DISCHARGE SUMMARY

Name	Baby Of BUKKAPATNAM REVATHI	**UHID**	HNH-00016541
Father/Guardian	Mr K. NIKHIL TRIVEDI	**Age/Gender**	0 Y 0 M 0 D 21 H/ Male
Address	H.NO: 2-2-1109/1/3, FLAT.NO: 405., Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006827	**Admission Date**	12-07-2026
Ref Doctor	SELF		
Discharge Date	15.07.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
TERM (37 weeks + 2 days)/AGA/BABY BOY	

History: Baby Of BUKKAPATNAM REVATHI is a term (37 weeks + 2 days) baby boy, delivered to a primi mother by elective LSCS on 12.07.2026 at 03:01 am with birth weight of 2.46 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 Vertex.

Maternal History: Mrs. BUKKAPATNAM REVATHI is a 29 years old primi mother.
G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Gestational Diabetes Mellitus present , on insulin. History of hypothyroidism present. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

Examination: Baby was euthermic (36.5 *C), euvolemic and was maintaining

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

Anthropometry:
Weight at birth : 2.46 kgs.
Weight at discharge : 3.00 kgs.
Head Circumference : 34 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

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

Serum bilirubin at 48 hours of life was 8.0 mg/dl with indirect fraction of 7.9 mg/dl.

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	13.07.2026
OPV	Given	13.07.2026
HEPATITIS B	Given	13.07.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Done on 15.07.2026 report awaited.

Newborn screening advanced / Newborn sreening-4 : Sent on 14.07.2026, report awaited.

SPO2 : 98 % at room air
Red Reflex: Present & Symmetrical

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Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

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

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

Plan:
1. **Newborn screening advanced : Test report to collect on followup.**
2. **Serum Bilirubin to be done / decided on followup.**

Review consultation with Dr. DILNAAZ FAROOQUI on Friday(17.07.2026) 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.

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**

Name	Baby Of BUKKAPATNAM REVATHI	**UHID**	HNH-00016541
IP No	IP26-00006827	**Admission Date**	12-07-2026

Nagar dial just one toll free number **18002122.**

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

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 3 D (M)
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	6			
7	Nursing plan of care and handover sheets	3			
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	1			
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)	2			
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	81			

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

Signature and Date : 15/07/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

CONSENT FOR FORMULA FEEDS

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

UHID No : ..... HNH-00016541 IP26-00006827 Baby Of BUKKAPATNAM REVATHI 12-07-2026 0 Y 0 M 0 D 19 H (M) Dr. DILNAAZ FAROOQUI No. : ..... Department : ..... Date : .....

I Mr / Mrs. : .. .. aged ..... years, hereby declare that I have

admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on

HNH-00016541 IP26-00006827 Baby Of BUKKAPATNAM REVATHI 12-07-2026 0 Y 0 M 3 D (M) Dr. DILNAAZ FAROOQUI

..... I hereby give consent for formula f... lained me

about the formula feeding benefits, risks, alternatives in the language I best u...

HNH-00016541 IP26-00006827 Baby Of BUKKAPATNAM REVATHI 12-07-2026 0 Y 0 M 3 D (M) Dr. DILNAAZ FAROOQUI

Patient Attendant :

Signature : B Revathi

Name : Revathi

Relationship with Patient: Mother

Date & Time : 13/7/26 @ 12 pm

Wi...

Sig... .....

Nam... maheshwari

Date & Time : 13/7/26 1 pm

Doctor (who is taking the consent) :

Signature : .....

Name : PRANAV

Date & Time : 13/7/26

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006827 **Admit Date** : 12-Jul-2026 **Admit Time** : 04:17 PM **UHID** : HNH-00016541

Patient Details :

Patient Name	: Baby Of BUKKAPATNAM REVATHI	**Age**	: 0 D
Guardian	: Mr K. NIKHIL TRIVEDI	**DOB**	: 12-07-2026 01:01 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 2-2-1109/1/3, FLAT.NO: 405. Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 8096667150/ 7799721096
		E-mail	: K.NIKHIL891993@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-413-2 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-413-2 **Admission Type** : First Visit

Contact Details :

Name : Mr K. NIKHIL TRIVEDI **Relationship** : Father

Contact Address : H.NO: 2-2-1109/1/3, FLAT.NO: 405. Amberpet Hyderabad Telangana INDIA 500013 **Phone No** : 8096667150

