3/4 O.C

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DISCHARGE SUMMARY

Name	Baby Of SARASWATHI	**UHID**	HNH-00016212
Father/Guardian	Mr NAGI REDDY	**Age/Gender**	0 Y 0 M 9 D/ Female
Address	SRI SAI NAGAR COLONY, Kukatpally, Hyderabad, Telangana, INDIA, 500072		
IP No	IP26-00006748	**Admission Date**	05-07-2026
Ref Doctor	DR. JANAKI VELLANKI		
Discharge Date	07.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of SARASWATHI is a 0 Y 0 M 9 D old baby girl presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, she was investigated on OPD basis (transcutaneous bilirubin was 20 mg/dl). In view of severe hyperbilirubinemia, she was shifted to NICU for further management.

Birth history: Baby Of SARASWATHI is a moderate preterm (33 weeks + 5 days) baby girl, delivered to a primi mother by emergency LSCS on 27.06.2026 at 11:28 am with birth weight of 2.48 kgs in Gandhi Hospital,Secunderabad. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.
In view of respiratory distress with tachypnea and chest retractions baby was transported to Rainbow childrens hospital,Himayth nagar NICU for further management

Examination: She was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 135/min and Respiratory Rate - 34/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without

Name	Baby Of SARASWATHI	UHID	HNH-00016212
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organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 2.260 kilo grams.
Weight at discharge : 2.260 kilo grams.

Investigations: Enclosed.

Management: She was admitted in NICU and started on triple surface phototherapy. Her transcutaneous bilirubin on admission was 20mg/dl. Baby was continued on demand breast feeds + measured feeds.Serial serum bilirubin values were monitored.Her repeat serum bilirubin value was 15.4 and hence shifted to ward and continued on double surface phototherapy. Her last serum bilirubin on 10th day of life was 8.5 mg/dl with indirect fraction of 8.4 mg/dl. This does not come under phototherapy range, hence phototherapy stopped.

Baby remained hemodynamically stable and is being discharged with the following advice.

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

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

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:
Keep the baby clean & warm
Exclusive 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.
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:
1. **Newborn screening advanced / Newborn screening-4 test report to be done on followup.**
2. **TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test report to be done on followup.**

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3. **Serum bilirubin to be done / decided on followup.**

Review consultation with Dr. SPANDANA PASUPULETI on Thursday (09.07.2026) in OPD at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact number 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**

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006748 **Admit Date** : 05-Jul-2026 **Admit Time** : 01:37 PM **UHID** : HNH-00016212

Patient Details :

Patient Name	: Baby Of SARASWATHI	**Age**	: 0 Y 0 M 8 D
Guardian	: Mr NAGI REDDY	**DOB**	: 27-06-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SRI SAI NAGAR COLONY Kukatpally Hyderabad Telangana INDIA 500072	**Phone No**	: 9701947399/ 9676673411
		E-mail	: NAGIREDDY135@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 NAGI REDDY **Relationship** : Father

Contact Address : SRI SAI NAGAR COLONY Kukatpally Hyderabad Telangana INDIA 500072 **Phone No** : 9701947399

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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

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Dr. SPANDANA PASUPULETI

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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	2			
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				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
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				
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
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	1			
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 : 07/07/26

(P.T.O)

PATIENT TRANSFER FORM

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 at 1:37 pm	6/7/26 at 12:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Spandana	Dr. Sughosh	Stable
From Unit	**To Unit**	**Information to Attendant**
NICU		Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25		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
6/7/26 at 12:30pm	Dr. Sughosh

Patient & Clinical Records Received by : Sr. Sandhya.

Date & Time of Patient Received : 6/7/26 @1:pm

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

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

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CONSENT FOR FORMULA FEEDS

Patient Name : B/o Saraswathi Age : 8d Gender : ☐ Male ☑ Female

UHID No : HNH-00016212 Department : NICU Date : 5/7/26

I Mr / Mrs. : Nagireddy aged ~~8D~~ 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 : Swaroop

Name : Nagi Reddy

Relationship with Patient: Father

Date & Time : 5/7/26 at 1:20 pm

Witness :

Signature : Saipriya

Name : Staff

Date & Time : 5/7/26 @ 1:30 pm

Doctor (who is taking the consent) :

Signature : Nan

Name : DR. NAZNEEN BANU

Date & Time : 5/7/2026 @ 1:30pm

Reason :- Excessive weight loss.

