305
F.C

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of SADIA	**UHID**	HNH-00016586
Father/Guardian	Mr SYED MOHD ALI FARAZ	**Age/Gender**	0 Y 0 M 1 D/ Female
Address	Nampally, Mallepally North, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006849	**Admission Date**	15-07-2026
Ref Doctor	SELF		
Discharge Date	17.07.2026		

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

DIAGNOSIS	ICD CODE
LATE PRETERM (36 weeks + 6 days)/AGA/BABY GIRL/ 2.5KG	
ANTENATAL ECHO -RV DYSFUNCTION, RA-RV DILATATION, ATRIAL ENLARGEMENT	
MYH7 (-)-VUS IN FETAL GENETICS	
CARDIAC 2D ECHO- DILATED RA/RV, SMALL ASD, MILD TR	

Name	Baby Of SADIA	**UHID**	HNH-00016586
IP No	IP26-00006849	**Admission Date**	15-07-2026

History: Baby Of SADIA is a late preterm (36 weeks + 6 days) baby girl, delivered to a G2P1L2 mother by elective LSCS on 15.07.2026 at 9:44 am with birth weight of 2.5 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 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.
In view of antenatal echo showing RV dysfunction, with RA-RV dilatation and small muscular VSD baby was shifted to NICU for further evaluation.

Maternal History: Mrs. SADIA is a 33 years old G2P1L2 mother.
G1 - 2018/Spontaneous Conception/DCDA/ Elective LSCS(Indi.: DCDA twins) / male - 1.7kg ,Female - 2.6kg /Both Alive and Healthy
G2 - Present Pregnancy, Spontaneous conception.
had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. **Antenatal scan shows Tricuspid Regurgitation at septal leaflet of Tricuspid Valve (PSV - 106 cm /sec) with small mid muscular VSD**. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is B positive. 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:

Name	Baby Of SADIA	**UHID**	HNH-00016586
IP No	IP26-00006849	**Admission Date**	15-07-2026

Weight at birth : 2.5 kgs.
Weight at discharge : 2.380 kgs.
Head Circumference : 34 cms.
Length : 46 cms.

Investigations: Enclosed reports.

2D echo done on 15.07.2026
* Situs, Solitus, Levocardia.
* Small PDA with left to right shunt.
* Mild TR
* Neonatal PVR.
* Dilated RA/RV
* Small ASD with left to right shunt.
* Good biventricular function.
* Left arc, no COA.

Management:
Course during hospital:

Baby was shifted to NICU for cardiac monitoring and feeding establishment.

In NICU, 2D echo was done which showed
*Small PDA with left to right shunt.,
* Mild TR
* Neonatal PVR.
* Dilated RA/RV
* Small ASD with left to right shunt

Name	Baby Of SADIA	**UHID**	HNH-00016586
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ECG was done which was suggestive of ST depression in V2-3 leads, rest appeared normal.
Echo and ECG findings were discussed with Dr. Shwetha (Pediatric Cardiologist), who advised to follow up in OPD after discharge as baby is clinically stable.

Serum bilirubin at 48 hours of life was 9.8 mg/dl with indirect fraction of 9.7 mg/dl.

Feeding: Initially baby was started on IV fluids, later spoon feeds were introduced which baby accepted well. Later Breast feeding was initiated, baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	16.07.2026
OPV	Given	16.07.2026
HEPATITIS B	Given	16.07.2026

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

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

Name	Baby Of SADIA	**UHID**	HNH-00016586
IP No	IP26-00006849	**Admission Date**	15-07-2026

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.

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.**
4. **To followup with Dr. Shwetha, Pediatric cardiologist at RCHI after 3 days.**

Review consultation with Dr. S TEJASWI REDDY on Monday at Himayatnagar

Name	Baby Of SADIA	**UHID**	HNH-00016586
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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.