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

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NEWBORN MONITORING FORM

Date of Birth	: 12/7/26	New Born Screening	: willing (SBR)
Time of Birth	: 03:01 p.m	TFT	: willing
Mode of Delivery	: FL-LSCS	OAE	: willing
Birth Weight	: 2.460 kg	Mother's Blood Group	:
Head Circumference	:	Baby's Blood Group	: B Positive
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination 13/7/26	: BCG OPV Hep-B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
12/7/26	2.460kg	NBF	(1)	98°	
13/7/26	2.380kg	DBF	(1)	38°	
14/7/26	2.300kg	DBF	(1)	97.2°F	
15/7/26	2.3 kg	DBF	(1)	98.3°F	

Date	Time	Investigation	Result	Order No.	Signature
12/7/26	4:40pm	Blood group		1574	Akhila.
12/7/26	6pm	GRBS-1st hour	60mg/dl	1577	
12/7/26	7pm	GRBS-2nd hour	76mg/dl	11582	
					cross checked/done
12/7	9pm	GRBS-3rd hour	85mg/dl	11611	done
13/7/26	3Am	GRBS-6th hour	91mg/dl)	11609	
13/7/26	3pm	GRBS-10th hour	79mg/dl	11716	
14/7/26	3:a	GRBS (24h) (48h)	83mg/dl	11717	
14/7/26	3pm	GRBS	73mg/dl	11726	
	3PM	SBR		11724	
		NBS		11724	
15/7/26	11am	ODE		13963	
			cross checked/done	15/7/26	

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	12/7/26 @ 4:17Pm	12/7/26 @ 10:10Pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Dilnaaz	OBH
From Unit	**To Unit**	**Information to Attendant**
PNESPOST	(214)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Nil	Nil	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita @ Maddy	Dr. Dilnaaz

Patient & Clinical Records Received by : Sandhya

Date & Time of Patient Received : @10:20pm 12/7/26.

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

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

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12-07-2026 0 Y 0 M 0 D 3 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Bukkapatnam Revathi Age : 29y 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 Bukkapatnam Revathi

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 12/7/26 Time of Birth : 3:01 pm

Place of Birth : RCH

Mother's Blood Group : A (+) ve

Birth Weight (gms) : 2.46 kg Length (cms) : 47cm

OFC (cms) : 3rd cm 37

Estimated Gesth Age : ~~37~~ 37 weeks

Current Obstetric History : (Booked / Unbooked Case)

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

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

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

Last Scans Details : USG on 6/7 : doppler - (N) ; AFI : 18.7cms

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

GDM on insulin

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

— on thyronorm.

Any other Chronic Medical Problems, when detected

drugs ? on Antipsychotic → haloperidol

(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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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour elective lscs.

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
1	1	
2	2	
2	2	
1	2	
2	2	
TOTAL 8/10	9/10	

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

Comments :

mild acrocyanosis (+).

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Primi / 37 weeks / AGA / GDM mother / male / 2.46 kg

- hypothyroidism (+)

Baby cried immediately after birth
↓
cord clamped
inj vit K given
↓
RR & HR @ 1 min - 8/10
↓
C/T/A - Good
SpO2 @ 10 min : 98%.
↓
Shifted to mother side

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 146 bpm RR : 56 bpm NIBP : ..... CFT : 2 sec

Color of the extremities : mild acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 98 %

Anthropometry : Birth Weight : 2.45 kg Length : ..... HC : ..... Present Weight : .....

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	to be checked
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2D IV
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	(N) male genitalia
HERNIAL ORIFICES		
TRUNK and SPINE :		(N) Spine : sacral dimple (+)
SKIN LESIONS :		no hair
EXTREMETIES :	Fingers / Toes : 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 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System : $S_1 S_2$ (+)

HR : ..... BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

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

Abdomen : soft

Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

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

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : N

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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12-07-2026 0 Y 0 M 0 D 3 H (M)
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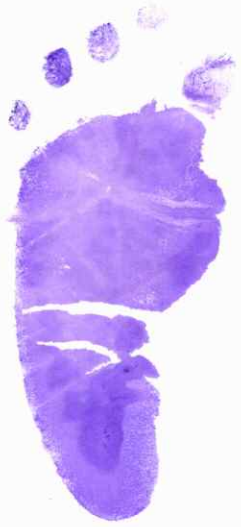
Any Congenital Anomalies : .....

