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DISCHARGE SUMMARY

Name	Baby Of RAJASHREE	**UHID**	HNH-00016480
Father/Guardian	Mr KUSHANGALA SRIKANTH	**Age/Gender**	0 Y 0 M 0 D 1 H/ Female
Address	12-2-754/2 RETHI BOWLI ASIFNAGAR HUMAYUNNAGAR, Mehdipatnam, Hyderabad, Telangana, INDIA, 500028		
IP No	IP26-00006808	**Admission Date**	10-07-2026
Ref Doctor	Self.		
Discharge Date	12.07.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
TERM (39 weeks + 5 days)/AGA/BABY GIRL	

History: Baby Of RAJASHREE is a term (39 weeks + 5 days) baby girl, delivered to a G2P1L1 mother by spontaneous vaginal delivery on 10.07.2026 at 12:43 pm with birth weight of 3.22 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done . Fetal presentation was Breech / Vertex.

Name	Baby Of RAJASHREE	UHID	HNH-00016480
IP No	IP26-00006808	Admission Date	10-07-2026

Maternal History: Mrs. RAJASHREE is a 35 years old G2P1L1 mother.
1 - 2024/ Aug - FT/SVD, Male, Wt 2.6 kg, A & H , Uneventful
2 - PP, Spontaneous Conception, had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is A positive. Baby's blood group is A negative.

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

Anthropometry:
Weight at birth : 3.22 kgs.
Weight at discharge : 3.080kgs.
Head Circumference : 35cms.
Length : 50 cms.

Vaccine Name	Status	Date
BCG	Given	11.07.2026
OPV	Given	11.07.2026
HEPATITIS B	Given	11.07.2026

Name	Baby Of RAJASHREE	**UHID**	HNH-00016480
IP No	IP26-00006808	**Admission Date**	10-07-2026

In view of polydactyly, pediatric surgery reference was taken. Dr. Jyoti counselled regarding the course and surgical removal of the accessory digits to the parents, including the danger signs. Reassurance was given. 2D-ECHO and USG Abdomen+ KUB were adviced to rule out the presence of any associated congenital anomalies.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	11.07.2026
OPV	Given	11.07.2026
HEPATITIS B	Given	11.07.2026

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

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

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

Baby tolerating feeds well, hemodynamically stable, passed urine and

Name	Baby Of RAJASHREE	UHID	HNH-00016480
IP No	IP26-00006808	Admission Date	10-07-2026

meconium, hence being discharged with the following advice.

Condition at discharge: Baby is pink, warm, active and on direct breast feeds + measured feeds.

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:
1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done / decided on followup**
4. **2D-ECHO, USG - Abdomen+KUB : To be done on follow-up.**

Review consultation with Dr. DILNAAZ FAROOQUI on Monday(13.07.2026) 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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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**

RAINBOW CHILDREN'S MEDICARE LIMITED * HYDERABAD

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
10-07-2026 0 Y 0 M 1 D (F)
Dr. DILNAAZ FAROOQUI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
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	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	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			
	Extras	6			
	Total No. of Pages	25			

Signature and Date : 11/7/26

(P.T.O)

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 : IP26-00006808 **Admit Date** : 10-Jul-2026 **Admit Time** : 01:12 PM **UHID** : HNH-00016480

Patient Details :

Patient Name	: Baby Of RAJASHREE	**Age**	: 0 D
Guardian	: Mr KUSHANGALA SRIKANTH	**DOB**	: 10-07-2026 12:43 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 12-2-754/2 RETHI BOWLI ASIFNAGAR HUMAYUNNAGAR Mehdipatnam Hyderabad Telangana INDIA 500028	**Phone No**	: 9550171413/ 9908847100
		E-mail	: RAJASHREER537@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-2 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-2 **Admission Type** : First Visit

Contact Details :

Name : Mr KUSHANGALA SRIKANTH **Relationship** : Father

Contact Address : 12-2-754/2 RETHI BOWLI ASIFNAGAR HUMAYUNNAGAR Mehdipatnam Hyderabad Telangana INDIA 500028 **Phone No** : 9550171413

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016480 IP26-00006808 Baby Of RAJASHREE 10-07-2026 0 Y 0 M 0 D 1 H (F) Dr. DILNAAZ FAROOQUI	10/7/26.	10/7/26 @ 4pm
	Transfer Ordered by Dr II DP/na 3.	Reason for Transfer OBS
From Unit LDR - I	To Unit Room (306)	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 15	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
Arhed	Dr II DP/na 3.

