316 FC

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

DISCHARGE SUMMARY

Name	Baby Of SHAGABANDA DEVI SNEHA	**UHID**	HNH-00016611
Father/Guardian	Mr SHAGABANDA RAJU	**Age/Gender**	0 Y 0 M 0 D 10 H/ Female
Address	12-10-409/100/B beedal basthi, Namala Gundu, Hyderabad, Telangana, INDIA, 500061		
IP No	IP26-00006858	**Admission Date**	16-07-2026
Ref Doctor	Self.		
Discharge Date	18.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
LATE PRETERM (34 weeks + 1 day)/AGA/FEMALE/ 2.08KG/LBW	
O-B INCOMPATIBILITY	

History: Baby Of SHAGABANDA DEVI SNEHA is a later preterm (34 weeks + 1 day) baby girl, delivered to a primi mother by emergency LSCS on 16.07.2026 at 12:35 am with birth weight of 2.080 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.

Maternal History: Mrs. SHAGABANDA DEVI SNEHA is a 21 years old primi mother.
G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were

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normal. *H/O Polyhydramnios with doppler changes.* No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is O 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:
Weight at birth : 2.080 kgs.
Weight at discharge : 1.940 kgs.
Head Circumference : 31 cms.
Length : 42 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

In view of prematurity, baby's blood sugar levels were serially monitored which remained stable.

Serum bilirubin at 48 hours of life was 8.1 mg/dl with indirect fraction of 8.0 mg/dl.

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During ward stay, baby was noted to have jitteriness, GRBS was normal, hence serum calcium was sent which was 8.0mg/dl (Low normal).

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of low birth weight measured feeds were started. 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/ Thyroid function test: Parents not willing.

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.

Name	Baby Of SHAGABANDA DEVI SNEHA	UHID	HNH-00016611
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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 (start after 5 days of life).
* Syrup. CALCIMAX-P (5ml/150mg)- 2.5ml, twice daily till 3kg weight. (start 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. SPANDANA PASUPULETI on Monday (20.07.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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IP No	IP26-00006858	**Admission Date**	16-07-2026

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. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

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 : IP26-00006858 **Admit Date** : 16-Jul-2026 **Admit Time** : 01:37 AM **UHID** : HNH-00016611

Patient Details :

Patient Name	: Baby Of SHAGABANDA DEVI SNEHA	**Age**	: 0 D
Guardian	: Mr SHAGABANDA RAJU	**DOB**	: 16-07-2026 12:35 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 12-10-409/100/B beedal basthi Namala Gundu Hyderabad Telangana INDIA 500061	**Phone No**	: 9246100512/ 7013973618
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-415-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-415-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SHAGABANDA RAJU **Relationship** : Grandfather

Contact Address : 12-10-409/100/B beedal basthi Namala Gundu Hyderabad Telangana INDIA 500061 **Phone No** : 9246100512

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

CONSENT FOR FORMULA FEEDS

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Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SPANDANA PASUPULETI

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

UHID No : ..... Reg. No. : ..... Department : ..... Date : .....

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

Patient Attendant :

Signature : S Devi Sneha

Name : Devi Sneha

Relationship with Patient: mother

Date & Time : 16/7/26

Witness :

Signature : RM

Name : Anusha

Date & Time : 16/7/26

Doctor (who is taking the consent) :

Signature : Ruth

Name : Dr. Prashanthi

Date & Time : 16/7/26

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

PATIENT TRANSFER FORM

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Patient Name & UHID	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016611 IP26-00006858 Baby Of SHAGABANDA DEVI SNEHA 18-07-2026 0 Y 0 M 0 D 1 H (F) Dr. SPANDANA PASUPULETI	16/7/26 @	16/7/26 @
	Transfer Ordered by Dr spandana.	Reason for Transfer obs
From Unit pre-past	To Unit 316	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
Chaitanya.	