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

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

Registrar/Resident/C.M.O

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

HNH-00016586
Baby Of SADIA
15-07-2026
Dr. S TEJASWI REDDY
IP26-00006849
0 Y 0 M 2 D
(F)

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations	1			
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
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	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
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	1			
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				
	Billing	1			
	Others	5			
	Total No. of Pages	24			

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

Signature and Date : 17/07/26

Jyotsna

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006849 **Admit Date** : 15-Jul-2026 **Admit Time** : 10:11 AM **UHID** : HNH-00016586

Patient Details :

Patient Name	: Baby Of SADIA	**Age**	: 0 D
Guardian	: Mr SYED MOHD ALI FARAZ	**DOB**	: 15-07-2026 09:44 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Nampally Mallepally North Hyderabad Telangana INDIA 500001	**Phone No**	: 9885810040/ 7893594523
		E-mail	: sma.faraz@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU1-402 **Ward Name** : 4F -NICU 1

Room No : NICU1-402 **Admission Type** : First Visit

Contact Details :

Name	: Mr SYED MOHD ALI FARAZ	**Relationship**	: Father
Contact Address	: Nampally Mallepally North Hyderabad Telangana INDIA 500001	**Phone No**	: 9885810040

Signature

Doctor Details :

Doctor Name	: Dr. S TEJASWI REDDY	**Specialisation**	: NEONATOLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 50000.00
		Payor Name	: SELFPAY

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ACTIVITY RECORD FOR BILLING

Name: --- HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 9 H (F)
UHID No Dr. S TEJASWI REDDY ---------- Consultant : ---------- Dept : ----------

Date of A ıe : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	9:45 am	OT	NICU	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Supethra (Cardiology)	15/7/26	4139	
2.	Cross Checked done by Dhanya 16/7/26 @ 10am			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. S TEJASWI REDDY

INVESTIGATIONS

Date	Investigations	Order No.	Sign
15/7/26	CBP, Blood grouping	11769	
	ABG, ABG,	11798	
	RBS (80 mg/dl)		
	Chest x-ray	8560	
	2D echo.	8584	
	Cross checked by sr Shivaleela		
15/7/26	ECG	8586	
17/7/26	SBR	1925	
~~16/7/26~~	~~2d echo~~	~~8629~~	

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15-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. S TEJASWI REDDY

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	Invasive monitor	15/7/26.	16/7/26. 10pm	3994	[signature]
	Syringe pump	10:11AM.	7Am 16/7/26		
	Cross Checked	by	Sr Shakeel		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/7/26.	RV placement	1	3995	[illegible]
15/7/26.	ECG	1	83886	[illegible]
	cross checked by	sr	Shivaleela	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby Of SADIA
15-07-2026 0Y0M0D9H (F)
Dr. S TEJASWI REDDY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Dr. SADIA Age : 33 yrs Father's Name : ..... Age : .....

Date of Birth : 2/8/1992 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 Dr. SADIA

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 15/7/26 Time of Birth : 9:44AM

Place of Birth : RCH - HMNR

Mother's Blood Group : B Positive

Birth Weight (gms) : 2.5 kg. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+6 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 29/10/25 EDD : 5/8/26

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

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

Last Scans Details : 8/7 → SLVF / cephalic / AFI - 9.2cm / Wt → 2-36 kg / Doppler - (R) Fetal Tricuspid regurgitation at septa of Tricuspid Valve, (RV) Enlargement

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs FTS - Low Risk TIFFA - (N)

Consanguinity : ☐ Yes ☐ No Amniocentesis → MYH7 - Heterozygous Autosomal Dominant

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

H/o PIH (after 20 weeks) / PE Fetal echo - Small Muscular VSD RV dilated c Mild RV Dysfunction

How many Drugs / Doses / Since how long : (R) Atrial enlargement

.....

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 : .....