Patient & Clinical Records Received by : 10/7/26 medhavi @ 8pm

Date & Time of Patient Received : —

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

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

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Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

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NEWBORN MONITORING FORM

Date of Birth : 10/7/26.
Time of Birth : 12:43pm.
Mode of Delivery : SVD.
Birth Weight : 3.22
Head Circumference :
Length :
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group :
Baby's Blood Group :
Anomaly Scan :
Vaccination 10/7/26 : BCG, OPV, Hep-B } given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
10/7/26	3.22	DBF	1	98.F	

Date	Time	Investigation	Result	Order No.	Signature
10/7/26		Blood		11417	[illegible]
		group			
10/7/26		Dr. Joythi Bhadr		12724	[illegible]

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. DILNAAZ FAROOQUI

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CROSS CONSULTATION FORM

Doctor Name: Dr. Jyothi Bothra Date: 11/7/26 Time: ....

Diagnosis: ....

Hospital: ....

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral:
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations: Seen S/B Dr Jyothi

- Many thanks for ref
- Case capsule noted
  FTCh, with B/L polydactyl (UL)
  Skin based polydactyl

Adv
- Reassurance
- Need for surgical removal of accessory digit done
- Danger sign explained RIW sos

Consultant:

Name: Dr Jyothi Bothra [stamp: DR. JYOTHI BOTHRA ...962] Signature: .... Date & Time: 11/7/26 12:15pm

Doc. No.: RCH / FRM / CLINICAL / 049

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Rajashree Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Rajashree

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 10/7/26 Time of Birth : 12:43pm

Place of Birth : REN - HNH

Mother's Blood Group : A Positive

Birth Weight (gms) : 3.22kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39+5/7

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 3/10/25 EDD : 12/7/26

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

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

Last Scans Details : .....

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA - GN

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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Baby Of RAJASHREE
10-07-2026 0Y0M0D1H (F)
Dr. DILNAAZ FAROOQUI

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	22y	FT	2.6kg	Boy	NVD	
2	Present	Preg				

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD

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
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Girl Baby Delivered by NVD
↓
CIAB
↓
Routine newborn care given
↓
Delayed cord clamping done
↓
Inj Vit-K given
↓
Baby Pink
Vigorous

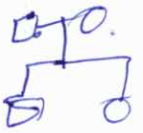
Investigation details in previous Hospital :

Feeding History :

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

Past His

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Birth
Vigorous

VITALS : Temperature : 36.5°C HR : 155/m RR : 36/m NIBP : CFT :

Color of the extremities : Pink

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : 3220 g Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

Spo2 : 98% Auscultation : B/L NAD Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Femoral Pulses : Palp

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : Patent

Umbilical Cord : 2A + 1V

First urine passed : Passed

Meconium passed : +/-

Nervous System : Higher intellectual functions (Sensorium) : C

State of wakefulness : T / NS } Crying

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : Good

Active Tone : Low

Neonatal Reflexes : .....

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

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

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

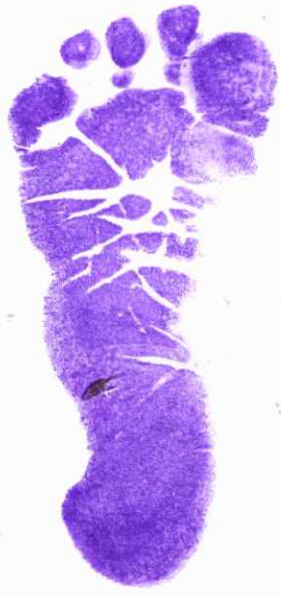
HNH-00016480
Baby Of RAJASHREE
10-07-2026
Dr. DILNAAZ FAROOQUI
IP26-00006808
0 Y 0 M 0 D 1 H (F)

Any Congenital Anomaly : Polydactyly

Diagnosis : G2 P1 L1 / 37+5 wk / NVD / CIAB / Girl / BW - 3.22 kg / Asphyxia

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : PRIYA V

Date & Time : 10/7/26

Consultant :

Signature : Dilnaaz

Name : Dr. Dilnaaz

Date & Time : 10/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

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Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

Plan

1) 2D Echo] @ 48 HOL
V.S. Abdomen

2) D.B.F J/L biopsy A.S.

