F.C

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

DISCHARGE AT REQUEST

Name	Baby Of SHAYESTA	**UHID**	HNH-00016537
Father/Guardian	Mr MOHD SAIF KHAN	**Age/Gender**	0 Y 0 M 0 D 2 H/ Female
Address	8-1-299/b/19 madhur hills shaikpet, Tolichowki, Hyderabad, Telangana, INDIA, 500008		
IP No	IP26-00006824	**Admission Date**	12-07-2026
Ref Doctor	Self.		
Discharge Date	15.07.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
LATE PRETERM (36 weeks + 6 days)/AGA/BABY GIRL	

History: Baby Of SHAYESTA is a late preterm (36 weeks + 6 days) baby girl, delivered to a G3P1L1A1 mother by emergency lscs on 12.07.2026 at 11:45 am with birth weight of 2.94 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 9/10 at 1 min, 10/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Name	Baby Of SHAYESTA	UHID	HNH-00016537
IP No	IP26-00006824	Admission Date	12-07-2026

Maternal History: Mrs. SHAYESTA is a 32 years old G3P1L1A1 mother.
G1 - 2023 - FTNVD, history of GDM on diet and PROM , 2.84kg, A&H.
G2 - 2025 - Spontaneous miscarriage (9^{+6} weeks), MERPC done
G3 - Present Pregnancy, Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. Antenatal scans were normal. History of Gestational Diabetes Mellitus noted , Antepartum Haemorrhage noted and the mother is a known case of beta thalassemia trait. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Hypothyroidism/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

Anthropometry:
Weight at birth : 2.78 kgs.
Weight at discharge : 2.78 kgs.
Head Circumference : 35 cms.
Length : 49 cms.

Investigations: Enclosed reports.

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Management:
Course during hospital:

In view of maternal history of gestational diabetes mellitus, baby's blood sugar levels were serially monitored which remained stable.

Serum bilirubin at 48 hours of life was 11.6 mg/dl with indirect fraction of 11.5 mg/dl. Baby had yellowish discoloration of skin, baby need double surface phototherapy, but parents are not willing for phototherapy. Hence discharge is being given on request, to follow-up in OPD with bilirubin values in 24 hours.

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

Vaccination: Baby was given following vaccination:

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

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

Newborn screening advanced / Newborn screening-4: Parents not willing.

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

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

Review consultation with Dr. DILNAAZ FAROOQUI on Thursday(16.07.2026) at Himayatnagar with prior appointment **(Review consultation will be**

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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.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI

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IP No	IP26-00006824	**Admission Date**	12-07-2026

MBBS DNB
56763

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006824 **Admit Date** : 12-Jul-2026 **Admit Time** : 12:40 PM **UHID** : HNH-00016537

Patient Details :

Patient Name	: Baby Of SHAYESTA	**Age**	: 0 D
Guardian	: Mr MOHD SAIF KHAN	**DOB**	: 12-07-2026 11:45 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 8-1-299/b/19 madhur hills shaikpet Tolichowki Hyderabad Telangana INDIA 500008	**Phone No**	: 6281881686/ 9676860646
		E-mail	: shayestavasi@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-413-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-413-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHD SAIF KHAN **Relationship** : Father

Contact Address : 8-1-299/b/19 madhur hills shaikpet Tolichowki Hyderabad Telangana INDIA 500008 **Phone No** : 6281881686

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

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Baby Of SHAYESTA
12-07-2026 0 Y 0 M 2 D (F)
Dr. DILNAAZ FAROOQUI

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date :

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

CONSENT FOR FORMULA FEEDS

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Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 7 H (F)
Dr. DILNAAZ FAROOQUI

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

UHID No : ..... ment : ..... 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 : SHAYESTA

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 12/7/26 ; 6 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-0001E537 IP26-00006824 Baby Of SH.AYESTA 12-07-2026 0Y0M0D0H (F) Dr. DILNAAZ FAROOQUI	12/7/26 @ 2:40pm.	12/7/26 @ 4:20 pm
	Transfer Ordered by Dr. Dilnaaz	Reason for Transfer OBG
From Unit PreSpost	To Unit ( )	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	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.	NA	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Mounika	Dr. Anusha

