF adlib.
		MB Sunanda

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/3	C/S/B Dr Tejaswini	
10:30 AM	FT / Male / AGA	
	T.Wt - 1.920 kg	Plan
	5.24 - Wt kg	1) Tomorrow SBR NBS
	Baby ↓ DSPT	2) Ct DSPT
		3) DBF f/b topfeeding q 2 h
	Baby feeding	4) 9 Month Vit D
	C T A } Good	
		Dr. Tejaswini
	Dr. S. TEJASWI REDDY Registration No: 94068	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

NH-00015505 IP26-00006385
aby Of SYEDA IRAM FATIMA RAZVI
)-05-2026 0 Y 0 M 1 D (M)
r. SPANDANA PASUPULETI

305

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INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: .....

Gest Age: ..... Birth Weight: .....

Date: 21/5/26	Date: 22/5/26	Date:
DOL D1 Weight 1.940	DOL D2 Weight 1.920 Kg	DOL Weight
Problems:	Problems:	Problems:
Rs. 30-60 bpm Exam Done Vent. Setting Room Air ABG CXR Y sos	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 30-60 b/m BP Map Cap Refil 2sec	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 97mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: (sos) WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

HNH-00015505 IP26-00006385
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20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

B+positive

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RESULT SHEET

Date	20/5/26	20/5/26	21/5/26			
Time	4:37 Am	12:25 pm	6AM			
Hb	14.0	23.5	20.0			
PCV	39.2	62.1	54.0			
RBC	4.08	6.48	5.67			
WBC	9.6	19.36	14.92			
N/L	61/34	64.8/25.8	61.2/26.4			
Platelets	62	249	221			
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg			9.1			
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	1.9/0.1 mg/dl		7.3 < 0.1 / 1.2			
T.Protein (ur.corg)	1.8 mg/dl					
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						
Reticulocyte count	02					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
DCT	Neg					
Blood Group	B+ve					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/5/26 Time:	5AM	10 AM	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

98.1°F 97.5°F 97.5°F 97.5°F 97.5°F 97.3°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)	150/m	148/m	142/m	140/m	142/m	145/m	149/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	50	48/m	47/m	45/m	45/m	43/m	48/m

Resp Distress	Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%	99%	99%	98%	100%

Conscious Level	Normal / Altered						
GCS *							

TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

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

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

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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-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** Not Passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 1 D (M)
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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							
20/5 21/5/26	08:00 am											
	09:00 am											
	10:00 am	0	FF-17ml									
	11:00 am				NA							
	12:00 pm											
	01:00 pm		DBF+FF									
Total Intake : TCH(CBS)						**Total Output :**						
20/5	02:00 pm											
	03:00 pm		FF+DBF									
	04:00 pm											
	05:00 pm	0	FF+DBF		NA							
	06:00 pm											
	07:00 pm		FF+DBF									
Total Intake :						**Total Output :**						
21/5	08:00 pm											
	09:00 pm		DBF									
	10:00 pm	0										
	11:00 pm		DBFFF		NA							
	12:00 am											
	01:00 am		DBFFF									
Total Intake :						**Total Output :** U-					M-	
22/5	02:00 am											
	03:00 am		DBFFF									
	04:00 am	0										
	05:00 am		DBFFF		NA							
	06:00 am											
	07:00 am		DBFFF									
Total Intake :						**Total Output :** U-					M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0Y0M0D1H (M)
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NURSING CARE RECORD

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Date: 20/5/26

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							
Afternoon							
Night	8Pm / 8Am	→ Assess the baby condition → Plan for DBF during & burping → maintain Flochart & record → GRBS monitoring	8Pm / 8Am	→ Assessed the baby condition → DBF during & burping → maintained Flochart & recorded → GRBS monitoring	Baby is stable	maintain Flo chart & record.	AKhila

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 1 D (M)
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Patient S

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/5/26

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 baby condition - plan fore vital sign recored - plan fore DBF - plan fore, tochaol	8am to 2pm	- Assessed the baby condition - Maintain vital sign recored - DBF and hourly - Maintain Tracheal	- Baby stable	- Vital Normal	
Afternoon	2pm to 8pm	→Assess the baby condition. →plan monitor the vitals. →plan DBF+FF 17ml every 2nd hourly.	2pm to 8pm	→Assessed the baby condition. →planed monitored the vitals. →planed DBF+FF 17ml every 2nd hourly.	→Baby is stable Now	→Reassessed the Vitals.	
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Baby is stable now	- Rechecked the v/s	

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 10 H (M)
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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

Patient Sticker

REGULAR PRESCRIPTIONS

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

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

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

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

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

Signatu.....

VERIF.....BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/5/26	340pm	10% D [illegible] + 1ml Ca Gluconate	iv	2.7ml/h	Af	SH	21/5		

Signature .....

VERIFIED BY / Name .....