3) Warm

4) Surgeon opinion ~~after 2 days~~ (1/m)

5) Vaccination today (BCG, OPV, HepB)

6) Send B/C/T

7) SBR/NBS/OAE @ 48 HOL

8) Monitor VBG

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

B

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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0
99 / 100 /
100 / 99

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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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Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

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

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

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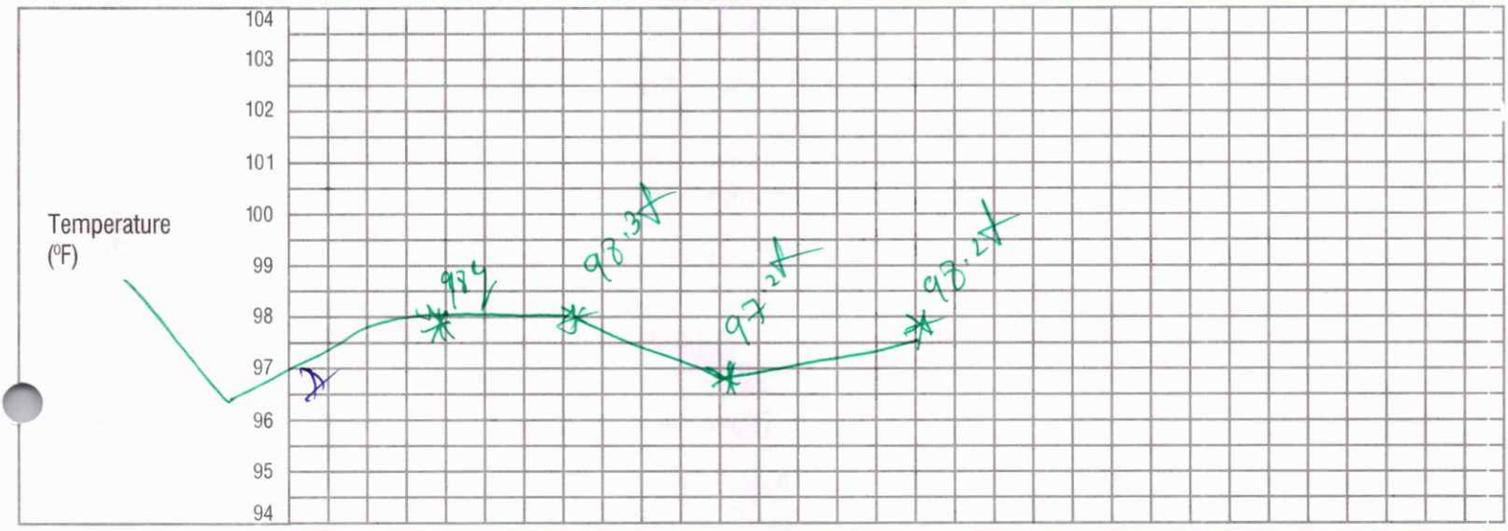
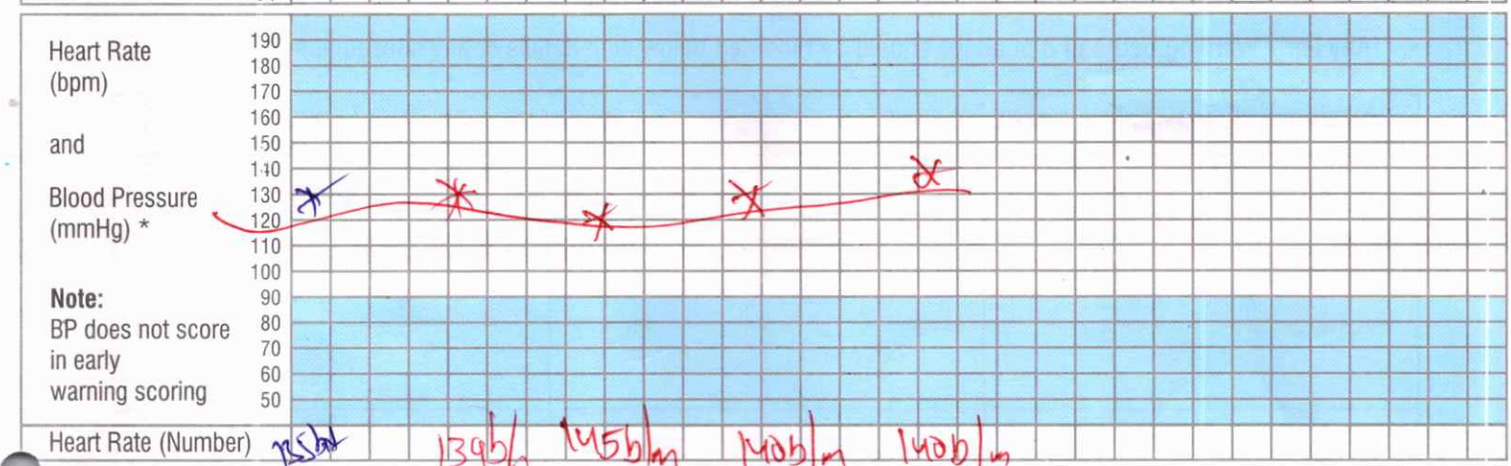
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