Patient & Clinical Records Received by : Divya @ 4:35pm 13/7/26

Date & Time of Patient Received :

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

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

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Baby Of SHAYESTA
12-07-2026 0Y0M0D0H (F)
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NEWBORN MONITORING FORM

Date of Birth	: 12/7/26	New Born Screening	: SBR watching Not willing
Time of Birth	: 11.45 AM	TFT	: Not willing
Mode of Delivery	: LSCS	OAE	: Not willing
Birth Weight	: 2.940 Kgs	Mother's Blood Group	: B+ve
Head Circumference	: 35cm	Baby's Blood Group	: B+ve
Length	: 49cm	Anomaly Scan	:
Red Reflex	:	Vaccination 13/7/26	: BCG OPV Hep-B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
12/7/26	2.940	DBF		36.5°C	
13/7	2.900	DB f+ff	30ml	36.4°C	
14/7/26	2.780/kg	DBf+ff		36.5°C	
15/7/26	2.780/kg	DBf+ff	-	97.3°C	

Docu. No. : RCH /FRM / CLINICAL / 132

(P.T.O)

Date	Time	Investigation	Result	Order No.	Signature
12/7/26	12pm	Blood group		11562	Akhila
12/7/26	~~2pm~~ 2pm	GRBS - 2nd hour	59mg/dl	11562	Akhila
12/7/26	6pm	GRBS - 6 hour	87mg/dl	11584	[illegible]
12/7/26	11:45pm	12th hourly	84mg/dl	11592	[illegible]
12/7/26	11:45Am	24th hourly	79mg/dl	11648	[illegible]
				cross	checked by
					Sujatha
14/7/26		SBR		11698	[illegible] 13/7/26 @
14/7/26		GRBS (48h)	87mg/dl	11713	[illegible] 3:30pm
				Cross checked	done
				15/7/26	

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12-07-2026 0 Y 0 M 0 D 0 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Shayesta Age : 32y Father's Name : ..... Age : .....

Date of Birth : 12/7/2026 Date of Admission : 12/7/26 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 Shayesta

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 12/7/26 Time of Birth : 11:45Am

Place of Birth : RCH, HmNR

Mother's Blood Group : B+

Birth Weight (gms) : 2940gm Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+6w

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 27/10/2015 EDD : 3/8/26

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

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

Last Scans Details : (31/26) SLUG | 35+4w | Vx | Pl. Previa | Low os | AFI-15 cm

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 : .....

GDM on diet

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? ? Bthal trait

(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 : .....

Bleeding per vaginum : 1 hour ē clots.

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

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Dr. DILNAAZ FAROOQUI

PAST OBSTETRIC HISTORY

3 ..... P: 1 ..... A: 1 ..... L: 1 .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
		G1	3840		A&H. GDM ~	36w | SVB | Rohr
		G2			SP miscarriage	
		G3			PP	

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 : APH

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
9/10	10/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

late preterm (36+6w | AGA | C pl. previa APH C | GDM on diet | B thal trait

Baby Of SHAYESTA
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Dr. DILNAAZ FAROOQUI

History of Present Illness:

Preterm late | 36+6 | G3P1L1A1 Pre SUB | B-thal trait | GDM on diet | C̄APH

↓

Em LSCS

↓

Cried imm After birth

↓

Cry, Tone, Activity, Colour - Good

↓

Initial steps done

↓

Shift to mothers Side

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

fair

VITALS : Temperature : 36.5 HR : 168 RR : 30 NIBP : ..... CFT : <3 sec

Color of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 96%

Anthropometry : Birth Weight : 2940 Length : ..... HC : ..... Present Weight : .....

