DISCHARGE SUMMARY

Name	Baby Of DIVYA JYOTHI AKULA	**UHID**	HNH-00016326
Father/Guardian	Mr A PRATHEEK REDDY	**Age/Gender**	0 Y 0 M 0 D 3 H/ Female
Address	H.NO: 16-11-19/4,FLAT NO:201,LAXMI NILAYAM,SALEEM NAGAR, Malakpet, Hyderabad, Telangana, INDIA, 500036		
IP No	IP26-00006728	**Admission Date**	03-07-2026
Ref Doctor	SELF		
Discharge Date	07.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
TERM (38 weeks + 1 days)/AGA/BABY GIRL/Maternal Hypothyroidism	

History: Baby Of DIVYA JYOTHI AKULA is a term (38 weeks + 1 days) baby girl, delivered to a G2P1L1 mother by elective LSCS on 03.07.2026 at 09:39 am with birth weight of 3.22 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Name	Baby Of DIVYA JYOTHI AKULA	**UHID**	HNH-00016326
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Maternal History: Mrs. DIVYA JYOTHI AKULA is a 34 years old G2P1L1 mother.
G1 - 2019, LSCS (Ind : Meconium stained liqour), Male, 2.9kgs, A&H.
G2 - Present pregnancy, Spontaneous conception.
had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. H/O: Maternal Hypothyroidism. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.
Mother's Blood group is O 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 : 3.22 kgs.
Weight at discharge : 2.980 kgs.
Head Circumference : 32 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Serum bilirubin at 48 hours of life was

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14.1 mg/dl with indirect fraction of 14.0 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds + measured feeds. Repeat serum bilirubin at 4 of life was 8.8 mg/dl with indirect fraction of 8.6 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was stopped.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk, measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	03.07.2026
OPV	Given	03.07.2026
HEPATITIS B	Given	03.07.2026

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

Newborn screening advanced / Newborn screening-4: Parents not willing.

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

Baby tolerating feeds well, hemodynamically stable, passed urine and

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meconium, hence being discharged with the following advice.

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

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

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

Review consultation with Dr. SINDHURA MUNUKUNTLA on (09.07.2026) Thursday 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

Name	Baby Of DIVYA JYOTHI AKULA	**UHID**	HNH-00016326
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interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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 : IP26-00006728 **Admit Date** : 03-Jul-2026 **Admit Time** : 11:04 AM **UHID** : HNH-00016326

Patient Details :

Patient Name	: Baby Of DIVYA JYOTHI AKULA	**Age**	: 0 D
Guardian	: Mr A PRATHEEK REDDY	**DOB**	: 03-07-2026 09:39 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 16-11-19/4,FLAT NO:201,LAXMI NILAYAM,SALEEM NAGAR Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 9987574946/ 9000225952
		E-mail	: REDDYJYOTHI707@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr A PRATHEEK REDDY **Relationship** : Father

Contact Address : H.NO: 16-11-19/4,FLAT NO:201,LAXMI NILAYAM,SALEEM NAGAR Malakpet Hyderabad Telangana INDIA 500036 **Phone No** : 9987574946

(A. Rajendra)
Grand father
Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

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

CONSENT FOR FORMULA FEEDS

HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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

Patient Attendant :

Signature : .....

Name : Divya Jyothi

Relationship with Patient: Mother

Date & Time : 4/7/26 @ 11 Am

Witness :

Signature : .....

Name : .....

Date & Time : 4/7/26 @11A

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Naipunyer

Date & Time : 4/7/26 11 A m.

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

PATIENT TRANSFER FORM

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HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

	Date & Time of Admission	Date & Time of Transfer Order
	3/7/26	3/7/26 2:40pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Sindhura	OBS
From Unit	**To Unit**	**Information to Attendant**
MICU	Room 208	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20	—	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
Aulad	Dr. Sindhura

Patient & Clinical Records Received by : Maheswari 3/7/26 @ 2:40 PM

Date & Time of Patient Received :

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

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

HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0Y0M0D1H (F)
Dr. SINDHURA MUNUKUNTLA

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NEWBORN MONITORING FORM

Date of Birth	: 3/07/26	New Born Screening	: Willing -
Time of Birth	: 9:39 AM	TFT	:
Mode of Delivery	: E.L-LSCS	OAE	:
Birth Weight	: 3.220kg	Mother's Blood Group	: o+ve
Head Circumference	: 32 CM	Baby's Blood Group	: O+ve
Length	: 47 C.M	Anomaly Scan	:
Red Reflex	:	Vaccination 3/7/26	: BCG, OPV, Hep-B } given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
3/07/26	3.220kg	DBM	-1	98.6°F	
4/7/26	3.040kg	DBM	-1	98.6°F	
5/7/26	2.980kg	DBF+FF	-1	98.6°F	
6/7/26	3.020kg	DBF+FF	-1	98.6°F	
7/7/26	3.100kg	DBF+FF	-1	98.6°F	

Date	Time	Investigation	Result	Order No.	Signature
3/7/26	10 AM	Blood group	✓	26010849	
3/7/26	4 pm	ABG.	✓	26010861	Kalki
		Cross checked done by Sivanda			
5/7/26	10:30AM	SBR & NBS		1008	
5/7/26	3pm	DSPT	7/7/26	10927	
6/7/26	2pm	SBR		11095	Manikandan.
7/7/26	1 PM	SBR		11260	
		cross checked done by Supriya 3:00pm @ 7/7/26			

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03-07-2026 0 Y 0 M 0 D 1 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Divya Jyothi Akula Age : 34y Father's Name : Prathech Reddy Age : .....

