DISCHARGE SUMMARY

Name	Baby Of SHAGABANDA DEVI SNEHA	**UHID**	HNH-00016611
Father/Guardian	Mr SHAGABANDA RAJU	**Age/Gender**	0 Y 0 M 4 D/ Female
Address	12-10-409/100/B beedal basthi, Namala Gundu, Hyderabad, Telangana, INDIA, 500061		
IP No	IP26-00006901	**Admission Date**	20-07-2026
Ref Doctor	Self.		
Discharge Date	21.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of SHAGABANDA DEVI SNEHA is a 0 Y 0 M 4 D old baby girl presented with history of yellowish discolouration of skin and eyes since 2 days prior to admission. For the above complaints, she was investigated on OPD basis (Transcutaneous bilirubin was 17.1 mg/dl). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Himayathnagar for further management.

Name	Baby Of SHAGABANDA DEVI SNEHA	**UHID**	HNH-00016611
IP No	IP26-00006901	**Admission Date**	20-07-2026

Birth history: Baby Of SHAGABANDA DEVI SNEHA is a later preterm (34 weeks + 1 day) baby girl, delivered to a primi mother by emergency LSCS on 16.07.2026 at 12:35 am with birth weight of 2.080 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 9/10 at 1 min, 10/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Examination: She was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 148/min and Respiratory Rate - 50/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Birth : 2.080 kilo grams.
Weight on admission : 1.890 kilo grams.
Weight at discharge : 1.880 kilo grams.

Investigations: Enclosed.

Management: She was admitted in ward. Her Transcutaneous bilirubin was 17.1 mg/dl on admission done on OP basis. She was started on double surface phototherapy. Baby was continued on demand breast feeds. Her last serum bilirubin on 5 day of life was 6.9 mg/dl with indirect fraction of 6.8 mg/dl. This does not come under phototherapy range, hence phototherapy stopped.

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

At the time of discharge : Baby was active, afebrile, hemodynamically

Name	Baby Of SHAGABANDA DEVI SNEHA	**UHID**	HNH-00016611
IP No	IP26-00006901	**Admission Date**	20-07-2026

stable, maintaining temperature, accepting & tolerating feeds well.

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

Review consultation with Dr. SPANDANA PASUPULETI on Thursday (23.07.2026) in OPD at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

In case of emergency contact number 9154865030 emergency pediatrician on duty.

Name	Baby Of SHAGABANDA DEVI SNEHA	**UHID**	HNH-00016611
IP No	IP26-00006901	**Admission Date**	20-07-2026

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

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

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
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	2			
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			
	Others	5			
	Total No. of Pages	23			

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

Signature and Date : 21/07/26

(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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006901 **Admit Date** : 20-Jul-2026 **Admit Time** : 05:29 PM **UHID** : HNH-00016611

Patient Details :

Patient Name	: Baby Of SHAGABANDA DEVI SNEHA	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr SHAGABANDA RAJU	**DOB**	: 16-07-2026 12:35 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 12-10-409/100/B beedal basthi Namala Gundu Hyderabad Telangana INDIA 500061	**Phone No**	: 9246100512/ 7013973618
		E-mail	: na@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

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

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

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

Name: ----

UHID No : ---------- Consultant : ---------- Dept : pediatrics

Date of Admission : 20/7/26 Time : 5:20pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	5:20pm	~~ER~~	3rd floor/34	

Cross Consultation Visit

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

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
~~20/7/26~~	~~CRP~~		
	~~CRP.~~		
20/7/26	TCB – forehead – 17.1 mg/dl chest – 16.4 mg/dl	OP basic Done	[signature]
21/7/26	SBR	2191	[signature]
		Cross check done by sandhr	

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7/26	DSPT	6:34pm	21/7/26 @3:30pm	5481	

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
15-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/7/26	[illegible]	[illegible]		[illegible]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00016511 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

story & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o yellowish discolouration × 2 days.

DOB: 16/7/26 @ 12:35 AM.

(D_5 of life)

History of present illness :

Baby was apparently asymptomatic 2 days ago, when she developed yellowish discolouration of eyes and body.

TCB @ 96 hrs of life ← forehead : 17.1 mg/dl
chest : 16.4 mg/dl.