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15-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	2018	35wk	Twins	Boy - 1.7kg Girl - 2.6kg	LSCS	Both healthy
2	Present Pregn					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) Plan LSCS

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications,

malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	2	
2	2	
TOTAL 7/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HNH-0001
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. S TEJASWI REDDY

His ...ent illness:

Girl delivered by EL LSCS
↓
CIAB
↓
Routine newborn care given
↓
Inj VK - K given
↓
Baby Pink, Vigorous

Attained Target Saturations
No Sign of CCF @ birth

Vitals

HR - 135/min
SpO_2 - 95%

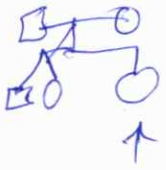
Investigation details in previous Hospital :

Fetal echo - Small muscular VSD, RV dilated c Mild RV dysfunction c (R) Atrial Enlargement
Fetal Genetics -> MYH7 (-) -> VVS
CMA - Normal

Feeding History :

Past History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Pink
Vigorous

VITALS : Temperature : 36.5°C HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Normal

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

Anthropometry : Birth Weight : 2.5 kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

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

Cardiovascular System :

HR : 136 bpm BP : .....

Femoral Pulses : Felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : No

Signs of Cardiac Failure : No

Abdomen :

Shape : .....

Palpation : Soft

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : Patent

Umbilical Cord : 2A + 1V

First urine passed : Passed

Meconium passed : ✗

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

State of wakefulness : Active / Quiet } Crw

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

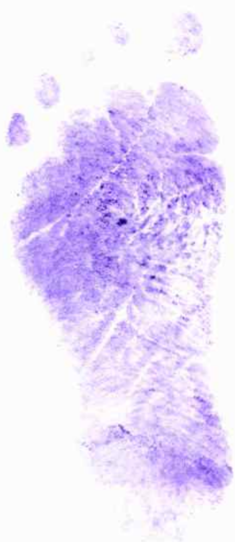
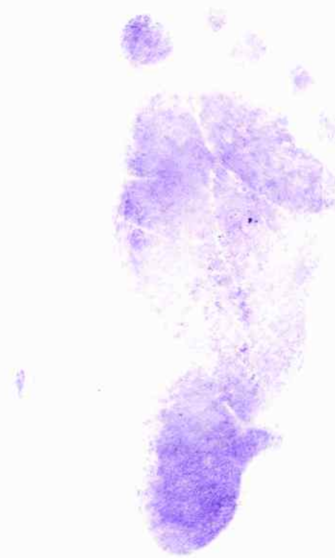
ATNR : ..... Skull and Spine : .....

Patient Sticker

Any Congenital Anomalies : Echo - R.V dysfunction c̄ (R) Atrial enlargement

Diagnosis : G2P1 / Late PT / 36+1 wk / El. LSCS / CIAB / ASA - 2-5kg / F...

FOOT PRINTS

Left Side :	Right Side :
	

Resident Doctor :

Signature : [signature]

Name : PRANAV

Date & Time : 15/7/24

Consultant :

Signature : [signature] Dr. S. TEJASWI REDDY Registration No: 94068

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

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Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. S TEJASWI REDDY

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : ...

Present Issues : ...

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

Any Oxygen requirement : ...

Systemic : ...

Medications : ...

Plan
1) Shift to NICU for Monitoring
2) IV - 60 ml/kg - 10% D
Establish feeds

Plan during ward follow up :

3) 2D echo - (Today & T/m)
4) Send B/S/7
5) SBR, NBS, ABG } @ 48 HOL
6) Vaccination - T/m
7) Monitor Vitals.
8) Chest X ray
9) ECG

Feeding Plan at the time of shifting : ...

Screenings done during NICU Stay :

NSG : ...

Hearing Screen : ...

ROP : ...

TFT : ...

NP2 : ...

CONSENT FOR FORMULA FEEDS

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15-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. S TEJASWI REDDY

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

UHID No : eg. No. : ..... Department : NICU 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 : Syed Faraz

Relationship with Patient: Father

Date & Time : 15/7/26 @ 8pm

Witness :

Signature .....

Name : Shivdeela

Date & Time : 15/7/26 8pm

Doctor (who is taking the consent) :

Signature : .....

Name : Pranav

Date & Time : 15/7/26 @ 8pm

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు : .....