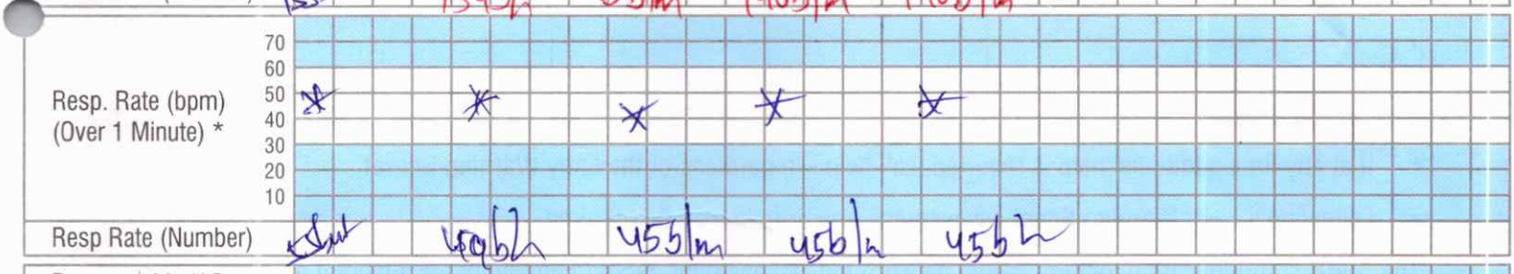
Date: ..... Time:	2PM	6P	10pm	6Am	6Am
Doctor/Nurse/Family Concern?					





Note: BP does not score in early warning scoring

Heart Rate (Number)	135b/m	134b/m	145b/m	140b/m	140b/m



Resp Rate (Number)	45b/m	45b/m	45b/m	45b/m	45b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	100%	98%
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. DILNAAZ FAROOQUI

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm		DBF									
Total Intake : Taken						**Total Output :** Not passed						
10/7	02:00 pm											
	03:00 pm		DBF									
	04:00 pm											
	05:00 pm		DBL									
	06:00 pm											
	07:00 pm		DBL									
Total Intake : Taken						**Total Output :**						
10/7	08:00 pm											
	09:00 pm											
	10:00 pm	0	DBF									
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake : Taken						**Total Output :** M-2 U-						
11/7	02:00 am		DBF									
	03:00 am											
	04:00 am	0										
	05:00 am		DBF									
	06:00 am											
	07:00 am		DBF									
Total Intake : Taken						**Total Output :** M-2 U-						

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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Baby Of RAJASHREE
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NURSING CARE RECORD

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Date: 10/7/26

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	2Pm | | 6Pm	→ Assess the Baby condition → Maintain I/O chart & Hourly → DBF 2nd hrly & burfying	2Pm | | 6Pm.	→ Assessed the Baby condition. → Maintained I/O Chart & Hourly → DBF 2nd hrly & burfying	Baby is stable	Maintain I/O chart & Hourly	AKCils (1)
Night	8Pm | | 8Am	⇒ Assess the Pt condition ⇒ monitoring vitals checked and recorded ⇒ I/O chart maintained	8Pm | | 8Am	⇒ Assessed the Pt condition ⇒ 2nd hourly feeds ⇒ Today vaccination To be done	⇒ Pt is stable	⇒ Re checked vitals	(2)

00016480 IP26-00006808
y Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 12 H (F)
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Pat

NURSING CARE RECORD

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

Date: .....