Diagnosis : Term (37 weeks) / male / AGA / 2.46 kg / IDM / metabolic - hypoglycaemia.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : 12/7/26 ; 3:30 pm

Consultant :

Dr. DILNAAZ FAROOQUI
Reg. No: 38285

Signature : .....

Name : Dr Dilnaaz

Date & Time : 13/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
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 :

.....

.....

.....

.....

.....

.....

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

3:20 - 3:31 pm

.....

.....

1) warm care
2) DBF every 2nd hrly
sucking
3) GRBS monitoring
@ 1h, 2h, 4h, 6h, 12h,
24h, 48h.
4) vaccination today
5) SBR
NBS
ODE
c/s HOL

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 7pm	M/B Dr. [illegible]	
	- feeds ✓	
	- did not pass urine	
	& stools yet	
	O/E euthermic	Plan
	HTLA: good	1) warm care
	AF flat	2) DBF every 2nd h
	mom (+)	3) ct. 4RBS
	CRT < 3s	monitoring
	S/E - (N)	4) vaccination to be
		done
		5) monitor vitals
		Noted by Akula @ 8pm.

HNH-00016306 IP26-00006716
Mrs SAFA SALEEM UDDIN
10-05-1995 31 Y 1 M 22 D (F)
Dr. Mallavarapu Tripura

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	UIB Dr. Dharani	
7:30am		
	T. wt: 2.38 kg (↓180g)	
	3.2%	
	- feeds ✓	
	- urine ✓	
	- stools ✓	Plan
	O/E	1) Warm care
	euthermic	2) DBF every 2nd h
	CT/A: good	3) SBR
	AF: flat	NBS } e/s HOL
	moves (+)	OAE
	CRT: < 3sec	4) Ct. GRBS monitoring
	vitals: stable	5) vaccination today
	[signature]	
		noted by Sr. Sandhya 13/7/26 7:30a.

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 10 AM	S/B Dr Dilnaaz	
	B Term / AGA / M / LSCS / 2.460 kg	
		PL
	- Euthermic	
	C/S - S1S2 ⊕	- DBF + Burp 2° L + EF
	P/A - BLL - AC ⊕	- Warm care
	P/A Soft	- HR GRBS monitoring as per chart
	CTA good	
	80gm wt loss (3.2%)	- SBR, NBS, OAE @ 3PM on 14/7/26
		- Vaccination today: OPV, BCG, Hep-B
13/7/26	BCG, OPV, HepB - given	Dr. DILNAAZ FAROOQUI Reg. No: 38285 Dilnaaz
		N.B. maheshwari 13/7/26 @ 2:30pm.

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CLS/13 Dr. Naipunya	
13/7/26 2:00pm.	T/ACA/CIAB/2.960	
	Euthemic	Plan
	C/T/A - Good Vitals - stable	- DBF - 2nd half f/b burping
	RLS/CVS/PA/NAD	- SBR, NBS, OAE } 3:00pm 14/7
		- GRBS monitoring to check
		Dr.

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7 5:00pm	CLS113 Dr. Dilnaaz T | AGA | CIAB | 2.960kg.	
	Euthemic.	Plan
	Vitals - stable. CIT|A - Good. RLS] NAD PIA] U|M S|U.	DBF 2nd hourly 4th burping SBR] 14/7 NBS] 3:00pm OAE] GRBS Monitoring noted by Divya 13/7/26
		Dr. DILNAZ FAROOQUI Reg. No: 38285

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7	c/o/B Dr. Pranav / Dr. Prashanthi	
8Am.	FT / 37wks / B/LSCS / LBW -	2.46kg / Mat - Hypothyroid GDM
	T-Wt - 2300	M/
	↓ 80g ∵ 48h	B/
	(Wm - 6.5%	
	Baby Euthermic	Plan
	Vitals Stable	1) SBR] NBJ] @ 3pm OAE
	Cry, Tone, Activity } Good	2) Warm Care
		3) DBF / l/c burping q 2 hr + FF
	Passed Urine & Stool	4) GRBS Monitoring
		5) Monitor Vitals
		noted by Sr. Sandhya 14/7/26

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 9:00 AM	C/S/B Dr. Dilnaaz	
	FT | LBW | mcd	Hypothyroidism | GDM
	Euthemic C/T/A - Good	Plan
	RLS - B/L AG-P	TFT/NBS/OAE } SBR 3 PM today DBF 2nd hourly fbs buying
	PIA - Soft - NT	
	V/S	GRBS Monitoring as advised
	B/L red reflex - present.	Noted by Divya 14/7/26