తేదీ మరియు సమయము .....

PATIENT STICKER

B/o Dr. Sadia

DATE : 15/7/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft	No cleft	
2	Pre natal teeth	No	No	
3	Anal opening	Patent	Patent	
4	Genitalia	Female	Female	
5	Spine	(N)	(N)	
6	Red reflex	To check		
7	4 limb saturation (before discharge)	To check		

Ped.Registrar signature

Ped.Consultant signature

PATIENT TRANSFER FORM

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Patient Name : IP26-00006849 HNH-00016586 Baby Of SADIA 15-07-2026 0Y0M0D9H (F) Dr. S TEJASWI REDDY	Date & Time of Admission 15/7/26 @	Date & Time of Transfer Order 15/7/26 @ 10:16 Am
Dr. Tejaswini	Transfer Ordered by Dr. Pranav	Reason for Transfer
From Unit OT	To Unit ~~Pr~~ NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File —	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Karuna	Dr. Sadia.

Patient & Clinical Records Received by : @ 19:08 Pm

Date & Time of Patient Received :

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

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

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0Y0M0D9H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7 5pm	c/s/o Dr Tejaswi	
	Late PT / 36^{+6} wk / LSCS / 2.5 kg / Girl / MVM$_4$ - Heterozygous - AD	
	ANC - RA - RV Dilation & RV dysfunction	
	ECG - ST depression in V_2 - V_3	
		PL
	SV on RA	1) Next feed - 10 ml if tolerate
	Accepted feed - 5ml	Max - 15 ml feed
	Vitals	
	HR - 180/min	2) 2D echo - T/N
	RR - 22/min	3) Monitor Vitals
	SpO_2 - 99%	4) Inf/m/s
	Passed Urine & Meconium	
		Ramu

Noted by Dhayathi 15/7/25 5pm

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0Y0M0D9H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7 2 pm	c/s/b Dr. Tejaswi / Dr. [illegible]	
	Late PT / 36^+6 wk / LSCS / CIAB / 2.5 kg / Girl / My H7 - Heterozygous AD	
	Antenatal - RV Dysfunction, RA-RV dilatation, Atrial enlargement	
	(ST changes in lead V_2, V_3)	
	SV on RA	
	No RD	Plan
	No cyanosis	1) Feed - start - 5 ml / [illegible]
		Target - 12-5 ml
	Vitals	
	HR - 114/min	2) Warm care
	SpO_2 - 97%	3) Monitor vitals
	RR - 34/min	4) W/f ↑ in sucking or feed / ↑ RD / Desat
	R/S - B/L AE ⊕	
	P/A - soft	5) 2D echo - T/m
		6) Trace B/G / T
		7) Monitor vitals
	ECG, CXR } Done	
		Prem [signature]
		Noted by [signature] 15/7 2pm

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

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 3Am	c/s/b - Dr. Prashanti, Dr. Amrutha	
	Δ - late PT / LSCS / C/AB / 2.5kg / my Hr - Heterozygous / RV dysfunction / RA-RV dilation / Atrial enlargement. ST changes in V_2, V_3.	
	No cyanosis No RD	Plan - Feed - 15ml @ 2H
	Vitals HR - 144/min SpO_2 - 97% RR - 54/min	- Warm care - c/f ↑ WOB on feeding/cry, color change - 2D Echo Tomm - monitor vitals
	Cry, Tone, activity - Good	Ruthi Noted by Shivaleela 16/7/26 @3Am

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

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. S TEJASWI REDDY

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 9:30 Am	C/S/B Dr Tejaswi	
	Late PT / 36+5 wk / LSCS / C/AB / Girl / 2.5 kg	
	RA - RV dilatation & RV dysfunction	
	ST - depression in V_2 - V_3	
	T. Wt - 2.440 (↓60 g)	
	SV on RA	Plan
	No RD	1) 2D echo today.
	Vitals	2) Mother Room Shift
	HR - 134/min	
	SpO_2 - 94%	3) Spoon feed - 10 - 15 ml / 2h
	RR - 36/min	
	BP - 66/48 (53) mmHg	4) Monitor Vitals
	R.S - B/L AE (+)	5) W/f ↑ WOB / Cyanosis
	P/A - Soft.	6) Vaccination after room shift (BCG, OPV, Hep B)
		Noted by Saipriya 16/7/26 9:30 Am
		Pr
	2D echo Due given to Reporting x Ray	