BG { mothers : O^{pos}
babys : B^{pos}.

NBS
OAE } to be done.
Sr. Bili

B wt → 2.08 kgs
t.wt → 1.89 kgs (190 g ↓).

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History :

FT / LSCS / C/AB / B. wt - 2.08 kgs / f CH
i/w/o cord around neck

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

WNL

Immunization History :

Anthropometry

Head Circum (cms) _____ (Centile _____) Height (cm) : _____ (Centile _____)

Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : 36.8°F Pulse Rate: 148 bpm. Description _____

B.P. _____ SPO2 98% @ RA at _____

Resp. rate and type of breathing : 50/min.

Rash – Icterus upto BL ankles & forearms (+)

Lymphadenopathy –

Oedema : –

Respiratory system :

Inspection (any s/o distress) :

Air entry & breath sounds : AEBE

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG, etc.,)

Cardiovasclular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (A) M0.

Any murmur :

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,)

Per Abdomen :

Inspection

Palpation :

Ausculation : Soft, nt

Spine: External Genitelia :

Relevant data from outside (CT, USG etc.,)

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : wnl Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

FT/LSCS/AGA (2-8 kgs) FCH/NNH

_____

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Planned Management :

DSPT
DBF 2nd hourly ffb bamping
Notes by

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name Dr. SPANDANA PASUPULETI Reg. No: 3092 Date _____ Time _____

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 7:30am	U/B Dr. Sharmi	
	NNJ	
		Same mt. (10g ↓)
	— feeds ✓	1.88 kg.
	— urine ✓	
	— stools ✓	
		Plan
	O/E	1) ct. RSPT
	anthemic	2) warm care
	CVS/RS - good	3) DBF every 2nd h
	RR - J[illegible]	2/3 keeping
	[illegible] (+)	4) monitor vitals
	vitals : stable	
21/7/26 8:30am	U/B Dr. Spandana	
	term / 2.8 kg / NNJ	
	feeds ✓	
	urine ✓	Plan
	stool ✓	1) warm care
	O/E — anthemic	2) ct. RSPT.
	CVS/RS - good	3) ct. DBF every 2nd h
	RR - [illegible]	4) send SBR at 2pm today.
	vitals : stable	
	ME - (N)	5) monitor vitals
P. Sp[illegible]	Dr. SPANDANA PASUPULETI Reg. No: 3072	Noted by Divya 21/7/26

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 2:45 PM	S/B Dr. Sreeghar DNNT	Plan
		- C/F D/S P7
	Euthermic	
		- Trace SBR
	CVS S1S2 ⊕	
	P7 - B/L - AE ⊕	- ~~D/S P7~~
		- DBF + Bupy Zinc
	P/A - soft	
	CT good.	
		noted by Sr. Saranya 21/7/26 3 pm
	C/S/B Dr. Varun	
21/7/26 3:30 PM	DNNH	
	- Pink, euthermic.	
		Plan
	- Cry, Tone, Activity } good.	- ~~Trace~~ D/S today.
	P/E - vitals stable.	
	SBR - 6.9	
		noted by Sr. Saranya 21/7/26

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
18-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

(314)

21/7/26
Today's weight : 1.880 kgs

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/7/26 Time:	7 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?				
Temperature (°F) (94–104)	98.6°F	97.2°F	98.6°F	97.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)				
Heart Rate (Number)	143 b/m	132 b/m	148 b/m	136 b/m
Resp. Rate (bpm) (Over 1 Minute) * (10–70)				
Resp Rate (Number)	43 b/m	30 b/m	40 b/m	30 b/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99%	100%	99%	100%
Conscious Level: Normal / Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
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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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-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

M / 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: 21/7/26 Time: 10pm 2pm

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.3F 99.7F

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) 38b/m 145/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 38b/m 40b/m