Patient & Clinical Records Received by : swetha

Date & Time of Patient Received : 16/7/26 @ 10 Am

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 SHAGABANDA DEVI SNEHA
16-07-2026 0Y0M0D1H (F)
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NEWBORN MONITORING FORM

Date of Birth	: 16/07/2026	New Born Screening	: SBR Sr. Calcium & willing - S. Lavanya
Time of Birth	: 12:35 AM	TFT	: not willing S. Lavanya
Mode of Delivery	: Emlscs	OAE	:
Birth Weight	: 2.08 kgs	Mother's Blood Group	: O POSITIVE
Head Circumference	:	Baby's Blood Group	: B POSITIVE
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
16/7/26	2.080kg	EBF	(1)	36°C	Mou
16/7/26	2.060kg	DBF+IF	(1)	36°C	Mou
17/7/26	2.000kg	DBF+IF	(1)	36°C	
18/7/26	1.940kg	DBF+IF	(1)	36°C	

Date	Time	Investigation	Result	Order No.	Signature
16/07/2026	2:2Am	Bloodgroup	[illegible]	11814 ✓	Anusha
16/07/2026	2:20Am	ABG	11816	11816 ✓	
16/07/2026	1Am	GRBS	92mg/dl	11817 ✓	
16/07/2026	6:30Am	GRBS	84mg/dl	11835 ✓	[illegible]
16/7/26	12:30 pm	GRBS.	72 mg/dl	11866	[illegible]
17/7/26	12:30 Am (24h)	GRBS	73mg/dl	11906	[illegible]
17/7/26	12:30pm (36h)	GRBS	76mg/dL	11953	[illegible]
18/7/26	12:30Am (48h)	GRBS	70mg/dl	12000	[illegible]
		SBP		1987	[illegible]
18/7/26		S.Calcium			

cross.check done by Chandrakala.

Cross checked done. by [illegible]

Cross checked done by Amruth

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Shagabanda Devi Sneha Age : 21 Father's Name : ..... Age : .....

Date of Birth : 30/05/2005 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Tejasvi 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 S. Devi Sneha

Gender : ☐ M ☐ F Blood Group : O+

Date of Birth : 16/07/2026 Time of Birth : 12:35 AM

Place of Birth : Rch, Rimsapathnagar.

Mother's Blood Group : .....

Birth Weight (gms) : 2080 g Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 34+1 weeks.

Current Obstetric History : (~~Booked / Unbooked~~ Case)

Maternal Age : 21 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 13/11/2025 EDD : .....

Conception : Spontaneous or with Rx. : Spontaneous.

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

Last Scans Details : 13/7/26 : SIUF - 33w+6 EFW-2.3kg cephalic, AFI 19.6 doppler- Uterine artery resistance, Single loop of cord around neck

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

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

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

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16-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

G : Prim.i P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) - in LABOUR - Ot Artery in Resist

LSCS : ☐ Elective ☑ Emergency Indication : polyhydramnios Cord around neck.

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : Attached -

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		
9/10	10/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

late Preterm
34+1

- Em LSCS
- polyhydramnios.
- Uterine artery resistance - Doppler.
- cord around neck
- In labour

↓

Cried imm after birth

↓

colour/tone | Activity — Good

↓

Initial steps c/d/w Dr. Ritesh

↓

Shift to mothers side.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 165/min RR : 48/min NIBP : CFT : < 3sec

Color of the extremities : Acrocyanosis

Jaundice : no Pallor : no SpO2 : 100 % on RA
lytimb yet to be checked.

Anthropometry : Birth Weight : 2080 gm Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	→ N
	Sutures	→ N
	Shape / Moulding :	] no
	Edema / Bruising :	
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		NO
NECK and CLAVICLES :	Range of Motion :	] WNL
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	→ +
	Red Reflex :	→ Not done
	Discharge :	→ no
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	- normal.
	Periauricular Pits / Tags :	- no
	Nasal shape / Patency :	B/L nasal alae patent
	Palate :	no cleft lip.
	Gums :	] N
	Lips :	
	Tongue :	- N
THORAX and BREASTS :	Shape of Thorax :	(N) Shape
	Position of Nipples and Number :	WNL.
ABDOMEN and UMBILICUS :	Shape :	(N) Shape
	Organomegaly :	no
	Bowel Sounds :	
	Umbilical Stump :	2A+1V
	Discharge :	
GENITILIA :	Labia / Hymen :	→ labia covering clitoris
	~~Testicles~~/penis :	
	Anus :	patent
HERNIAL ORIFICES		N
TRUNK and SPINE :		normal
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes :	] normal.
	Arms / Legs :	
	Deformities :	
	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 : 98 % Auscultation : NVBS+ Breath Sounds : BL LA E+ Added Sounds : n.d