NNJ

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CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Name: B/o Saraswathi Age: 0D Gender: Male ☐ Female ☐

UHID.No : 000162112 Date: 5/7/26.

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

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

Neonatal jaundice

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 : Swaraj

Name : Nagi Reddy.

Relationship with Patient: Father

Date & Time : 5/7/26 @ 1:30pm

Witness :

Signature : Raju

Name : Raju

Date & Time : 5/7/26 1:30pm

Doctor (who is taking the consent) :

Signature : Dr

Name : Anusha

Date & Time : 5/7/26. @ 1:30pm

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ACTIVITY RECORD FOR BILLING

Name: ---- HNH-00016212 IP26-00006748
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UHID No : -

--------- Consultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/7/26	2:pm	ER	NICU	A.P
6/7/26	12:30pm	NICU	3rd floor 315	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/7/26	TCB Head = 200 mg/dl chest 200 mg/dl	OP Basic	
6/7/26	SBR.	11037	
6/7/26	DBC.	11040	
6/7/26	RBS. (106 mg/dl)	11058	
	Cross Checked by	Gowri 6/7/26 at 9Am	
6/7/26	SBR	1118	
		Cross checked done	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
~~5/7/26~~	~~Invasive monitor~~				
5/7/26	Syringe pump (Inf fluids)	3:30pm	6/7/26 11:30 AM	10942	
5/7/26	DSPT		7/7/26 @6AM		
5/7/26	SSPT		6/7/26 11:30AM	10941	
5/7/26	Invasive Monitor				

Cross checked done by Dheya. 6/7/26.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
~~5/7/26~~				
5/7/26	IV placement	1	10914	[signature]
	Cross checked done		Sg Dhen	6/7/26 12:00

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
6/7/26.	6pm.	106 mg/dl	Feeding	D.

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Saraswathi Age : .... Father's Name : Mr. Nagi Reddy Age : ....

Date of Birth : 27/06/2026 Date of Admission : 05/07/2026 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 Saraswathi

Gender : ☐ M ☑ F Blood Group : O positive

Date of Birth : 27/06/2026 Time of Birth : ....

Place of Birth : ~~RCH - Himayathnagar~~ outborn → Gandhi hospital

Mother's Blood Group : O positive

Birth Weight (gms) : 2.48kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 33+5wks @ delivery

Current Obstetric History : (Booked / Unbooked Case) [Booked circled]

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

Conception : Spontaneous or with Rx. : .... [Spontaneous circled]

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

Last Scans Details : ....

.... 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 : ....

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
7/10	8/10	

TOTAL

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

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Mod PT (33+5wks) AGA / D8 of life / cried / RDS / 2.48kgs.
Neonatal Hyperbilirubinemia
now c yellowish discoloration of skin, dull activity, since 1 day. for TSPT

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5 subs + 5 days. | RDS |
discharged on 01/07/2026
(CD wt - 2.38 kgs)
now with poor feeding / dull activity.
and yellowish discoloration of skin since 1 day
TCB done on OPD basis - chest > 20 mg/dL
head > 20 mg/dL
↓
admitted for triple Surface phototherapy
and IV fluids

Investigation details in previous Hospital :

—

Feeding History :

poor feeding
(on DBF + Pre Nan)

Past History :

-

Family History :

-

Socio Economic History :

(N)

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GENERAL EXAMINATION ON ADMISSION

General Disposition :

c/c/A - good
Cry (+)
Icterus (+)

VITALS : Temperature : (N) HR : 135/min RR : NIBP : CFT : <3sec :

Color of the extremities : (N)

Jaundice : (+) Pallor : (-) SpO2 : 98% @ RA.

Anthropometry : Birth Weight : 2.48kg Length : HC : Present Weight : 2.20kgs (11.2% ↓ from)

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :
(N)

Facies : (Any Facial Dysmorphism) none

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :
(N)

EYES :
Symmetry :
Red Reflex : (N)
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :
(N)

Patient Sticker

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : 1 (N).

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :
1 (N)

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :
1 (N)

HERNIAL ORIFICES True.

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Deformities :
Hip Joint Examination :
1 (N)
Arms / Legs : 1 (N)
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 35/min ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

SpO_2 : 98% @ RA ..... Auscultation : (N) ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 135/min ..... BP : .....
Femoral Pulses : (+) .....
Other Peripheral Pulses : (+) .....
Precordial Activity : (N) .....
Murmurs : .....
Signs of Cardiac Failure : .....