Dilnaaz

Dr. DILNAAZ FAROOQUI
Reg. No: 38285

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 3:00pm	CIS/B Dr. Naipuya / Dr. Archana.	
	T/ACA/CIAB	
	Euthermic.	plan
	C/T/A - Good.	
		✓ Trace TBR, NBS
	RLS	OAE
	PIA / WAIS.	✓ DBF 2nd hourly
		tbo burping
		✓ GRBS as advised
		Noted by Divya 14/7/26
14/7/26 4:35pm	CIS/B Dr. Dilnaaz	
	Euthermic	Adv tbo
	Accepting well orally	✓ Lactational counselling today.
	u/ passed	✓ warm care
	s/	✓ DBF 2nd hrly tbo burping
	ok	Noted by Divya 14/7/26
	vitally stable	
	s/e WNL	

Dr. DILNAAZ FAROOQUI 3285

Dilnaaz

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	15/7/26 S/B Dr. Sreegham / Dr. Nasreen	
	2 AM FT/37wks/EL LSCS/LBW - 2.46 kgs/Mat. Hypothyroidism	M/AF B/O
	T.wt - 2.3 kg	Plan
	% wt loss = 160g - 6.5%	① Warm care
	Synthetic/milk.	② DBF every 2nd hrly ~~FB~~ bumping
	C/C/A - good	③ Monitor vitals
	Hemodynamically stable	④ Plan o/c after vitals.
	CVS - S1S2 ✓	
	RS - clear.	
	P/A soft	
	Urine ✓	noted by Sr. Sandhya. 15/7/26
	Stool ✓	
	B/L red reflex ✓	
	Vaccination ✓	
	SBR - 8.0 mg/dl - @ 48 HOL	B-bil

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o Dr Dilnaaz	
15/07/26 10am	Baby Gulfhume Cry/Tone/Activity - good Hydration - good Hemodynamically stable S/E: NAD	
		Adv EDBF + f/B burping D/c today f/u after 2 days
		Noted by Divya 15/7/26
	Dr. DILNAAZ FAROOQUI	Dilnaaz

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

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DILNAAZ FAROOQUI

214 100% 99% 100%

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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						

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.,) : .....

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DILNAAZ FAROOQUI

No. : RCH / FRM / CLINICAL / 124

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

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

Date: 12/7/26 Time:	4pm	8pm	10 pm	2 AM	6 AM
Doctor/Nurse/Family Concern?					
Temperature (°F)	98.4	98.4	98.4	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Heart Rate (Number)	145bpm	135bpm	145bpm	140bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	55bpm	54bpm	50bpm	40bpm	45bpm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	R	R	R
Observer's Initials					

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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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. DILNAAZ FAROOQUI

Patient

CLINICAL / 124

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

Rainbow® Children's Hospital
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/ARNING SCORE: CHILDREN'S UNIT

Date: 13/2/26 Time: 10Am 2pm 6 pm 10 pm 2 Am 6 Am

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.1°F 98.5°F 99.3°F 98.3°F 98.5°F 97.4°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	136b/m	138b/m	130b/m	140b/m	116b/m	40b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	40b/m	42b/m	30b/m	40b/m	40b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%	99%	99%	98%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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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-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

/ CLINICAL / 124

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

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

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

Doctor/Nurse/Family Concern? am pm pm

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

Heart Rate (Number) 142bpm 140bpm 128bpm 130bpm 110bpm 110bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 42bpm 42bpm 40bpm 38bpm 40bpm

Resp Distress	Mod/ Severe / None / Mild

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

Conscious Level	Normal / Altered

GCS *

TOTAL SCORE
Number of shaded boxes 0 0 0 0 0

Pain Score 0 0 0 0 0

Observer's Initials

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

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- 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!
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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-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
12/7	02:00 pm										1	
	03:00 pm		DBF									
	04:00 pm										0	
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF				✓				1	
Total Intake :		taken				**Total Output :**				passed.		
12/7	08:00 pm		DBF								1	
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm										0	Medl
	12:00 am		DBF									
	01:00 am										1	
Total Intake :						**Total Output :**						
13/7/26	02:00 am		DBF								2	
	03:00 am											
	04:00 am		DBF									
	05:00 am											
	06:00 am		DBF									Medl
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI (M)
12-07-2026 0 Y 0 M 0 D 6 H
Dr. DILNAAZ FAROOQUI