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

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12-07-2026 0 Y 0 M 0 D 0 H (F)
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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		NO
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Symmetrical Red Reflex :→ Not done Discharge : no	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	normal.
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	normal.
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : — 2A+1V Discharge : no	(N)
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : — patent	(N) female Genitalia
HERNIAL ORIFICES		n
TRUNK and SPINE :		N
SKIN LESIONS :		no
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	WNL no Dph

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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 : 96% Auscultation : Clear Breath Sounds : NVBS Added Sounds : ND

Cardiovascular System :

HR : 156/min BP : ..... Precordial Activity : .....

Femoral Pulses : Bl. well felt Murmurs : .....

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

Abdomen :

Hernia orifice : .....

Shape : (N) Anal Patency : Patent

Palpation : Soft Umbilical Cord : 2A+1V

Palpable masses : ..... First urine passed : NO

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

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

State of wakefulness : WNL

Prechtle Score : .....

Nerves : WNL

Cry

Tone Good.

Activity

Motor System :

Passive Tone : .....

Active Tone : WNL

Neonatal Reflexes : .....

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

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

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

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12-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. DILNAAZ FAROOQUI

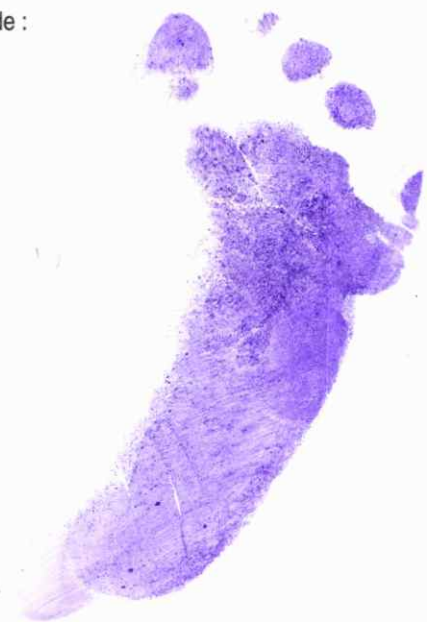
Any Congenital Anomalies : Nil

Diagnosis : Late Preterm 36+6 | AGA ♀ | GDM on diet in mother, 1 DM | APH

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : Rupa

Name : Dr. Prashant

Date & Time : 12/7/26

Consultant :

Signature : Dilnaaz

Name : Dr Dilnaaz

Date & Time : 13/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
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Dr. DILNAAZ FAROOQUI

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 :

Rx

- DBF @ 2H. (if not able to feed d/t Sgr).
- Spoon feed 14ml @ 2H.
- vaccination
- Inj. VIT K 0.5ml IM

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

investigations

1) GRBS
0, 2, 6, 12, 24, 48, 72 hrs. of life.

2) Blood Grouping

12 pm
2 pm
6 pm
] 12/7/26

12am] 13/7/26

12pm] 14/7

12pm] 15/7

12pm] 16/7

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Dr. DILNAAZ FAROOQUI

DATE :

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	NO Cleft	No cleft palate	
2	Pre natal teeth	no	Nil.	
3	Anal opening	Patent	Patent anal orifice	
4	Genitalia	Female labia (N)	(N) Female genitalia	
5	Spine	(N)	(N)	
6	Red reflex	not checked	Red reflex seen in both eyes.	
7	4 limb saturation (before discharge)		Equal in all 4 limbs	

Ped.Registrar signature

Dilnaaz
Ped.Consultant signature

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0Y0M0D0H (F)
Dr. DILNAAZ FAROOQUI

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
12/7/26	c/f/B Dr. Sharaum	
6pm	36+6 | 1Dm / placenta previa c APH | β thal trait	
	- feeds ✓	
	- urine ✓	
	- did not pass stool yet	Plan
		1) warm care
	O/E	2) DBF every 2nd h
	- euthermic	fld keeping
	AF/AP: good	3) ct. 4RBS monitoring
	RS: flat	4) vaccination to be done
	mm (+)	
	CRT < 2sec	5) monitor vitals
	S/t - (N)	Noted by [illegible]