Abdomen :

Shape : .....
Palpation : .....
Palpable masses : (N) .....
Abdominal girth : .....
Hernia orifice : True .....
Anal Patency : (+) .....
Umbilical Cord : .....
First urine passed : .....
Meconium passed : .....

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

State of wakefulness : .... Cry (+) ....

Prechtle Score : ....

Nerves : ....

....

Motor System :

Passive Tone : .... ✓ ....

Active Tone : .... ✓ ....

Neonatal Reflexes : ....

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

Moro's : .... B/L symmetrical .... DTR : .... (N) ....

ATNR : .... Skull and Spine : .... (N) ....

Any Congenital Anomalies : ....

....

Diagnosis : .... Mod PT (33wks + 5 days) | AGA | Girl | CIAB | RDS | NNJ (TSPT) | ....

.... 11.2% wt loss. ....

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .... Nau ....

Name : .... Dr. Nameen Banu ....

Date & Time : .... 05/07/2026 @ 2pm ....

Consultant :

Signature : ....

Name : ....

Date & Time : ....

Patient Sticker

DISCHARGE PLAN

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Feeding Plan at the time of shifting :

(1) Admit in NICU.

(2) Start TSPT

(3) Total fluids (180ml/kg/day)

180ml/kg/day Feeds

Fluids 30ml/kg/day

(4) ekego 30ml (DBF+FF) every 2nd hourly

(4) IV Fluids 10% Isolyte P 3.1 ml/hr.

(5) Repeat SBR after 8 hours of starting phototherapy

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

Nil

(Improved)

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐Yes ☐No

Details: .....

Final Diagnosis: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0Y0M8D (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/2026 4:30pm	S/B Dr Nameen / Dr. Anusha	
	Ds / mod PT / AGA / girl / CIAB / NNJ / 11.2% wt loss	
	↓TSPT.	Plan
	on room air	① Continue TSPT c̄ eyes and genitalia covered
	SpO_2 - 98% @RA.	
	accepting feeds	② Ct IV fluids @ 3.1ml/hr
	HR - 109/min.	③ Give Expressed Breast milk (EBM) + FF (30ml Q2H)
	activity - ↓ed - but better	
		④ Repeat SBR @ ~~12am~~ @ 12am.
		(Dr Nameen)
		Noted by pooja 5/4/26 4:30pm

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 7am	S/B Dr Nameen /	Dr. Anusha
	D9/mod PT/ AGA/girl /	CIAB/ NNJ / 11.2% wt loss
	T. wt :- 2.260 kg (↑60gms.)	Plan
	maintaining SpO2 @ RA	(1) change to DSPT.
	HR - 133/min	(2) ct IV fluids.
	accepting feeds well	Plan to stop after rounds
	activity ✓	(3) ct feeds every
	u/o - 3.6 ml/kg/hr	2nd hourly
		30ml Q2H.
	T. Bili - 15.4 mg	(4) R/v repeat SBR in
		the evening
		(Dr Nameen)
6/7/2026 9am	S/B Dr. Tejas	
		Plan
	on room air.	
	active.	(1) Stop IV fluids
	accepting feeds well	(2) 30 - 35 ml Q2H feeds
		(3) ct DSPT
		(4) Shift to ward
	(5) R/V repeat SBR evening	
		Noted by [signature] 6/7/26 @ 7Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/26 11:30AM	d/w/s. Dr. Tejaswi / Dr. Sushanth (Shifting notes)	
	Baby on room air	
	On TSPT	
	O/E:- vitals:- SpO2: 95% @ RA	
	HR:- 130/mins	
	Accepting feeds	
	S/B: MAU	
		Adv
		- Stop IV fluids
		- Change to DSPT
		- 30-35ml feeds 2nd hourly
		- Shift to ward
		- Repeat SBR in evening
		[signature]
		Noted by Lavanya 6/7/26 at 11:30 AM

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27-06-2026 0 Y 0 M 8 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 2.00PM	C/S/O Dr. Varun / Dr. Archana.	
	DG / Mod. PT / AGA / female / NNH	
	on room air; stopped INF.	
	↓ DSPT.	
	O/E - vitals stable.	
		P/Kn
		- Rpt. SBL in the evening → 6pm
		- Ct. 30-35ml Q2H feeds.
		- Ct - DSPT.