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

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/7/26	08:00 am		DBF									
	09:00 am											
	10:00 am	0	DBF		NA			NA				
	11:00 am											
	12:00 pm		DBF									
	01:00 pm											
Total Intake :		Taken				**Total Output :**		U-2		M-1		
13/7/26	02:00 pm											
	03:00 pm		DBF									
	04:00 pm				NA			NA				
	05:00 pm	0	DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake :		taken				**Total Output :**		U -		M -		
13/7/26	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake :						**Total Output :**		U-2		M-1		
14/7/26	02:00 am		DBF									
	03:00 am											
	04:00 am		DBF									
	05:00 am											
	06:00 am		DBF									
	07:00 am											
Total Intake :						**Total Output :**		U-2		M-2		

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

Patient Sticker

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. DILNAAZ FAROOQUI

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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							
14/7/26	08:00 am		DBFHH				✓			✓		
	09:00 am								NA			
	10:00 am	C	DBHH		NA						0	0
	11:00 am									✓		
	12:00 pm		DBHH				✓					
	01:00 pm							✓				
Total Intake : Taken						**Total Output :** U-2 M-2						
14/7/26	02:00 pm											
	03:00 pm									✓		
	04:00 pm	0			NA			NA				
	05:00 pm						✓				0	M
	06:00 pm									✓		
	07:00 pm							✓				
Total Intake : Taken						**Total Output :** U-2 M-1						
14/7/26	08:00 pm		DBFHH									
	09:00 pm									✓		
	10:00 pm	0	DBFHH								0	
	11:00 pm											
	12:00 am		DBFHH		NA			NA		✓		
	01:00 am											
Total Intake : Taken						**Total Output :** U-2 M-						
15/7/26	02:00 am		DBFHH							✓		
	03:00 am											
	04:00 am	0	DBFHH								0	
	05:00 am											
	06:00 am		DBFHH		NA			NA		✓		
	07:00 am											
Total Intake : Taken						**Total Output :** U-2 M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
15/7/26	08:00 am	1									2	
	09:00 am	1	DBFH								0	
	10:00 am	0						NA			1	
	11:00 am		DBFH		NA							
	12:00 pm	1										
	01:00 pm		DBFH									
Total Intake : taken						**Total Output :** U-M-						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECORD

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

Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm | 8pm	->Assess the baby condition. ->monitor the vitals & record ->Maintain flowchart & record ->DBF and nappy & burping	2pm | 8pm	->Assessed the baby condition ->monitored the vitals & recorded ->DBF and nappy & burping ->maintained flowchart & record.	Baby is stable	maintain flo. chart & record	Akhila
Night	8pm to 8am	-> Assess the pt condition -> Monitor the vitals -> Maintain I/O chart	8pm to 8am	-> Assess the pt condition -> Monitor the vitals -> maintain I/O chart	Baby is stable	check the vital	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECO

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Date: 13/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the Baby Condition - Monitor vitals - Maintain I/O Chart - DBF every 2nd Hourly Vaccination Today	8am 2pm	- Assessed the Baby Condition - Monitor vitals - Maintain I/O Chart - DBF every 2nd Hourly	Baby is Stable	Re checked vitals	
Afternoon	2pm 8pm	→Assess the baby condition →Monitor vitals →maintain I/O chart →baby DBF 2nd hourly	2pm 8pm	→Assessed the baby condition →Monitored vitals →maintained I/O chart →baby on DBF 2nd hourly	→baby is stable	→rechecked vitals	
Night	8pm to 8am	⇒Assess the Baby condition ⇒Monitor vitals ⇒Maintain I/O Chart ⇒Baby DBF — 2nd hourly	8pm to 8am	⇒Assess the Pt condition ⇒Monitor vitals ⇒Maintain I/O Chart ⇒Baby DBF — 2nd Hourly	Baby is stable	re-checked vitals	

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECORD

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Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the Baby Condition - Monitor vitals - Maintain I/O Chart - DBF + ff every 2nd Hourly	8am 2pm	- Assessed the Baby Condition - Monitored vitals - Maintain I/O Chart - DBF + ff every 2nd Hourly	Baby is Stable	Re checked vitals	Mamtha
Afternoon	Day						
Night	8PM 8am	→ Assess the baby Condition → DBF + ff every 2nd hrly → monitor vitals.	8PM 8am	→ Assessed the baby condition → Monitored vitals → maintained I/O → DBF + ff 2nd hrly	Baby is stable	Rechecked vitals	