Docu No. : RCH /FRM / CLINICAL / 088

Baby Of SADIA
15-07-2026 0Y0M1D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7 10A	Counselling B/O SADIA	
	- Baby is stable	
	- Accepting feeds No hemodynamic issues noted	
	- Will do 2D echo today & review & Cardiologist opinion	
	- Shift to mother side	
	C/S/O Dr. Varun	
16/7/26 2PM	A - 2 site PI (37wks) / LSCS / female / RA - RV dilatation & RV dysfunction. ST depression in V_2-V_3.	
	-SV in RA.	
	- NO Respiratory distress.	
	O/E - HR - 131/min. RR - 32/min. SpO2 - 95% @ RA. P/E - R/S - BAE(+).	Plan - Ct Expressed feeds 15ml Q2H. - Vaccination today - 2D echo & peds cardio o/v

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

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	16/07/26	
	BCG, OPV, HEP B given	
	16/7/26	
17/07/26 7 AM	C/B/C Dr. Sucharitha / Dr. Tanuja	
	Late PT (36+6w) / LSCS / CTAB / 2.5kg / RA RV	
		T. wt - 2380 (↓120gm)
	Baby on warm care	
	O/E vitals Stable: HR - 135/min, RR > 30/min, SpO2 > 97% @RA	
		Adv: Spoon feed 15ml 2nd hourly; NBS warm care; w/f ↑WOB / cyanosis; Monitor vitals and Inform
		Dr. B Divya (signature)

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 11 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 9am	M/B Dr. Tejaswi	
	RA/RV dilatation	
	T. wt: 4.209	
	O/E	
	euthermic	
	C/A: good	
	AF: flat	plan
	vitals: stable	
	S/E ; CVS:	1) SBR, NBS, ODE] now
feeds ✓		2) warm care
urine ✓		3) DBF every 2nd h
stools ✓		4) monitor vitals
		5) discharge today after report
		6) F/up c̄ cardiologist on discharge.
	Dr. S. TEJASWI REDDY Registration No: 94068	Dr. Tejaswi

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7 1pm	C/B/B Dr Prasan	
	SBR - 9.8	Plan
		1) D/C Today
	Baby stable	2) F/Up on Monday
	Vitals stable	3) F/Up c̄ cardiologist after 3 days
		Pm

HNH-00016586 IP26-00006649
Baby Of SADIA
15-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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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

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-00016586
Baby Of SADIA
IP26-00005849
15-07-2026
0Y0M0D9H (F)
Dr. S TEJASWI REDDY

Rainbow® Children's Hospital
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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 .....

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 2.5kg 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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 9 H (F)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 2.5kg 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
15/7		TV - 60 ml/kg 10% DEXTROSE + 2.5ml CALCIUM	IV	6.2			7AM 16/7/26		

VERIFIED BY : Name ..... Signature .....

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

PEDIATRIC ECHOCARDIOGRAM REPORT

IE **UHID :** **DATE /TIME**

Situs & Cardiac Looping	Solitus levocardia
Systemic Veins	To RA
Pulmonary Veins	To LA
Atrio ventricular connection	Concordance
Ventricular arterial connection	
Great artery relationship	NRGA
Right atrium	Dilated RA
Left atrium	WNL
Inter atrial septum	PFO L→R shunt
Mitral Valve	no MR
Tricuspid Valve	mild TR (RVSP=27mmHg
Right ventricle	Dilated RV, mild RV dysfunction
Left ventricle	Dilated LV, mild LV dysfunction (LVEF=49%)
Inter ventricular septum	D-shaped
Aorta and aortic arch	
Pulmonary artery and branch PA	
Aortic Valve	WNL
Pulmonary valve	
Coronaries	
PDA	NO PDA
Pericardium	
Others	