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

ACTIONS NB: Scores 3 should be recorded overleaf	
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HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
18-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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											
20/7/26	06:00 pm		DBF	NA							0	
	07:00 pm										0	
Total Intake :						**Total Output :** U-				M-		
	08:00 pm											
	09:00 pm	1	DBF								1	
	10:00 pm	0									0	
20/7/26	11:00 pm	1	DBF	NA		NA		NA			0	20
	12:00 am										1	
	01:00 am		DBF									
Total Intake : taken						**Total Output :**				U- M-		
	02:00 am											
	03:00 am	1	DBF								1	
	04:00 am											
21/7/26	05:00 am	0	DBF	NA		NA		NA			0	20
	06:00 am	1									1	
	07:00 am		DBF									
Total Intake : taken						**Total Output :**				U- M-		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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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							
21/7/26	08:00 am		DBF+FF							✓		
	09:00 am						✓					
	10:00 am	0						NA			0	
	11:00 am		DBF+FF		NA							
	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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NURSING CARE RECORD

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Date: 20/7/26

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	6pm to 8pm	→ To assess the baby condition → To check the vitals & record → 2nd hourly DBF → I/O Chart maintain	6pm to 8pm	→ To assessed the baby condition → To checked the vitals & recorded → 2nd hourly DBF → I/O Chart maintained	→ Baby is stable	→ Rechecked the vitals → I/O → Contd DSPT	Supriya
Night	8pm to 8am	→ ~~Assess the~~ baby condition → monitor vitals → maintain I/O chart → DBF + ~~HF~~ 2nd hourly → Ct DSPT	8pm to 8am	→ Assessed the baby condition → monitored vitals & recorded → maintained I/O chart → DBF ~~HF~~ 2nd hourly → Ct DSPT	→ baby is stable → baby on DSPT	→ rechecked vitals	

Patient

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Baby Of SHAGABANDA DEVI SNEHA
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Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 21/7/26

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 to 2pm	→ Assess Baby condition → monitor the vitals → maintain I/O chart → DBF-tff every 2nd hrly → SBR @ 1 pm	8am to 2pm	→ Assessed Baby condition → monitored the vitals → Maintained I/O chart → DBF-tff every 2nd hrly → SBR @ 1 pm	Patient is stable	Re-checked vitals	AM
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NNJ				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	20/7/26 E2	20/7/26 N1	21/7 M6			
	Medical Condition (Any special condition to be noted):	–	–	–			
	Diet:	DBF	DBF	DBF			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	97.1°F	98.2°F			
	Res:	43b/m	30b/m	38b/m			
	SpO_2:	99%	99%	99%			
	Pulse:	143b/m	138b/m	132b/m			
	BP:	–	–	–			
	LOC:	–	–	–			
	Fall Risk Score:	–	–	–			
	Pain Score:	"0"	"0"	"0"			
	Skin Integrity	Good	good	Good			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–			
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF.	DBF	–			
	Critical Lab Test / Values:	–	–	–			
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):			–			
Post Operative Procedure Special Orders:		–		–			
Handed Over By Name :		Supraja	Divya	Anusha			
Signature / ID :							
Date:		20/7/26	21/7/26	21/7/26			
Time:		8pm	6am	2pm			
Taken Over By Name :			Anusha				
Signature / ID :							
Date:			21/7/26				
Time:			8am				

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: Nill ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Signatu

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

DRUG :

Dose	Route	Frequency	Start Date

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date ➤ / Time ▼

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Dr. SPANDANA PASUPULETI

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

DRUG :	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby Of SHAGABANDA DEVI SNEHA
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Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

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

Date	Time	.....position of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

PATIENT TRANSFER FORM

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HNH-00016611 IP26-00006901 Baby Of SHAGABANDA DEVI SNEHA 15-07-2026 0 Y 0 M 4 D (F) Dr. SPANDANA PASUPULETI	Date & Time of Admission 20/7/26 @ 5:29pm.	Date & Time of Transfer Order 20/7/26 @ 6:08pm
	Transfer Ordered by Dr. Anusha	Reason for Transfer Admission.
From Unit ~~ER~~	To Unit 3rd Flr. / 3rd.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	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
[signature]	Dr. Anusha

Patient & Clinical Records Received by : M Supriya

Date & Time of Patient Received : 20/7/26 @ 6:14pm

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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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: CR. Shifted to: 3rd floor / 314.