Date of Birth : ..... Date of Admission : 3/7/2026 UHID No. : .....

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

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

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

BIRTH INFORMATION

Name : B/o Divya Jyothi Akula

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 3/7/2026 Time of Birth : 9:39 AM

Place of Birth : .....

Mother's Blood Group : O positive

Birth Weight (gms) : 3220 g Length (cms) : 47cm

OFC (cms) : 32cm

Estimated Gesth Age : 38th weeks

Current Obstetric History : (Booked / Unbooked Case) $G_2P_1L_1$

Maternal Age : 34 yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

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

Booked at what GA. : 24^{+2} weeks AN Steroids Drugs / Doses : .....

Last Scans Details : (27/6) Cephalic, pt - ant-high, AFI - 10.7 cms

27/6/26

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE (-)

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

..... (-)

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

..... since 8 years

Any other Chronic Medical Problems, when detected

drugs ? ..... Thyronorm 112 mcg OD

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

Infection : H/O, Fever

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

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

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

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

PAST OBSTETRIC HISTORY

G : 2 P : 1 A : 0 L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
(1)	.	FT	2.9kgs	MCH	.	LSCS i/w/o MSL .

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications,

malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
8/10	9/10 .	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

$G_2P_1L_1$ c previous LSCS i 38^{+1} weeks with Hypothyroid mother came for safe confinement (Elective LSCS) .

History

Baby delivered by el LSCS.

↓

CIAB.

↓

Warm, dry, suction done

↓

cord care achieved.

Vit K given

↓

shifted to mother's side.

Investigation details in previous Hospital :

—

Feeding History :

—

Past Histor

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Acyanosis

VITALS : Temperature : 36.6° HR : 152 bpm RR : 48/min NIBP : CFT : <3 sec

Color of the extremities : Acrocyanosis (+)

Jaundice : Pallor : SpO2 :

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

Ponderal Index : AGA : SGA : LGA :

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		WNL
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : to check Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	WNL
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2 UA + 1 UV. Discharge :	(N)
GENITILIA :	Labia / Hymen : Testicles/penis : (-) Anus :	(N)
HERNIAL ORIFICES		(N)
TRUNK and SPINE :		(N)
SKIN LESIONS :		(N)
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	WNL

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 :

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

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

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

Abdomen : 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 :

.....

.....

.....

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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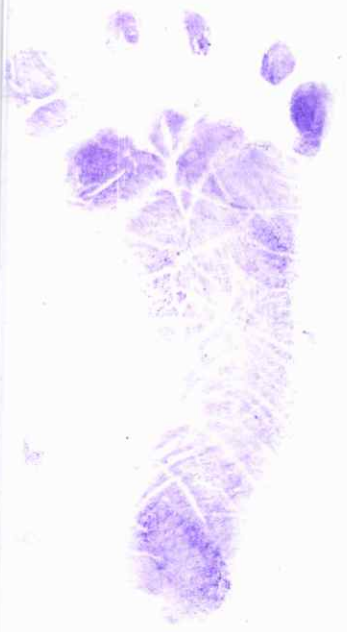
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

Diagnosis : Term/AGA/EL-LSCS/FCH/3.22 kgs/Hypothyroid mother on Thyronorm/. Bl. positional CTEV.

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Arshana

Date & Time : 3/7/26 @ 10 AM

Consultant :

Signature : .....

Name : Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 83970

Date & Time : 3/7/26 @ 10 AM

PLEASE FILL UP THE FOLLOWING DETAILS

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

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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 :

- Klaem care
- DBF 2 hourly flb burping [ff - SOS]
- Send cord BGT
- Vaccination BCG, OPV, Hep B
- @48 hours → NBS, SBR, OAE

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

.....

.....

Feeding time
10:00 to 10:10AM

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 10 AM	S/B Dr Sindhura. M	
	Baby active Cry, Pink No e/o resp distress. Vitals stable	
		Advice - DBF exclusively - warm care
3/7/26	BCG OPV Hep-B } given	- Vaccination today BCG OPV Hep B
		- BBR OAE } @ discharge NBS
		- Red reflex Ultrasound } to check
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 Sindhura MUNUKUNTLA. M

HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0Y0M0D5H (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7 4pm	C/S/B Dr Prem	
	Tm / AGA / El. LSCS / 3.22 kg / Mat- Hypothyroid / B/G CTEN	
	Yet to pass Urin & ~~Meconi~~	
		Plan
	Baby Euthermic	1) DBF / TG burping Q 2h
	Cry, Tone, Activity } Good	2) Vaccination - On
		3) Warm Care
		4) SBR / NBS / OAE @ 48 hrs
		5) To check red reflex & Card Spo2
	Vital Stable	6) Monitor Vitals
	Passed Meconium.	
		Prem

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 6pm	S/B Dr Sindhura M	
	Baby active	
	Stable	
	[illegible]	
	[illegible]	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970
		Sindhura .M.