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

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0Y0M0D0H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 10:30 AM	c/b Dr. Dilnaaz Lab- PT (3i+b) | AGA | fundus | USM	
	Pink, euthermic.	Plan
	Cry, Tone, Activity (N).	- Inborn Care. - Trace babygram Blood gp.
	R/E- vitals stable.	- GRBS monitoring as per orders.
	S/E- NAD.	- Vaccination today.
	Head to toe examination - (N).	- SBR, NBS, OAE @ 48# OL.
13/7/26	BCG, OPV, HepB } given	- check 4 limb BPs Dilnaaz

Dr. DILNAAZ FAROOQUI
Reg. No: 38285

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 15 H (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7 5:00pm	CL/13 for Dr. Dilnaaz LPT | AGA | F | GDM	
	Euthemic C/T/A - Good Vitals - Stable R/S - B/L AE (+) P/A - Soft, NT	Plan DBF 2nd hourly fb buppy SBR, NBS, OAE } 48 HOL GRBS monitoring Red reflex to Cmk U limb saturation Noted Diwan 13/7/26 Dr. DILNAAZ FAROOQUI Reg. No. [illegible] Dilnaaz

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 2 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 7:00 AM	c/s/o Dr. Pranav / Dr. Prashanthi	
	Late PT / 36+6 wk / En LSCS (APH)	/ CIAB / SDM on Ant Mat - B that Tran
	T-Wt - 2780	m/ B+
	↓ -160 g	B
	% -5.4 %	
	Baby on DBF + FF	Pn
		2) SBR, OVBS } 11: 30 AM
	Baby Euthermic	OPS
	Vitals Stable	
	Cry, Tone, Activity } Good	2) DBF y/b bulging Pn
		3) To check Red Refs
		4) Monitor Vitals
	Urine & Stool - Passed	
		Fm
		noted by Sr. Sandhya 14/7/26

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 15 H (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dilnaaz	
14/7 9:00 AM.	LPT | Em LSCS | CIAB | IDM.	
	Euthemic C|T|A - Good.	Plan
	RLS | NAD PIA	SBR NBS | TFT | 11:45 AM. OAE
	Urine & stool passed B/L red reflex - present.	DBF = 3hr burping 2nd hourly warmth care
		Noted by Divya 14/7/26
	C/S/B Dr. Naipunya | Dr. Archana	
14/7 21:00 pm.	LPT | AGA | IDM | Em LSCS.	
	Euthemic C|T|A - Good.	Plan - Trace SBR, TFT, OAE - DBF = 2nd hourly 3hr burping - warmth care
	RLS | NAD PIA	Noted by Divya 14/7/26

(P.T.O)

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 2 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 4PM	C/d/w Dr. Dilnaaz SBR - 11.6 Adv:- Start DSPT mons.	
14/7 11:30PM	C/S/13 DOL Dilnaaz LPT/AGA/IDM Euthermic C/T/A - Good. Vitals - Stable R/S - NAD P/A U/S Baby BG / Mother BG - B Pos	Plan - Start DSPT - DBF 2nd hourly thn bumping - plan d/s tomorrow plan SBR during follow ups Noted by Divya 14/7/26

Dr. DILNAAZ FAROOQUI Reg. No: 36[illegible]5

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

HNH-00016537 IP26-00006824
Baby Of SHAYESTA (F)
12-07-2026 0 Y 0 M 2 D
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 7 AM	S/B Dr. Sneyha / Dr. Nazneen	
	Δ late preterm (36 wk + 6d) / F/C IAB	
	Furthermore	P Rx
	T. wt 2.780 kg (Same wgt)	DBF + Bupy 2 hr L
	CVS - S1S2 ⊕	
	RS - BL - AE ⊕	Plan discharge
	P/A - soft	
	CTA good	SBR on Flup
		Plan discharge
		(signature)
		noted by Sr. sandhya. 15/7/26 7:am

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 2 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	9/5/6- Dr. Dilnaaz	
15/02/26 10:15 AM	Late preterm (36w+6d) / female (CIAB	
	Ed/house:	
	Cry / Tone / Activity - good	
	passed urine / stool	
	Hemodynamically stable	
	S/E: NAD	
		Adv
		- OBR ↓ / F/S burping 2 nd hourly
		- STSR on f/a
		- plan discharge
		- DSPT not willing
		- TCB T/M
		Dilnaaz

Dr. DIL... Reg. No: 362...