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Aastha

Date & Time : 20/7/26 @ 5:45 PM

Nurse Name & Signature: [illegible]

Date & Time : 20/7/26 @ 6:05 PM

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

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Baby Of SHAGABANDA DEVI SNEHA
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wt - 1.88 kg.

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby DEVI SNEHA Age : 4 days **Gender:** ☐ Male ☑ Female

Date : 20/7/26 Time of Arrival : 5:30pm

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 112/min BP: 81/39(63) RR: 37/min SpO_2: 98%

Chief Complaints: c/o yellow eyes & skin color.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

S. Devi Sneha
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 5:32 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Afonie

Signature of Triage Nurse : .....

Date & Time : 20/7/26 @ 5:32pm.

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/7/26 Time of arrival : 5:34pm.

Chief Complaints: c/o Yellow wish skin colour. RBS: N/A

Height : ..... Weight : ..... BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With family.

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

Time of Initial assessment completed by ER Nurse : 5:34

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Baby Of SHAGABANDA DEVI SNEHA
15-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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

Time	Nursing Notes
5:36pm	Assessed the Patient Condition, monitor vitals Done.

Samples collected by: / Time:

Samples sent by : N/A Time: / N/A

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 125b/m. BP: 87/75(65) CFT: —	Shift - out from ER to: 3rd floor / 314.
RR: 37 b/m. SPO_2 : 98%	Time of Shift - out: 6:05 pm.
GCS: 15/15 Temperature : 98.3°F	Handover given to: ..... (Nurse's Name)
Pain Score: 01	
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): N/A

Name of the Nurse : Aroma Signature of the Nurse : A

Date & Time : 20/7/26 @ 5:36pm.

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SHAGABANDA DEVI SNEHA**	**Age :**	**0 Y 0 M 4 D**
IP No:	**IP26-00006901**	**Sex:**	**Female**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

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:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

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

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25

BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

HNH-00016611 IP26-00006901
Baby Of SHAGABANDA DEVI SNEHA
16-07-2026 0 Y 0 M 4 D (F)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25 years of being the guiding light nurturing families, showing bright

UNDERTAKING FOR BALANCE DEPOSIT

To

The Management,

Rainbow Children's Hospital, Himayatnagar

Hyderabad-500029

Sub:- **Undertaking Balance Deposit**

I Mr./Mrs./Ms._____(Father/ Mother/ Other_____) of Master/ Baby/ Baby of/ Mrs./ Ms._____was bought to your hospital on _____at_____. Admitted in _____. Approximate charges deposit details were explained by the Front office/ Billing executive on duty. I have to pay the amount of _____as a caution deposit but for now I'm depositing _____. The remaining amount _____I'll deposit on _____at _____.

Thanking You

_____

Signature

Name:-_____

Ph. No.:-_____

COUNSELLING SHEET

RAINBOW CHILDREN'S HOSPITAL, HIMAYATNAGAR

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

ROOM TARIFF IS INCLUDING BED CHARGES, DOCTOR CHARGES, NURSING CHARGES.		SEPARATED FROM TARIF
TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	11,250/- 13,350	PHARMACY INVESTIGATION CROSS CONSULTATION
PRIVATE / DELUXE ROOM / SUITE ROOM	17,250	CONSUMABLES BLOOD TRANSFUSSION
PICU / NICU / HDU		EQUIPMENT PROCEDURE MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)

Separate

12 TO 12 NOON BILLING POLICY — Billing Policy

PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)

VISITING HOURS 04:00pm TO 05:00pm.

OUTSIDE FOOD AND MEDICATION NOT ALLOWED

DATE:-

CAUTION DEPOSIT:- ~~5K~~ 0

opted Triple Sharing

PATIENT NAME:- HNH-00016611 IP26-00006901 Baby Of SHAGABANDA DEVI SNEHA 16-07-2026 0 Y 0 M 4 D (F) Dr. SPANDANA PASUPULETI

AGE/SEX:-

INSURANCE/SELFPAY:-

DSPH :- 4500-5000 Extra.

S. Devi Sneha

ATTENDENT SIGNATURE

Yaseen

COUNSELLING PERSON SIGNATURE

NAME:- S. Devi Sneha

RELATIONSHIP:- mother

CONTACT NO.:- 7013973618

Yaseen ali khan
020099.