Cardiovascular System :

HR : 163 BP : ..... Precordial Activity : (N)

Femoral Pulses : B/L well felt Murmurs : no

Other Peripheral Pulses : ..... Signs of Cardiac Failure : no

Abdomen :

Hernia orifice : no

Shape : (N) Anal Patency : Patent

Palpation : Soft Umbilical Cord : 2A+1V

Palpable masses : no First urine passed : (+)

Abdominal girth : ..... Meconium passed : (+)

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

State of wakefulness : ..... wnl

Prechtle Score : .....

Nerves :

.....

..... wnl

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : ..... WNL

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

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

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

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Dr. SPANDANA PASUPULETI

Any Congenital Anomalies : .....

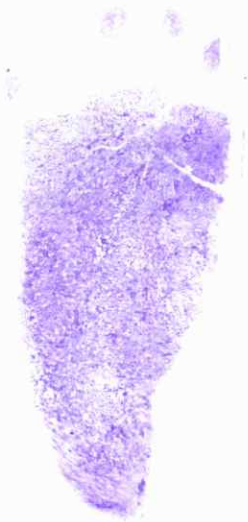
.....

Diagnosis : .....

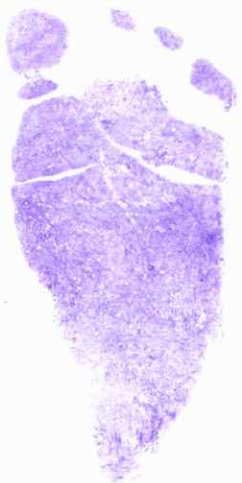
.....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Prashanti

Date & Time : .....

Consultant :

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

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

   ..... on whose name the patient is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : Late preterm / 34+1w | Em LSCS
Low Birth weight
AGA

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications : 1) Inj. VIT K1 0.5 ml IM stat

2) DBF Q 2hrly

3) warm. care

Plan during ward follow up :

1) Blood Grouping

2) Vaccination ← HepB, BCG, OPV

3) Spoon Food → PRENAN 3ml QQH

4) GRBS monitoring
0h 6h 12h 24h
36hrs, 48 hrs

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00016611 IP26-00006858
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0Y0M0D1H (F)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/8/B Dr Prashanti / Dr Anusha	
16/7/26	Late Preterm 34+1 / LBW 2080g AGA / ♀	
9Am		
	Bwt - 2080g	mBG
	Twt - 2060 ↓ 20g.	BBG
	Δ	
		Plan
	O/E	
	vitals stable	Continue DBF Q2H
		warm care
		Sack -
		(signature)
	S/E	
	cry, Tone, Activity] wnl	Noted by
	Urine	
	Stool	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 Dr. Tejaswi	
16/7 9:00AM	LPT | LBW | AGA | LSCS.	Plan
	C|T|A - Good.	- DBF 2nd hourly for burping
	Vitals - Stable.	- Vaccination today
	R|S | NAD.	
	P|A	- SBR, NBS, OAE } 48 HOL
	CVS - S_1S_2 heard.	
	Oral Cavity - (N)	
	Chest - (N)	- GRBS Monitoring as advised.
	Abdomen - (N)	
	Genitalia - (N) female genitalia.	- warmth Cord
	Spine - Normal	
	Anus - Patent	
	U | ✓	
	S | Not passed	
	B/L red reflex - Normal	Dr Tejas
16/7/26 12:05pm	BCG, OPV, Hep-B Given	