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

HNH-00016212 IP26-00006748
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 7.00pm	C/S/B. Dr. Spandana	
	D9 02 | mod PT | AGA | Female | NNH	
		Plan
	Euthermic	
	C/T/A - Good.	- Trace. SBR
	R/S - NAD.	- ~~DBF~~ +
	P/A	- 35ml ml. 2nd hourly
	Tolerating feeds well.	flow bumping.
		- Cont DSPT
		- Monitor vitals

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

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-05-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/2 7:30PM	C/S/B Dr. Pranav / Dr Naipuny	
	D10 / Mod PT / 33+5 → 7.75 wk / AGA / Bnd / NNJ	
	T. Wt - 2.260 kg (Same wt)	
		Rx
	SBR – 8.5	1) D/c Today
	Baby Breathing	2) DBF f/b burping Q2-4 + FF
	C, T, A } Good.	3) Monitor Wts
	Tolerating feeds	
		Noted by Swathi staff

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 9 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 10am	U/B Dr. Tejaswini	
	SBR : 8.5	
	O/E	
	anicteric	Plan
	HR/A : good	1) discharge today
	vitals : stable	2) DBF every 2hrly + FF
	S/E : normal	3) monitor urine/stools
		4) maternal care
		Dr. Tejaswini
	Dr. S. TEJASWI REDDY Registration No: 94068	
		noted by Sr. Sandhya 7/7/26 10 am

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

(P.T.O)

HNH-00016212 IP26-00006748
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27-06-2026 0 Y 0 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016212 IP26-00006748
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DRUG CHART

Date of Admission: 05/07/2026 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 / 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:																		

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

HNH-00018212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS Weight. .... Ward. ....

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

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

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

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

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

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

	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

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

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

		nposition 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
5/7		10% ISOLYTE-P 30 ml/kg/day	IV	3.1 ml/hr	[signature]	[signature]	6/7/26 11:30 PM		[signature]

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

Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

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INTENSIVE CARE UNIT
AL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

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

Date: 6/7/25	Date:	Date:
DOL Weight 2.260 kg	DOL Weight	DOL Weight
Problems: NNJ	Problems:	Problems:
Rs. 30-160 bpm Exam Done Vent. Setting Room Air ABG CXR 3 sets	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR 120-160 bpm BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: (106 mg/dl) U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion 3 sets	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics Inj + Piptaz	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment	Assessment
Plan	Plan	Plan

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

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

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
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	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

HNH-00016212 IP26-00006748
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27-06-2026 0 Y 0 M 9 D (F)
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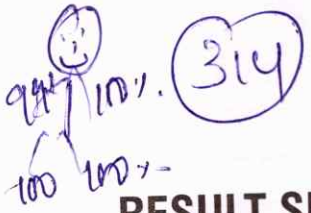

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RESULT SHEET

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

(P.T.O)

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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27-06-2026 0 Y 0 M 9 D (F)
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FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7

Time:	8	9	10	11		2PM	6pm	2Am	6Am
Doctor/Nurse/Family Concern?	A	A	A	A			[illegible]		
Temperature (°F) (scale 94–104)	36.6°C	36.5°C	36.6°C	36.5°C	36.6°C	97.3°F	97.1°F	98.4°F?	97.7°F?
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	52 / (42) / 39	61 / (50) / 40	67 / (49) / 40	55 / (49) / 39	50 / (40) / 32?	✱	✱	✱	✱
Heart Rate (Number)	140	135	129	132	142	140b/m?	140b/m?	140b/m?	138b/m?
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)									
Resp Rate (Number)	50	42	39	30	42	[illegible] b/m	20b/m?	20b/m?	22b/m?
Resp Distress: Mod/ Severe									
Resp Distress: None / Mild									
Receiving O_2(l/min)									
O_2Saturations (%)	95%	97%	98%	92%	95%	99%	100%	99%?	100%?
Conscious Level: Normal									
Conscious Level: Altered									
GCS *	C	C	C	C	C	0?	[illegible]		
TOTAL SCORE Number of shaded boxes							0	0	0
Pain Score						0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[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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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	pre nan	30ml								1	
	09:00 am										0	
	10:00 am	prenan	30ml							✓		
	11:00 am										1	Cefixim 0 6/7/26 at 8pm
	12:00 pm	prenan	30ml							✓		
	01:00 pm											
Total Intake :								**Total Output :**				
6/7/26	02:00 pm		DBF + FF								1	
	03:00 pm	NA										
	04:00 pm		FF							✓	0	
	05:00 pm				NA			NA				
	06:00 pm		DBF + FF							✓	1	
	07:00 pm											
Total Intake :								**Total Output :**				
6/7	08:00 pm										1	
	09:00 pm		DBF + FF				✓			✓		
	10:00 pm											
	11:00 pm	0	DBF + FF		NA			NA			0	
	12:00 am									✓		
	01:00 am						✓				1	
Total Intake : Daily								**Total Output :** 0-2				
7/7	02:00 am		DBF + FF									
	03:00 am											
	04:00 am						✓			✓		
	05:00 am	0			NA			NA			0	
	06:00 am		DBF + FF									
	07:00 am						✓			✓	1	
Total Intake : Daily								**Total Output :** 0-2				