Patient Sticker

NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

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					Date :			
					Time :			
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	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	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.	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.	3	3	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."	3	3	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.	2	2	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.	2	2	4	4
					TOTAL SCORE	25	25	26	26
					Evaluator's Name				

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

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

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
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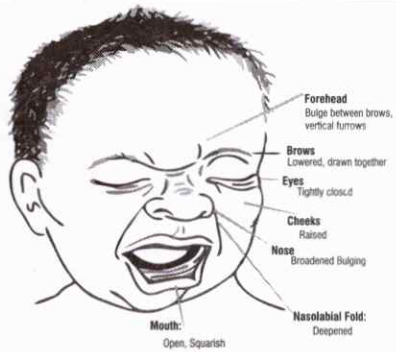
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						E2	N8	M6	E8	M5				
					Procedure ➡									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0				
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)	0	0	0	0	0				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0				
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	0	0	0	0	6				
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	0	0	0	0	0				



Premature Pain Assessment: Scoring

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

Intervention

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

Gestational Age / Corrected Age	36+1 week	36+6 week	36+6 6 week	36+6 8 week	36+6 8 week									
Total Pain / Agitation Score	–	–	–	–	–									
Intervention	–	–	–	–	–									
Effectiveness	–	–	–	–	–									
Signature														

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
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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	E2	13/7/26 M8	13/7/26 M6	13/7/26 E2	13/7/26 N1	14/7/26
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

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:	97.1°F	98.4°F	98.6°F	97.1°F	98	98.6°F
Res:	55bmt	30b/m	40bbm	20bm	28	42bbm
SpO_2:	99%	99%	99%	99%	99	99
Pulse:	145bmt	140b/m	140bbm	138bbm	142bm	146bm
BP:	—	—	—	—	—	—
Fall Risk Score:	0/10	—	—	—	—	—
Pain Score:	0/10	—	0	0	—	0

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:	NA	—	—	—	—	—
Post Operative Procedure Special Orders:	NA	—	—	—	—	—
Handed Over By Name :	Nikitha	Sandhya	Maheswari	Divya	Meeda	Divya
Signature :						
Date:	13/7/26	13/7/26	13/7/26	13/7/26	14/7/26	14/7/26
Time:	8PM	8am	2pm	8PM	8AM	
Taken Over By Name :	Sandhya	Maheswari		Meeda	Divya	Meeda
Signature :						
Date:	13/7/26	13/7/26		13/7/26	14/7/26	14/7/26
Time:	8pm	8am		8pm	8am	8pm

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

Patient Sticker

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	14/7/26 W1					
	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					
	Res:	24					
	SpO_2:	100%					
	Pulse:	148					
	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:		N/A					
Handed Over By Name :		Akash					
Signature :		—					
Date:		14/7/26					
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00016541 IP26-00006827
Baby Of BUKKAPATNAM REVATHI
12-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. DILNAAZ FAROOQUI

DATE : 12/7/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	normal	(N)	(N)
2	Pre natal teeth	absent	None	Nil
3	Anal opening	Patent	patent	Patent anal orifice
4	Genitalia	(N) male genitalia	(N) Male external genitalia	"
5	Spine	sacral dimple (+)	(N)	(N)
6	Red reflex	] to be checked.	to be checked	Red reflex seen in both eyes
7	4 limb saturation (before discharge)		Equal in all 4 limbs.	

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: Revathi Mother's Name: .....

Date of Birth: 12/7/26 Time of Birth: 3:01 PM Gender: ☐ ~~Male~~ ☐ Female

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

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

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

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 145 /Min RR: 55 /Min BP: ..... SpO_2: 99 %

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ ~~**No**~~ **Score:** 0 (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: AKufq Signature: A Date &Time: 12/7/26

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

K. NIKHIL TRIVEDI (Husband)

Name & signature of Patient/Attendant

Yaseen

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of BUKKAPATNAM REVATHI**	**Age :**	**0 Y 0 M 0 D 3 H**
IP No:	**IP26-00006827**	**Sex:**	**Male**
Consultant:	**Dr. DILNAAZ FAROOQUI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-413-2**

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: R Nikhil

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. NIKHILTRIVEDI.
Relationship: SON
Date: 12/7/26 Time: 04:17Pm
Wittness Name:
Wittness Signature: by Yesean

Patient Address:
H.NO: 2-2-1109/1/3, FLAT.NO: 405.
Amberpet Hyderabad Telangana
INDIA 500013