Dr. S. TEJASWI REDDY
Registration No: 94068

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7 3.00pm	CCSIB Dr. Naipunya LPT | LBW | ACA | CSC	MBG O POSITIVE BBG B POSITIVE
	Feteric CITIA - Good. Vitals - stable RS - BL AEP PIA - Soft. U | ✓ S | ✓.	Plan - DBF 2nd hourly thn burping. - SBR, NBS, OAE 18/7 12:30AM. - GRBS monitoring as adviced Noted by Madhuri 16/7/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NNB De·[illegible]	
17/07/26	LPT / 2.08 kg / ABO incompatibility O̲ B	
7:30 AM		
	- T. wt: 2kg	
	- wt loss: 80gm (3.8%)	
	- feeds	
	- urine	
	- stools	Plan
	O/E	1) warm care
	euthermic	2) DBF every 2nd h
	UT/A: good	3) SBR, NBS, ODE — 18/7 12:30 am
	AF: flat	
	[illegible] (+)	
	CRT: < 2 sec	4) 4RBS monitoring
	vitals: stable	5) monitor vitals.
		[signature]
		N.B. Divya 17/7/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 9am	U/B Dr. Tejaswi	
	LPT / 2.68kg / ABO incompatibility	
	↓80g ; 3.8%	
	- feeds ✓	
	- urine ✓	
	- stools ✓	
	O/E	Plan
	euthermic	1) warm care
	CFT/A: good	2) DBF every 2nd h
	vitals: stable	3) SBR, NBS, OAE, S. calcium on 18/7 @ 12:30 am
	? jitteriness (+)	4) U. 4RBS monitoring
		5) monitor vitals
		Dr. Tejaswi
		Dr. S. TEJASWI REDDY Registration No: 94068

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7 2pm	c/o/B Dr Pranav	
	LPT (34+1/0 wk / LSCS / 2.08 kg / LBW / F / ABO incompatibility	
	(3-8 % Wt loss)	M / O + B / B+
	Baby on DBF + FF	
	Baby Erythema? C T A } Good	Plan 1) Warm Care
		2) DBF 1/1b bridging Q2H
		3) SBR, NBS, OAE & S. Calcium } 18/7 @ 4 Am
	Vitals stable	
	Jitteriness (+)	4) GRBS monitoring Q6h
		5) Monitor Vitals
		[signature]
		N.B. maheshwari 17/7/26 @ 2:45 pm.

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

HNH-00016611 IP26-00006858
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16-07-2026 0Y0M0D21H (F)
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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 7:00 AM.	CU13 Dr. Naipriya / Dr. Archana.	
	LPT (34+1) / 2.08kg / LBW / OB. Setting (ABO incompatibility).	
	Euthermic	
	C/T/A - Good	Plan
	Vitals - stable.	- DBF 2nd hourly 3hrs burping
	R/S, P/A, CVS / NAD	- Trac. Calcium
		SBR levels
	U/✓	- GRBS monitoring Q6H.
	S/✓	- monitor vitals
	SBR - 8.2.	Ccf.
		N/B Supriya @7Am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7	C/S/B Dr Tejas.	
11 AM	LPT (34+1 wk) / 2.08 kg / LBW / OB setting	
	T.Wt - 1.94 kg (↓140g) ~5% of wt loss	Plan
		1) D/C Today & F/Up Monday
		2) DBF f/b burp q4
	Jitteriness left	→ Syp Calcimax - P
	Vital Stable	Vit D3 drops
	C, T, A } Good	→ Monitor Vitals.
	Passing Urine & Stool	
	SBR - 8.8	Dr Tejas

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	17/7/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/~~Mg~~	8.6					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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

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

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

Date: 16/7/26

Time:	3 AM	6 AM	10 AM	2 PM
Doctor/Nurse/Family Concern?				
Temperature (°F) (104–94)	97	98.2		97.4
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)		*		×
Heart Rate (Number)	130	136		136/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)		40		×
Resp Rate (Number)	36	40		46/m
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99	98%		100%
Conscious Level — Normal				
Conscious Level — Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0		0
Pain Score	0	0		0
Observer's Initials	[illegible]	[illegible]		[illegible]

Note: BP does not score in early warning scoring

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)