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016212 IP26-00006748
Baby Of SARASWATHI (F)
27-06-2026 0 Y 0 M 9 D
Dr. SPANDANA PASUPULETI

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: 6/7/26

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	8 AM to 8pm	* Assess the Baby condition * monitoring vitals * maintain I/O chart * 2nd hrly feeds 30ml * DSPT continue	8am to 8pm	* Assess the Baby condition * monitoring vitals * maintain I/O chart * 2nd hrly feed 30ml	vitals stable	Re-Assessment Done	Cawin 6/7/26 at 8pm
Afternoon	2pm to 8pm	- Assess the baby condition - Monitor vitals & record - Maintain I/o chart - DBF + ff 2nd hrly - Cont. DSPT	2pm to 8pm	- Assessed the baby condition - Monitored vitals & record - Maintained I/o chart - DBF + ff 2nd hrly	Baby is stable now	Re-checked vitals	
Night	8pm to 8am	⇒ Assess the Baby Condition ⇒ monitor vitals & record ⇒ maintain I/o chart ⇒ DBF + ff 2nd hrly	8pm to 8am	⇒ Assessed the baby condition ⇒ Monitored vitals & record ⇒ Maintain I/o chart ⇒ DBF + ff 2nd hrly	⇒ Baby is stable	⇒ Rechecked vitals	

HNH-00016212 IP26-00006748
Baby Of SARASWATHI (F)
27-08-2026 0 Y 0 M 9 D
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NNJ

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

BACKGROUND

Area / Shift Time	5/7/26 E2	5/7/26 N1	6/7/26 M5	6/7 N1		
Medical Condition (Any special condition to be noted):	NNJ	NNJ	NNJ	NNJ		

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:	36.5°C	36.5°C	36.7°C	36.5°F		
Res:	36 bpm	35 bpm	40 bpm	40 bpm		
SpO_2:	100%	100%	95%	98%		
Pulse:	142 bpm	136 bpm	130 bpm	132 bpm		
BP:	—	—	—	—		
Fall Risk Score:	—	—	—	—		
Pain Score:	—	—	—	—		

Recommendations

Safety Needs:	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 :	Pooja	Sathya	Laxmi	Swathi		
Signature :						
Date:	5/7/26	6/7/26	6/7/26	6/7/26		
Time:	8pm	8Am	8Am	8Am		
Taken Over By Name :	Sathya	Laxmi	Swathi			
Signature :						
Date:	5/7/26	6/7/26	6/7/26			
Time:	8pm	8Am	8pm			

Patient Sticker

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BirthRight
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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

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					Date : 5/7	5/7	6/7	7/7
					Time : E2	N1	M3	[illegible]
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	24
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
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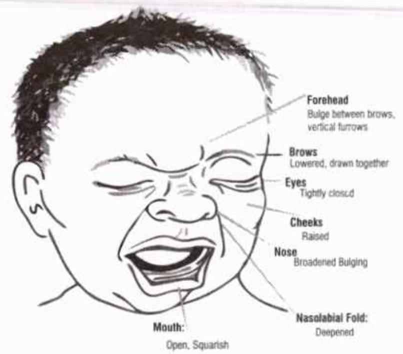
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date 5/7	Date 5/7	Date 5/7	Date 6/7	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time E2	Time N1	Time M5	Time N1	Time	Time	Time	Time	Time
					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	NA	NA	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	NA	NA	—					
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	—					
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	—					
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	—					



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age	33+ 34	33+ [illegible]	33+ [illegible]	33+					
Total Pain / Agitation Score	—	—	—	—					
Intervention	—	—	—	—					
Effectiveness	—	—	—	—					
Signature	[signature]	[signature]	[signature]	[signature]					

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-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 5 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

5/7/26

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

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

Signature of Shift In Charge :

Signature : ..... Name : Bharani

Signature of Ward In Charge :