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: New born

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	19/5/26 N1	20/5/26 8 AM	20/5/26 MS	20/5/26 N2	21/5/26	
	Medical Condition (Any special condition to be noted):	NA	-			NA	
	Diet:	DBF	DBF	SF		SF	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-		RA		RA	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.1°F	36.5	36.5°C	36.4°C	36.6°C	
	Res:	50b/m	43	42b/m	41bpm	38bpm	
	SpO_2:	99%	100%	100%	95%	99%	
	Pulse:	145b/m	145b/m	53/42(45)	145b/m	138b/m	
	BP:	-	-	-	45/35	62/46(52)	
	LOC:	-	-	-	-	-	
	Fall Risk Score:	-	-	-	-	-	
	Pain Score:			-	-	-	
	Skin Integrity	good	good	-	-	-	
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	-	-	-	
	Critical Lab Test / Values:	-		-	-	-	
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	good	-	-	-	
Post Operative Procedure Special Orders:		NA	-	-	-	-	
Handed Over By Name :		Akula	Akula	prasanna	Vaishu	Jyothi	
Signature / ID :				SNT			
Date:		20/5/26	20/5/26	20/5/26	21/5/26	21/5/26	
Time:		8 AM.	8 AM	8 pm	8 AM		
Taken Over By Name :		Akula	prasanna		Jyothi		
Signature / ID :			SNT	Vaishu			
Date:		20/5/26	20/5/26	20/5/26	21/5/26		
Time:		8:20 AM	8 AM	8 pm	8 AM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name:							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
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BRADEN 'Q' SCALE

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					Date :	19/5/26	20/5/26	20/5/26	20/5/26
					Time :	7 PM	8 AM	8 PM	8 AM
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	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.		4	1	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.		3	3	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.		2	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."		2	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.		2	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.		2	4	4	4
					TOTAL SCORE	20	23	28	28
					Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0Y0M0D1H (M)
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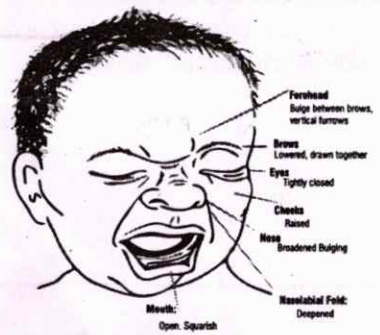
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						N1	RADT	N5	N8	N8				
					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	0	0	NA	NO	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)	—	0	NA	NO	NA				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	—	0	NA	NO	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	—	0	NA	NO	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	—	0	NA	NO	NA				
					Gestational Age / Corrected Age	35+2 weeks	40	37+4 wks	38+4 weeks	37+4 weeks				
					Total Pain / Agitation Score	—	—	—	—	—				
					Intervention	—	—	—	—	—				
					Effectiveness	—	—	—	—	—				
					Signature									



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age

+2 if 28 - 31 weeks gestation age / Corrected Age

+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 9 H (M)
Dr. SPANDANA PASUPULETI

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

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	1						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0						
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Bhavani

Signature of Ward In Charge :

Signature : ..... Name : Bhavani

HNH-00015505 IP26-00006385
Baby Of SYEDA IRAM FATIMA RAZVI
20-05-2026 0 Y 0 M 0 D 1 H (M)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: syeda fram fatima Mother's Name: .....

Date of Birth: 20/5/26 Time of Birth: 3:51 PM Gender: ☐ Male ☐ Female

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

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

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

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: ☐ Normal ☐ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 150 /Min RR: 55 /Min BP: ..... SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☐ No **Score:** 0 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☑ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☑ Sleeping ☐ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / ~~No~~

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Akwly Signature: ..... Date &Time: 20/5/26

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015505 IP26-00006385 Baby Of SYEDA IRAM FATIMA RAZVI 20-05-2026 0 Y 0 M 0 D 7 H (M) Dr. SPANDANA PASUPULETI	20/5/26 @ 4:18AM	20/5/26
Transfer Ordered by		Reason for Transfer
Dr. Spandana	Dr. Tejaswi	Low platelate count.
From Unit	To Unit	Information to Attendant
WARD - 3rd Floor	NICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
30	— NA —	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Koochea - (1)	
2.	wipes - (1)	
3.	Feeding Bottle - (1)	
4.	Nan-Excla pro - (1)	
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Mautuoshi/Staff.	Dr. Tejaswi

Patient & Clinical Records Received by : S. Laxmiprasanna

Date & Time of Patient Received : 20/5/26 @ 12 pm

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

PATIENT TRANSFER FORM

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HNH-00015505 UHID No IP26-00006385 Baby Of SYEDA IRAM FATIMA RAZVI 20-05-2026 0 Y 0 M 0 D 1 H (M) Dr. SPANDANA PASUPULETI	Date & Time of Admission 20/5/26 @ 4:18 Am	Date & Time of Transfer Order 20/5/26
	Transfer Ordered by DR	Reason for Transfer OBS
From Unit Pre-post	To Unit Room	Information to Attendant ~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films — NIL —	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.	Kaachet — (1)	
3.	wipes — (1)	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Staff Nurse	DR

Patient & Clinical Records Received by : Moutushi

Date & Time of Patient Received : @ 10:40 AM, 20/5/26

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