Echo Done by **PATIENT NAME** **UHID :** **DATE / TIME**

DOPPLER / TISSUE VARIABLES	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow	0.5	
Pulmonary flow	0.5	

Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE cm)	Z score	PARAMETER	ABSOLUTE cm)	Z score
AO			Tricuspid Annulus		
LA			Mitral Annulus		
IVSd			Aortic Annulus		
LVIDd	1.7		PA Annulus		
LVPWd			RPA		
IVSs			LPA		
IVIDS	1.3		MPA		
LVPWs			AO Isthmus		
EF	49 %		LV Mass		
FS	24 %		Others		

IMPRESSION:

Mild Biventricular dysfunction.

Dilated RA, RV, LV

Mild TR / no MR

No LVOTO / RVOTO

Left arch / no CoA

No PE.

* Review After 1 week at RCHI

DR.NAGESWARA RAO KONETI
(CONSULTANT PEDIATRIC CARDIOLOGIST)

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0Y0M0D9H (F)
Dr. S TEJASWI REDDY

INTENSIVE CARE UNIT
NICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

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

Date: 16/7/26	Date: 17/7/26	Date:
DOL 01 Weight 2.4001 Kg	DOL Weight 2.386 kg	DOL Weight
Problems:	Problems:	Problems:
Rs. 30-60bim Exam Done Vent. Setting Roomair ABG CXR 6 SOS	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 120 - 160bim BP Map Cap Refil 2<2sec	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids 60CC CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion SOS	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 – Antiblotics	C/s Results CRP Antiblotics	C/s Results CRP Antiblotics
Med – Neuro: –	Med Neuro:	Med Neuro:
Assessment Done	Assessment	Assessment
Plan Feeds	Plan	Plan

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

No. : RCH / FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/7 Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	97.1°F	97.8°F	97.3°F	98.1°F	98.3°F	97.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring	×	×	×	×	×	×
Heart Rate (Number)	136 b/m	138 b/m	140 b/m	130 b/m	140 b/m	138 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	×	×	×	×		
Resp Rate (Number)	45 b/m	41 b/m	40 b/m	30 b/m	40 b/m	30 b/m
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	100%	100%	99%	99%	100%
Conscious Level: Normal						
Conscious Level: 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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 1 D (F)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :							**Total Output :**					
16/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :							**Total Output :**					
16/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake : Taken							**Total Output :** U — M —					
17/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake : Taken							**Total Output :** U — M —					

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

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NURSING CARE RECORD

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Date: 16/7/26

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 1pm	→ Assess the baby condition → monitor the vitals → maintain c/o chart. → DBF 2nd hr give	8Am 2pm	→ Assessed the Baby condition → Monitored the vitals → maintained c/o chart → DBF 2nd hr given	→ Baby is stable now.	→ Reassessed the vitals	
Afternoon	2pm to 8pm	⇒ Assess the Pt condition ⇒ Maintained vitals ⇒ DBf + 2nd hr given	2pm to 8pm	⇒ Assessed the Baby condition ⇒ Monitored vitals ⇒ DBf + 2nd hr given	Baby is a stable.	Re-check the vitals	Madhu
Night	8pm to 8am	~~→ Assess the Baby~~ condition → maintain vitals → maintain c/o chart → DBF + Pf 2nd hourly → Pediatric cardiologist review	8pm to 8am	~~→ Assessed the Baby~~ condition → maintained vitals recorded → maintained c/o chart → DBF + Pf 2nd hourly	→ Baby is stable	→ rechecked vitals	Dr

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0 Y 0 M 1 D
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NURSING CARE RECORD

Date: ....