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

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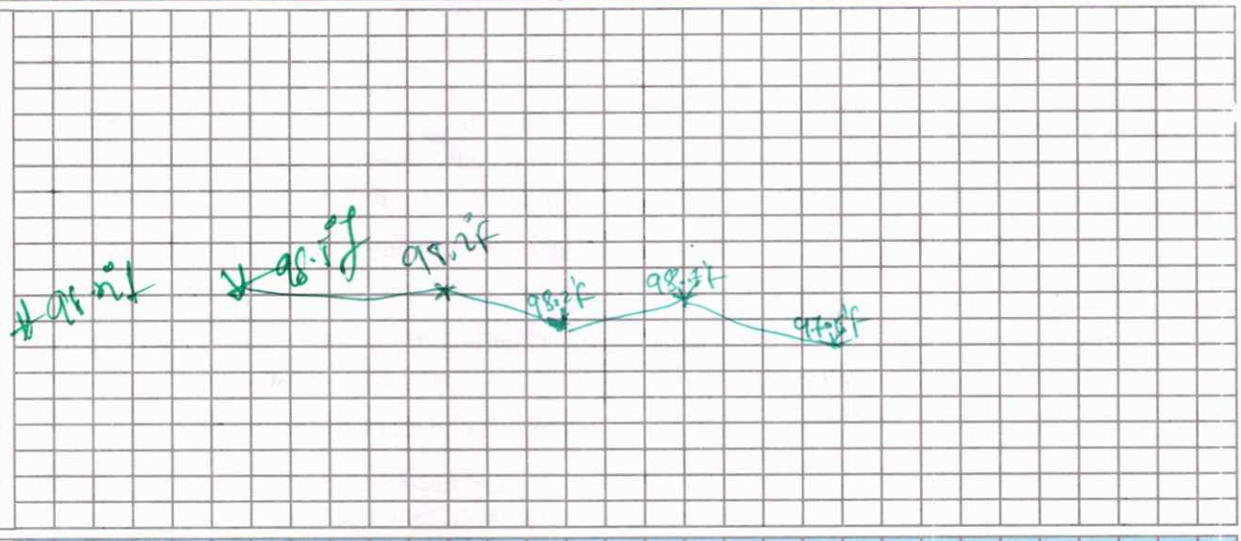
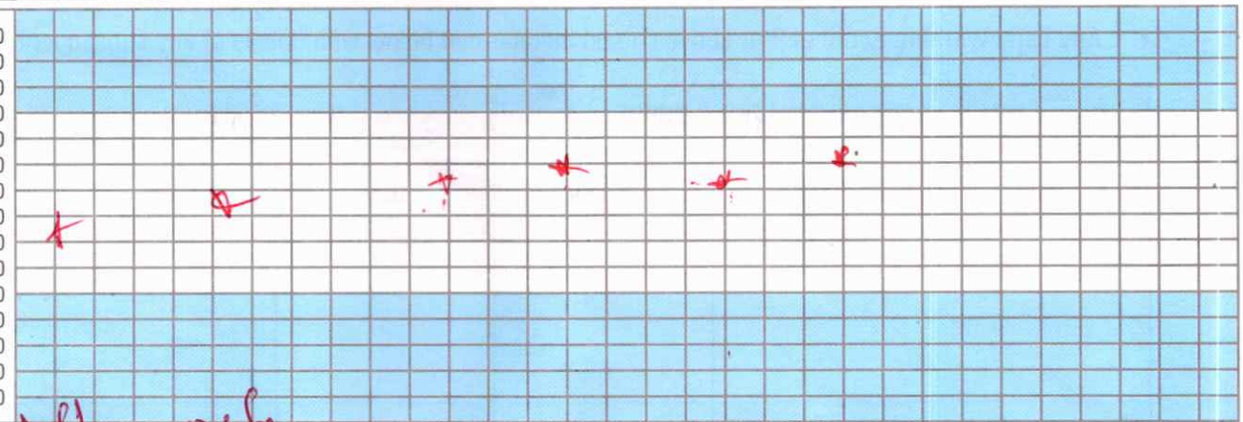
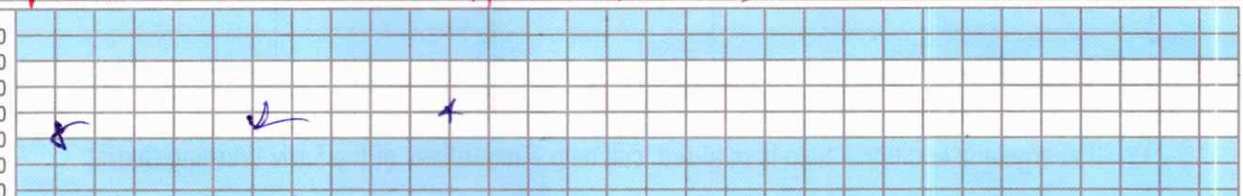
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/7 Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						