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0Y0M0D0H (F)
Dr. DILNAAZ FAROOQUI

209

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/7/26 Time:	12pm	2pm	7pm	10pm	2AM	6am
Doctor/Nurse/Family Concern?						
Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94	36.5°C	36.3°C	*	*	*	*
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)	154	160	150bpm	142	140	144
Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10			*	*	*	*
Resp Rate (Number)	46	56	58bpm	50	41	44
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99% RA	99%	97%	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
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. DILNAAZ FAROOQUI

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

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

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

Date: 13/7 Time: 10 2 6 10 9 6

Doctor/Nurse/Family Concern? Am pm Pm pm Am Am

Temperature (°F)

104						
103						
102						
101						
100						
99						
98	98.4°F	98.2°F	97.8°F	98.3°F	98.4°F	98.3°F
97						
96						
95						
94						

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number): 130 | 138b/m | 140b/m | 140bpm | 142bpm | 146bpm

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

70						
60						
50						
40						
30						
20						
10						

Resp Rate (Number): 36 | 30b/m | 46b/m | 40bpm | [illegible] | 41

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)		a/a	99%	100%	100%	100%	100%
Conscious Level	Normal / Altered					
GCS *						
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	2	0	0
Observer's Initials		e	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 2 D (F)
Dr. DILNAAZ FAROOQUI

FRM / CLINICAL / 124

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

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

Date: 14/7/26 Time: 10 2 6 10pm 2am 6am

Doctor/Nurse/Family Concern? Amb Amb Amb

Temperature (°F)

104	103	102	101	100	99	98	97	96	95	94

98.96°F 98.96°F 98.96°F 97.34°F 98.42°F 98.96°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): 140/bm 132/bm 142/bm 140/bm 148/bm

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

70	60	50	40	30	20	10

Resp Rate (Number): 40/bm 40/bm 42/bm 38/bm 42/bm

Resp Distress: Mod/ Severe | None / Mild

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

Conscious Level: Normal | Altered

GCS *

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
Score 2	:	Shift in charge nurse to be informed and continue hourly observations
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Patient Sticker

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

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0Y0M0D0H (F)
Dr. DILNAAZ FAROOQUI

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am						NA				0	
	12:00 pm		DBF									
	01:00 pm											
Total Intake :						**Total Output :** not passed						
12/7/26	02:00 pm											
	03:00 pm		DF (1hr)									
	04:00 pm										0	
	05:00 pm		DBF				NA					
	06:00 pm											
	07:00 pm		DBF+FF									
Total Intake : taken						**Total Output :** not passed						
(2)7	08:00 pm		DBF									
	09:00 pm	—	DBF									
	10:00 pm	—	FF	15ml							0	Applied.
	11:00 am											
	12:00 am		DBF+FF (30ml)									
	01:00 am											
Total Intake : Taken						**Total Output :** passed						
13/7	02:00 am											
	03:00 am		DBF+FF (30ml)									
	04:00 am											
	05:00 am										0	
	06:00 am		DBF+FF (30ml)									
	07:00 am											
Total Intake : Taken						**Total Output :** passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

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12-07-2026 0 Y 0 M 0 D 0 H (F)
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FLUID CHART

Sheet No. : 1

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							
13/12/26	08:00 am											
	09:00 am		DBF+FF				✓		✓	0		
	10:00 am											
	11:00 am		DBF+FF		NP							
	12:00 pm											
	01:00 pm		DBF+FF									
Total Intake :							**Total Output :**					
	02:00 pm						✓		✓	✓		
	03:00 pm		DBF+FF									
	04:00 pm											
	05:00 pm		DBF+FF		NP			NP				
	06:00 pm											
	07:00 pm		DBF+FF									
Total Intake : taken							**Total Output :** passed					
13/12/26	08:00 pm	✓	DBF+FF			?				✓		
	09:00 pm											
	10:00 pm		DBF+FF		NP			NP		✓		
	11:00 pm	?										
	12:00 am		DBF+FF		✓							
	01:00 am											
Total Intake :							**Total Output :** U-2 M-					
14/12/26	02:00 am	✓	DBF+FF				✓			✓		
	03:00 am											
	04:00 am	?	DBF+FF		NP			NP		✓		Made
	05:00 am											
	06:00 am		DBF+									
	07:00 am											
Total Intake :							**Total Output :** U-2-M-D					