Goals

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

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

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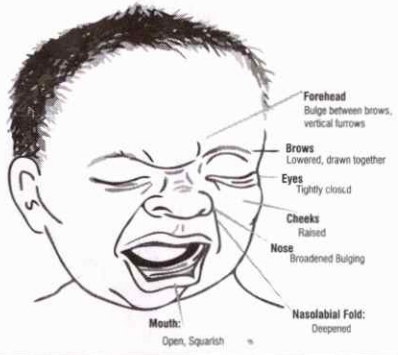
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						15/7	16/7	17/7/26						
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						8AM	8AM	8AM						
					Procedure →	0	0	0						
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	—	—						
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	—	—						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	—	—						
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	—	—						
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	—	—						
Gestational Age / Corrected Age						37 weeks		37 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-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 1 D (F)
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...RSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	16/7/26 N1					
	Medical Condition (Any special condition to be noted):	NA					
	Diet:	OBF					
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:	97.8°F					
	Res:	28b/m					
	SpO_2:	99%					
	Pulse:	128b/m					
	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 :		Riya					
Signature / ID :		D					
Date:		17/7/26					
Time:		8pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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:							

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016586 IP26-00006849 Baby Of SADIA 15-07-2026 0 Y 0 M 1 D (F) Dr. S TEJASWI REDDY	15/7/26 @ 10:11 AM	15/7/26 @ 12:30 pm
	Transfer Ordered by Dr. pravar	Reason for Transfer Admission
From Unit NICU	To Unit (305) 3rd floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (2)	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Saipriya 16/7/26 12:30 pm	Dr. pravar

Patient & Clinical Records Received by : Swetha @ 12.30 PM

Date & Time of Patient Received : 15/7/26

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

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

HNH-00016586
Baby Of SADIA
15-07-2026
Dr. S TEJASWI REDDY
IP26-00006849
0 Y 0 M 0 D 11 H (F)

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNI

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Name: B/o Dr. Sadia Age: 1d Gender: Male ☐ Female ☑

UHID.No : Date: 15/7/26

I Syed Farooz 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 15/7/26

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

Late Pre Term / LSCS / 2.5 kg / AGA /
Antenatal echo - RV dysfunction & Atrial enlargement

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 Farooz

Relationship with Patient: father

Date & Time : 15/7/26 @ 2pm

Witness :

Signature :

Name : Dheerendra

Date & Time : 15/7/26 @ 2pm

Doctor (who is taking the consent) :

Signature :

Name : PRANAV

Date & Time : 15/7/26 @ 2pm

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 SADIA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP26-00006849**	**Sex:**	**Female**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**4F -NICU 1/NICU1-402**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: M. A. Rehmaan

Relationship: Brother

Date: 15/7/26 Time: 10:25

Wittness Name:

Wittness Signature:

Patient Address:

Nampally Mallepally North Hyderabad
Telangana INDIA 500001

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY

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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 tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

HNH-00016586 IP26-00006849
Baby Of SADIA
15-07-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

COUNSELLING SHEET

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road
AP State Housing Board Himayatnagar , Hyderabad- 500029