Heart Rate (Number)	128 b/m	135 b/m	138 b/m	140 b/m	138 b/m	145 b/m



Resp Rate (Number)	42 b/m	28 b/m	25 b/m	42 b/m	30 b/m	140 b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	99%	100%	99%	99%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	1	0	0	0	0
Pain Score		1	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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)
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- 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)

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). : RCH / FRM / CLINICAL / 124

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

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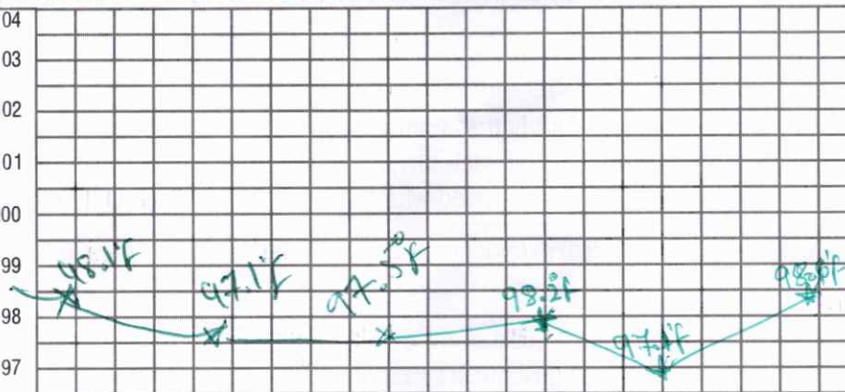
EARLY WARNING SCORE: CHILDREN'S UNIT

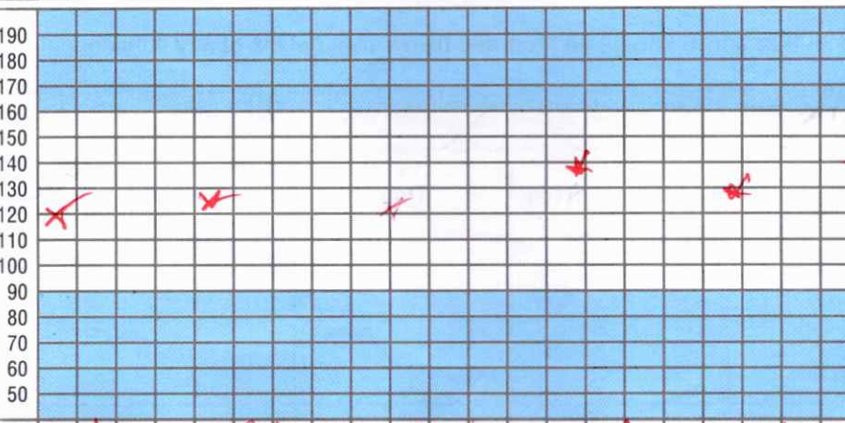
Date: 16/7/26 Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	136/bm	140/m	138/m	142/m	130/m	140/m

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

Resp Rate (Number)	40/m	46/m	42/m	40/m	30/m	40/m

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
15/6	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake :		Tauben -				**Total Output :**						
16/6	02:00 am											
	03:00 am		DBF + Prenan							L		
	04:00 am											
	05:00 am											
	06:00 am		DBF Prenan									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016611 IP26-00006858
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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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							
16/7/26	08:00 am											
	09:00 am		DBF ff									
	10:00 am											
	11:00 am				NA			NA				
	12:00 pm		DBF ff									
	01:00 pm											
Total Intake :						**Total Output :**						
16/7/26	02:00 pm											
	03:00 pm		DBF ff									
	04:00 pm	0										
	05:00 pm				NA			NA				
	06:00 pm		DBF ff									
	07:00 pm											
Total Intake :						**Total Output :**						
16/7/26	08:00 pm											
	09:00 pm		DBF ff									
	10:00 pm	0										
	11:00 pm		DBF ff		NA			NA				
	12:00 am											
	01:00 am		DBF ff									
Total Intake :		ragi cen				**Total Output :**				U — M —		
17/7/26	02:00 am											
	03:00 am		DBF ff									
	04:00 am	0			NA			NA				
	05:00 am		DBF ff									
	06:00 am											
	07:00 am		DBF ff									
Total Intake :						**Total Output :**				U — M —		