Signature : ..... Name : Bharani

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016212 IP26-00006748 Baby Of SARASWATHI 27-06-2026 0Y0M8D (F) Dr. SPANDANA PASUPULETI	5/7/26 1:30 PM	5/7/26 @ 2 PM
	Transfer Ordered by Dr. Nazmin	Reason for Transfer Admission.
From Unit ER	To Unit NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	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
Ampan	Dr. nazmin

Patient & Clinical Records Received by :
Pooja

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

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 SARASWATHI**	**Age :**	**0 Y 0 M 8 D**
IP No:	**IP26-00006748**	**Sex:**	**Female**
Consultant:	**Dr. SPANDANA PASUPULETI**	**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: Swaddle)

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~~: Swaddle

Name: Nagi Reddy.

Relationship: Relatives.

Patient Address:
SRI SAI NAGAR COLONY Kukatpally
Hyderabad Telangana INDIA 500072

Date: Time:

Witness Name:

Witness Signature:

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-05-2026 0 Y 0 M 8 D (F)
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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
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CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in www.rainbowhospitals.in

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
Dr. SPANDANA PASUPULETI

COUNSELLING SHEET

, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State
using Board Himayatnagar , Hyderabad- 500029

Rainbow® Children's Hospital
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	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU
BED CHARGES			
DOCTORS CHARGES			
			NICU
NURSING CHARGES			
DIET CHARGES			
TOTAL			18500/-

SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
PHARMACY	
INVESTIGATION	
CROSS CONSULTATION	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
CONSUMABLES	
BLOOD PRODUCTS	VISITING HOURS 04:00pm TO 05:00pm.
OXYGEN	
HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
EQUIPMENT	
PROCEDURE	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
NEBULISATION	
MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	

PATIENT NAME		AGE/SEX	
UHID		INSURANCE NAME	Cash

CAUTION DEPOSIT	20 K

ATTENDENT SIGNATURE

COUNSELLING PERSON SIGNATURE

O_2 - 4500-5500/-
HFNC-6500-7500
Vent - 10500 - 11500

As of Aarti Maam instructions deposit amount of (NICU) - 20000

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Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Nameem Banu .....

Date & Time : 05/07/2026 @ 2pm .....

Nurse Name & Signature: Anpam .....

Date & Time : 05/7/26 @ 1:30pm .....

Docu. No. : RCH / FRM / GENERAL / 090

HNH-00016212 IP26-00006748
Baby Of SARASWATHI
27-06-2026 0 Y 0 M 8 D (F)
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wt - 2.20kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Saraswathi Age : 8D 4D **Gender:** ☐ Male ☐ Female

Date : 5/7/26 Time of Arrival : 1:20 pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☐ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.3 PR: 141 BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: C/o yawoshis discoloration skin

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☑ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life –Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 1:22 pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☑ Yes ☐ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Anupam

Signature of Triage Nurse : .....

Date & Time : 5/7/26 @ 1:30 pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/5/7/ Time of arrival : ....

Chief Complaints: c/o yellowishis discoloration of skin

Height : .... Weight : 2.20 Kg Head Circumference (<2 years) ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes, identify ....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: ...\... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ...—... ☐ Location ...—... ☐ Frequency ...—... ☐ Duration ...—...

RISK FOR FALL:

	Yes	No
If patient is < 6 years	☐	☑
If 'Yes' tick below fall risk intervention directly		
If Patient is > 6 years		
If 'Yes' Assess the below parameters		
History of Falling: within past 3 months	☐	☑
Ambulatory Aids:		
• Wheelchair	☐	☑
• Uses furniture for support	☐	☑
Gait/Transferring:		
• Bedrest / immobile	☐	☑
• Weak	☐	☑
• Impaired	☐	☑
Mental Status: Forgets limitations	☐	☑

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- ☐ Escort while ambulating
- ☐ Assist Patient
- ☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With Family.

Siblings in household ☐ Yes ☐ No (if yes How Many?) ....

Time of Initial assessment completed by ER Nurse : 1:30 PM

Nursing Care Plan (Including Labs / Medications / Other Care):

Time	Nursing Notes
	Assessed the patient condition
	vital checked
	canula done.

Samples collected by:

Samples sent by : Apurba

Time:

Time: 1:30pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 141 BP: ..... CFT: —	Shift - out from ER to: NICU
RR: 40 SPO2 at FiO2:	Time of Shift - out: 2 2pm
GCS: 15/15 Temperature : 98.2	Handover given to: .....
Pain Score: 2	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Anupam Signature of the Nurse : .....

Date & Time : 5/7/26