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 0 H (F)
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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							
14/7/26	08:00 am	1									1	
	09:00 am		DBF ~~ABB~~									
	10:00 am	0									0	
	11:00 am	1	DBF ~~ABB~~									
	12:00 pm										1	
	01:00 pm		DBF ~~ABB~~									
Total Intake : taken						**Total Output :** U – 2 M – 1						
	02:00 pm		D									
	03:00 pm	1	DBF + ff								1	
	04:00 pm											
	05:00 pm	1	DBF + ff								0	
	06:00 pm											
	07:00 pm		DBF + ff								1	
Total Intake : Taken						**Total Output :** U – 2, M – 1						
14/7/26	08:00 pm										1	
	09:00 pm		DBF ff									
	10:00 pm	0									0	
	11:00 pm	1	DBF + ff									
	12:00 am											
	01:00 am		DBF + ff		NA			NA				
Total Intake : Taken						**Total Output :** U – 2 M – 0						
15/7/26	02:00 am	1									1	
	03:00 am		DBF + ff									
	04:00 am	0									0	
	05:00 am	1	DBF + ff									
	06:00 am				NA			NA			1	
	07:00 am		DBF + ff									
Total Intake : Taken						**Total Output :** U – 2 M – 1						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

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			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-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. DILNAAZ FAROOQUI

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BirthRight BY RAINBOW HOSPITALS
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NURSING CARE RECORD

Date: 12/7/26

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 ↓ 12pm	→ Plan for vitals → Plan for DBF → Plan for warm care.	8am ↓ 12pm	→ vitals checked & recorded. → Provided DBF → Provided warm care.	→ vitals is normal	→ vitals is normal	Namita
Afternoon	2pm ↓ 8pm	→ Assess the Baby condition. → DBF and Wt & Recorded → maintain I/O chart & Record	2pm ↓ 8pm	→ Assessed the baby condition → monitored the vitals & recorded → maintained I/O Chart & → DBF and Wt	baby is Safe	maintain I/O chart & record	Akuls
Night	8pm ↓ 8am	→ plan for vitals → plan for DBF → plan for warm care → plan for I/O Chart	8pm ↓ 8am	→ Vitals Normal → DBF given → warm care given → I/O chart maintained.	Stable	Normal	Anushka

Patient Sticker

NURSING CARE RECORD

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

Date: 13/7

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 2p	→ Assess the baby condition → Monitor vitals → Maintain Ib	8AM to 2p	→ Assessed the baby condition → Monitored vitals → Maintained Ib	Now pt is stable	Re-checked	Nurse
Afternoon				day duty			
Night		→ Assess the pt condition → Monitored vitals → Maintain Ib chart → PBF ttt 2nd hourly		→ Assess the pt condition → Monitored vitals → Maintain Ib chart	Now pt is stable	Re-checked	Nurse

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 14/7/26

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 2Pm	→ Assess the baby condition → monitor vitals → maintain I&O chart → baby DBF + ff 2nd hourly	8am 2Pm	→ Assessed the baby condition → monitored vitals recorded → maintained I&O chart → baby DBF + ff 2nd hourly → warm care	→ Baby is stable	→ rechecked vitals	
Afternoon		Day					
Night	8PM 8am	→ Assess the patient general condition → monitor vitals → Administer medication as per doctor's orders	8PM 8am	→ Assessed the patient general condition, → monitored vitals → Administered medications as per doctor's orders.	Baby is stable	Rechecked vitals	