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
16/7/26	08:00 am		DBF+FF									
	09:00 am											
	10:00 am		DBF+FF									
	11:00 am				NA		✓	NA		✓		
	12:00 pm		DBF+FF									
	01:00 pm											
Total Intake :						**Total Output :**						
17/7/26	02:00 pm											
	03:00 pm		DBF+FF				—			—		
	04:00 pm											
	05:00 pm	0			NA			NA			0	
	06:00 pm		DBF+FF				✓	NA		✓		
	07:00 pm											
Total Intake :						**Total Output :**						
17/7/26	08:00 pm											
	09:00 pm		DBF+FF									
	10:00 pm											
	11:00 pm	0	DBF+FF		NA		—	NA		—	0	
	12:00 am											
	01:00 am		DBF+FF									
Total Intake : 1900ml						**Total Output :** U — M —						
18/7/26	02:00 am											
	03:00 am		DBF+FF									
	04:00 am											
	05:00 am	0	DBF+FF		NA		✓	NA		✓	0	
	06:00 am											
	07:00 am		DBF+FF									
Total Intake : 1400ml						**Total Output :** U — M —						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
18/7/26	08:00 am		DBF+									
	09:00 am		FF									
	10:00 am											
	11:00 am		DBF+		NA			NA				
	12:00 pm		FF									
	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	

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16-07-2026 0 Y 0 M 0 D 1 H (F)
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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon		NP					
Night	8pm	→ Assess the pt condition → monitor vitals → Maintain BP closely	8pm	→ Assessed the pt condition → monitored vitals → Maintained	Now pt is stable	Re-check vitals	Nurse

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16-07-2026 0Y0M0D1H (F)
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NURSING CARE RECORD

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

Date: 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	9AM 2PM	→Assess the baby condition. →monitor the vitals. →Maintain I/O chart. →plan today vaccination.	8AM 2PM.	→Assessed the baby condition. →monitored the vitals. →maintained I/O chart. →planned today vaccination..	→Baby is stable now.	→Reassessed the vitals.	
Afternoon	2PM to 8PM	- Assess the baby condition - monitor the V/S -Maintain the I/O - DBF + FF every 2nd hourly	2PM to 8PM	- Assess the baby condition -monitor the V/S -Maintain	NB. PS stable	Re-assessed the vitals	
Night	8PM 8am	→Assess ~~the baby~~ condition. →monitor vitals & recorded →maintain I/O chart →DBF + FF 2nd hourly	8PM 8am	→~~A~~ssessed the baby condition → monitored vitals & recorded → maintained I/O chart → DBF + FF 2nd hourly	→ baby is stable	→rechecked vitals	

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18-07-2026 0 Y 0 M 0 D 1 H (F)
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NURSING CARE RECORD

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

Date: 17/7/26

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 Bab condition. →monitor the vitals →plan sample 18/7/26 12:30AM. →DBF+FF give 2nd hourly.	8AM 2PM	→Assessed the baby condition. →monitored the vitals. →planned sample 18/7/26 12:30Am →DBF+FF given 2nd hourly.	→Baby is stable now.	→Re assessed the vitals	
Afternoon	2PM to 8PM	→Assy. Baby condition →monitor the vitals →Maintain I/O chart →DBF+FF every 2nd hourly	2PM to 8PM	→Assessed baby condition →Monitored vitals →Maintained I/O chart →DBF+FF every 2nd hourly given	Baby is stable	Re-checked vitals	
Night	8PM 8AM	→Assess baby condition →monitor the vitals →maintain I/O chart →DBF+FF 2nd hourly →SBR, NBS, OAE, Sr. Calcium @ 12:30Am	8PM 8AM	→Assessed the baby condition →monitored the vitals SS recorded →maintain of I/O chart →DBF+FF 2nd hourly →SBR, NBS, OAE, Sr. calcium 12:30Am	→Baby is stable	→rechecked vitals	