Goals

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

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: New born

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

BACKGROUND	Area / Shift Time	10/7 MG	10/7 E				
	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:	98.1F	98.3F				
	Res:	20	30b/m				
	SpO_2:	90%	100%				
	Pulse:	144	145b/m				
	BP:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
Recommendations	Safety Needs:	—					
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—				
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	NA				
Post Operative Procedure Special Orders:		—	NA				
Handed Over By Name :		Mcadh	Amruth				
Signature :							
Date:		10/7	11/7				
Time:		8PM	8AM				
Taken Over By Name :		Amruth					
Signature :							
Date:		10/7					
Time:		8PM					

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
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BRADEN 'Q' SCALE

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					Date : 10/7	10/7		
					Time : 12	10		
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.	3	3		
"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.	3	3		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3		
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.	3	3		
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		
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.	3	3		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	2		
				TOTAL SCORE	20	24		
				Evaluator's Name	@	[illegible]		

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

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

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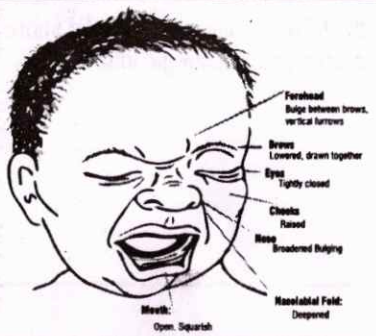
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						10/7								
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						3pm								
					Procedure ➡	-								
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0								
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)	-								
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-								
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	-								
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	-								



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	39												
	Total Pain / Agitation Score													
	Intervention													
	Effectiveness													
	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.

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0Y0M0D1H (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 4:45 pm	S/O Dr Dilnaaz Baby on breast feeds Did not pass urine / meconium yet. O/E Euthermic Active Vitals - stable Tone Cry Activity } (N) S/E - NAD	R 1) Warm care 2) DBF every 2hrly 3) BCG OPV HepB } tom 4) Ped surgeon referral tom i/v/o polydactyly 5) 2D Echo USG Abd } on follow up 6) NBS SBR OAE } @ 48 HO N/B Mother @ 4:45 pm

DR. DILNAAZ FAROOQUI
Reg. No: 382[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 2:50 AM.	S/s/by Dr Anuch / Dr var	
	Term / NVD / AGA / 3.22 kg	
	T wt - 3.120.	= pead Sx = polydactyly opinion.
	wt loss - 3.1%.	
	vital stable	= room air
		- DBF only 1/h burp
	S/E NAD.	
		- 2D Echo, USG Abd] f/u.
		- Monitor vitals
		- vaccination pending.
	[signature]	

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
10-07-2026 0 Y 0 M 0 D 12 H (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 10:30 am	S/B Dr Dilnaaz Baby accepting breast feeds Passing urine & meconium SOE Euthermic Active Vitals - stable Tone Cry Activity } N MBG: A +ve BBG: A -ve	& 1) warm care 2) DBF every 2 hrly 3) BCG OPV Hep B } Now
11/7/26	BCG OPV Hep-B } given	4) Ped. surgeon referral i/v/o polydactyly. 5) SBR NBS OAE } Mon. 13/7/26 and 2D Echo USG Abd } Mon 13/7/

Dr. DILNAAZ FAROOQUI Reg. No: 88285

Dilnaaz

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26	S/B Dr. Archana	
1 pm		• Discharge today
		• Paediatric Surgery reference done
		• f/u on Monday

HNH-00016480 IP26-00006808
Baby Of RAJASHREE
10-07-2026 0Y0M0D1H (F)
Dr. DILNAAZ FAROOQUI

DATE : 10/7

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft	NO cleft palate	
2	Pre natal teeth	No	Nil.	
3	Anal opening	Patent	Patent anal orifice	
4	Genitalia	Female	(N) female genitalia.	
5	Spine	Normal	Normal.	
6	Red reflex	To check	Red reflex seen in both eyes.	
7	4 limb saturation (before discharge)	To check	Equal in all 4 limbs	

Polydactyly of Both hands

Ped.Registrar signature

Ped.Consultant signature

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 10/7/26 Time of Birth: 12:43. Gender: ☐ Male ☐ Female

Birth Weight: 3.22 Kgs HC: ..... cm Lenght: ..... cm

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

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

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 138 /Min RR: 40 /Min BP: 100/70 SpO_2: 99%.

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

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Anhad Signature: ..... Date &Time: .....

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 RAJASHREE**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP26-00006808**	**Sex:**	**Female**
Consultant:	**Dr. DILNAAZ FAROOQUI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-412-2**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: K. Srikanth
Relationship: Father
Date: 10/7/2026 Time: 01:17 pm
Witness Name: Baheer prasad
Witness Signature: Baheer

Patient Address:

12-2-754/2 RETHI BOWLI ASIFNAGAR
HUMAYUNNAGAR Mehdipatnam
Hyderabad Telangana INDIA 500028

HNH-00016480 IP26-00006808
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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 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.

K. Srikanth

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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