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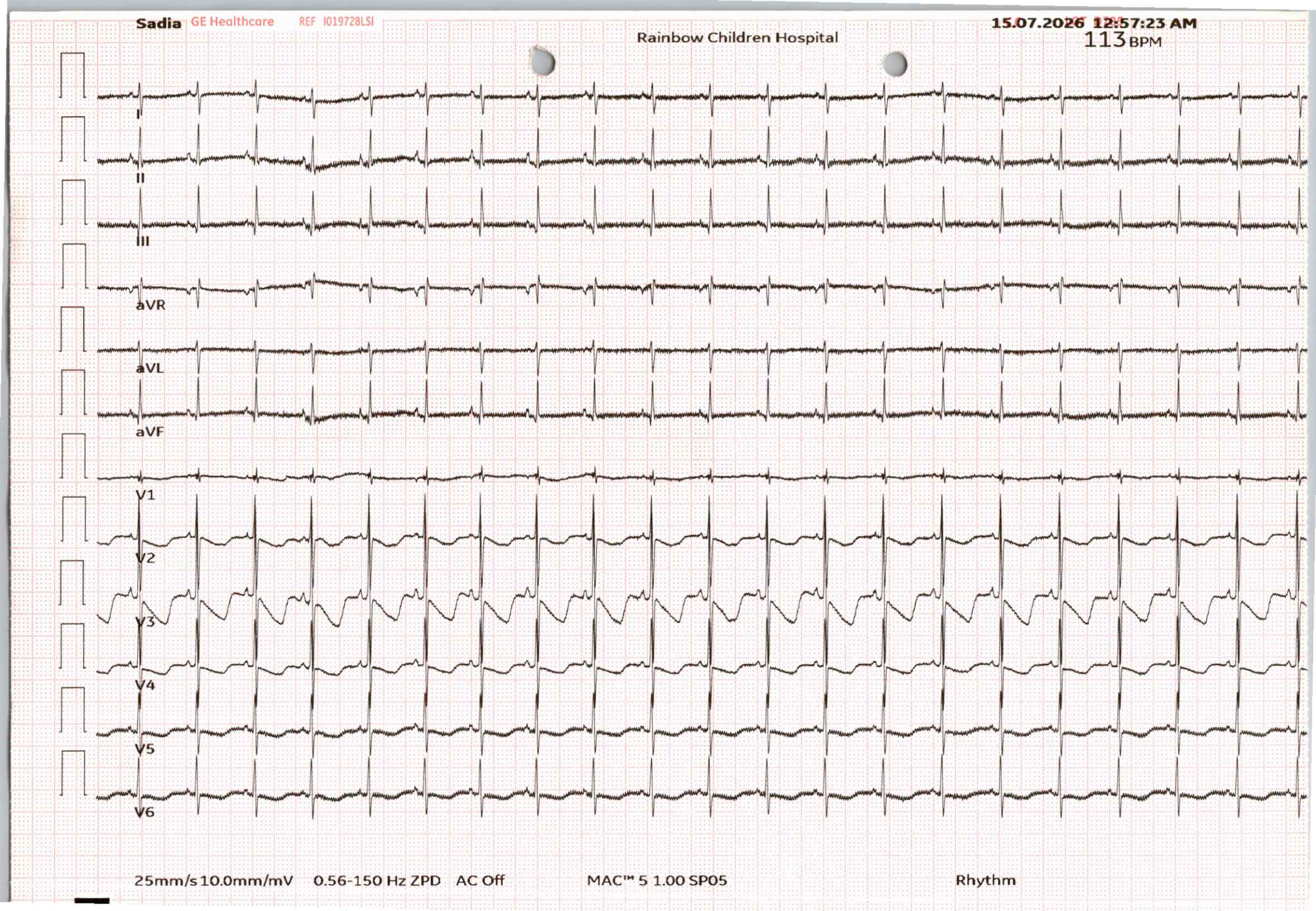
Your Right to a Safe Delivery

	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY	
				INVESTIGATION	
CONSULTATION CHARGES				CROSS CONSULTATION	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
				CONSUMABLES	
CONSULTANT CHARGES				BLOOD PRODUCTS	VISITING HOURS 04:00pm TO 05:00pm.
				OXYGEN	
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
				EQUIPMENT / DSPT / SSPT / TSPT	
DIET CHARGES				PROCEDURE	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
				NEBULISATION	
TOTAL			14600	MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	

PATIENT NAME	B/O Sadia	AGE/SEX	
UHID	~~B/O Sadia~~. HNH-00016586.	INSURANCE NAME	

	CAUTION DEPOSIT	
ATTENDENT SIGNATURE		COUNSELLING PERSON SIGNATURE


Sadia GE Healthcare REF I019728LSI
Rainbow Children Hospital
15.07.2026 12:57:23 AM
113 BPM
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25mm/s 10.0mm/mV 0.56-150 Hz ZPD AC Off
MAC™ 5 1.00 SP05
Rhythm