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 18/7/26

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 the vitals. →maintain I/o chart. →~~drugs give~~ →DBF+FF 2nd h. give.	8AM 2PM	→Assessed the baby condition. →monitored the vitals. →maintained I/o chart. →DBF+FF 2nd hourly given.	→Baby is stable now.	→Reassessed the vitals	
Afternoon							
Night							

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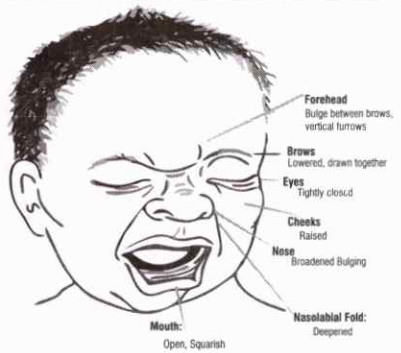
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						16/7	16/7	16/7/26	17/7	17/7	18/7/26	18/7		
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						M6	E2	N1	M6	E2	N1	M6		
					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	NP	NA	N/A	NA	NA	N/A	N/A		
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)	NP	NA	N/A	NA	NA	N/A	N/A		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NP	NA	N/A	NA	NA	N/A	N/A		
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	NP	NA	N/A	NA	NA	N/A	N/A		
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	NP	NA	N/A	NA	NA	N/A	N/A		
					Gestational Age / Corrected Age	37	37w	37 +1week	37 weeks	37 week	37 +1weeks	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 / [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.

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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	16/7 N1	16/7 M6	16/7 E2	16/7/26 N1	17/7 M6	17/7 E2
	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:	—	98.1°F	98.3°F	97.1°F	97.1°F	97.2°F
	Res:	36	40b/m	42b/m	40b/m	40b/m	45b/m
	SpO_2:	99	100%	99%	99%	99%	99%
	Pulse:	136	136b/m	142b/m	140b/m	141b/m	140b/m
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:		1	4	0	1	1
Recommendations	Safety Needs:	—	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Mahi	mahesh	Sunanda	Divya	Mahi	Anusha
Signature :							
Date:		16/7	16/7/26	16/7/26	17/7/26	17/7/26	17/7/26
Time:		8AM	2pm	8pm	8pm	2pm	8pm
Taken Over By Name :		Mahi	Sunanda	Divya	Mahi	Anusha	Divya
Signature :							
Date:		16/7/26	16/7/26	16/7/26	17/7/26	17/7/26	17/7/26
Time:		8AM	2pm	8pm	8AM	8pm	8pm

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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	16/7/26 N1	16/7 M6				
	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:	98.2°F	98.1°F				
	Res:	20b/m	40b/m				
	SpO_2:	100%	100%				
	Pulse:	138b/m	140b/m				
	BP:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	11				
Recommendations	Safety Needs:	—	Yes				
	Physiotherapy	☐ ~~Yes~~ ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—				
	Special Diet:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—				
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Divya	mahi				
Signature :							
Date:		16/7/26	16/7/26				
Time:		8Am	2pm				
Taken Over By Name :		Mahi					
Signature :							
Date:		16/7/26					
Time:		8Am					

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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: 16/7 Time of Birth: 12:35 Gender: ☐ Male ☐ Female

Birth Weight: 2.880 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: ..... °C HR: ..... /Min RR: ..... /Min BP: ..... SpO_2: .....

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: ..... Signature: ..... Date &Time: 16/7/26

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 SHAGABANDA DEVI SNEHA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006858**	**Sex:**	**Female**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-415-1**

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: .....)

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

Signature of Patient/Relative:

Name: A. Venkateshwarlu
Relationship: uncle
Date: 16/7/26 Time: 01:43 AM

Witness Name:
Witness Signature:

Patient Address:

12-10-409/100/B beedal basthi
Namala Gundu Hyderabad Telangana
INDIA 500061

HNH-00016611 IP26-00006858
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery | 25 Years

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.

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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**