Patient Sticker

NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

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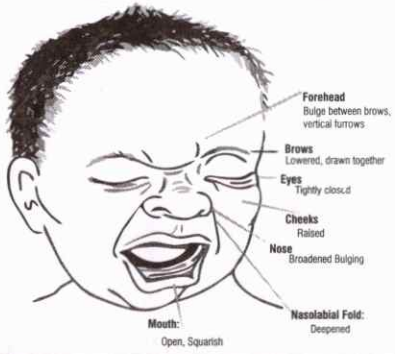
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						12/7	DH	12/7	13/7	13/7	14/7/26	14/726		
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
							12	N	M6	2PM	MS	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	0	0	0	0	0		
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)	3	0	0	0	NA	ND	NA		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	2	0	0	0	NA	ND	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	2	0	0	0	NA	ND	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	2	0	0	0	NA	ND	NA		



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

Gestational Age / Corrected Age				36 6 +1 days	36	36	36	36						
Total Pain / Agitation Score														
Intervention														
Effectiveness														
Signature														

Docu.No: RCH /FRM /CLINICAL /094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0Y0M0D0H (F)
Dr. DILNAAZ FAROOQUI

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 : 12/7	12/7	12/7	13/7
					Time : 8Am	2	P	
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.	2	2	2	2
"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.	2	2	2	2
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	2	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	2	2
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	3	3	2
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3	3	3
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.	3	3	4	4
				TOTAL SCORE	26	20	20	20
				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-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

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

				Date : 13/7 / 13/7 / 14/7/26 / 14/7/26
				Time : 2PM / 9 / MS / 08
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4 / 4 / 4 / 4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4 / 4 / 4 / 4
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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	26 / 28 / 26 / 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

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Baby Of SHAYESTA
12-07-2026 0Y0M0D0H (F)
Dr. DILNAAZ FAROOQUI

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: New born baby.

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

BACKGROUND

Area / Shift Time	12/7 M6	12/7 N	13/7 M6	13/7 M1	14/7/26 M8	15/7/26 M8
Medical Condition (Any special condition to be noted):	DBF	DBF	:	—	—	—

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	98.6	99.	98	—	—
Res:	44	40	40	40		—
SpO_2:	99%.	99%.	99	99%.	99%.	99%
Pulse:	144	140	130	140	130bpm	135b/m
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	—	—		—	—	—
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Monika	Ankita	Mari	Madhu	Divya	Sandhya
Signature :	12/7 2pm	6/12/88			D	
Date:			13/7 8pm	14/7 8AM	14/7/26 8pm	14/7/26 8-a
Time:						
Taken Over By Name :	Ankita 6/12/88	Mari	Madhu	Divya	Sandhya	
Signature :						
Date:		13/7	13/7 8pm	14/7/26 8AM	14/7/26 8A	
Time:						

Docu. No. : RCH/FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	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-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. DILNAAZ FAROOQUI

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 12/7/26 Time of Birth: 11.45 AM Gender: ☐ Male ☑ Female

Birth Weight: 2.940 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: 144 /Min RR: 64 /Min BP: ..... SpO_2: 99%

Pain Score: ..... (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / ~~No~~

Capillary Blood Glucose Monitoring Done: Yes / ~~No~~

Neonatal Screening Done: Yes / ~~No~~

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

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

Newborn Screening Discussed: Yes / ~~No~~

Nurse Name: Mannika Signature: Mannika Date &Time: 12/7/26 @ 12pm

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SHAYESTA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006824**	**Sex:**	**Female**
Consultant:	**Dr. DILNAAZ FAROOQUI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-413-1**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Husband

Signature of Patient/Relative:

Name: MOHD Saifuddin Khan

Relationship: ~~Husband~~ Father

Date: 12/07/26 Time: 12:40 Pm

Wittness Name:

Wittness Signature:

Patient Address:

8-1-299/b/19 madhur hills shaikpet
Tolichowki Hyderabad Telangana
INDIA 500008

HNH-00016537 IP26-00006824
Baby Of SHAYESTA
12-07-2026 0Y0M0D1H (F)
Dr. DILNAAZ FAROOQUI

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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
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