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HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 5 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 7pm	Lactation care plan	
	- Well formed Breast & Nipple's	
	- G2, P1, L1, Term	
	- Sucking observed	
	- Colostrum seen	
	- Baby is not sucking continuously, starting to suck with strong stimulation	
	Advice	
	- Direct Breast feeding & f/b Burping	
	- make baby suck 15 - 20 mints on each side	
	- Demand feeding not exceed 2½ hours as per early hunger cues	
	- Aim for deep latch as demonstrated in side lying down position.	
	- Stimulate baby continuously.	
	Sathwika.G Dietitian & Lactation 3/7/26	

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Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 13 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	C/S/O Dr. Vkrmm / Dr. Sujlanth	
7AM	Term/AP. LSCS/ AGD/ female/ B/L positional CTEV.	
	- Pink, euthermic.	MBG / O+ve.
		BBG / O+ve.
	- C/T/A - Good.	
		Plan
	Posted cortine & meconium.	✓ NKmm care.
		✓ DBF (Q 2H)
	O/E - vitals stable.	✓ CBR/NBS/DAE @ 48HOL.
	C/E - WNL.	✓ To check red reflex.
	4 limb SpO2 ✓	
	Vaccination ✓	NB Sunanda @ 7am
	T.W - 3040 (↓150)	
	B.W - 3220	
	% - 5.5%	

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13-07-2026 0 Y 0 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 9:00 AM	C/S/B Dr. Sindhura . T/AGA/F/ B/L	
	Euthemic C/T/A - Good Vitals - Stable. RS - NAD P/A Wt loss - 5.05 %. B/L red reflex - present	Plan - DBF + FF 2nd hourly. - Lactational Consultation - SBR, NBS, OAE 5/7 9:30 AM - Monitor vitals N.B. Maheshwari @ 2pm

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 2:00pm	CS/LB Dr. Naipunya	
	T/AGA/Female	B/L CTEV/Malrot/Hypotyroidism
		P(m)
	Euthermic	- DBF and hourly fb burping
	C/T/A - Good	
	Vitals - stable.	
	R/S/NAD	- SBR, NBS, OAE 5/7. 9:30AM.
	P/A	- Warmth Care.

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INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
3-07-2026 0 Y 0 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 4pm	Lactation care plan - Explained position & Burping - mother was confident - Advice Direct Breast feeding & flb Burping. - Sitting feeds is recommded. - make baby suck 25-30 mints on each side. - maintor baby waight & output	Sathwika.G Dietitian & lactation 4/7/26

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(P.T.O)

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 6pm	C/S/B Dr. Sindhura	
	T urn / AGA / Girl / DL CTEV / Maternal Hypothyroid	
	3.22kg	
	Wt loss ~ 5.5 %.	
	Erythema Neonatorum ⓟ	Plan
		1) Warm care
	Baby Euthermic	2) DBF f/b burping Q2H
	Cry, Tone, Activity } Good	3) SBR, NBS } T/m 9:30 Am, OAB
		4) Monitor Vitals
	Passed Urine & Meconium.	5) Cetaphil Lotion
		Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: [illegible] (stamp and signatures)

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0Y0M1D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7 7am	c/s/b Dr. Pranav / Dr. Thanvi	
	FT / 38+1 wk / B1-LSCS / 3.22 kg - AGA / B/L CTEV / Mat - Hypothyroid	
	T. Wt - 2.980 kg [↓309]	M/07
	Wt loss - 7.4%	B/07
	Baby on DBF + FF	Plan
	Baby Euthermic	1) Warm Care
	Cry, Tone, Activity] Good	2) DBF f/b burping 2 hrs + FF
		3) SBR/NBS - @ 9:30am; OAE - on f/up
	Passing Urine & Meconium	4) Cap Cetaphil lotion
		5) Mamila Vitals
		Pranav

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA (F)
3-07-2026 0Y0M1D
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 10Am	c/s/b Dr. Spandana	
	FT / LSCS / 3-22 kg / AGA / CTEV / Mat - Hypothyroid /	
	Wt loss — 7.4 %	
		Plan
	Baby Examination	1) Send SBR, NBS] Now
	Cry, Tone, Activity] Good	2) DBF 1/2 hrly + SOS c FF
	Erythema - Toxicum	3) OAB on F/U
	Vitals stable	4) Monitor Voids
		N.B. Anusha
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925	
5/7/26 3:30pm	c/s/b Dr. Anusha	
	T/LSCS / 3.22 kg / AGA / Mat hypothy.	Plan → start DSPT
		→ Form SOS
	Baby c/T/A Good	S/E
	vital stable	→ Temp Monitor
	S/E NAD.	→ DBF + FF 2 hrly burping.

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Sindhu	
5/2/26. 2:40pm	Tu / AGA / csw /	B/L CTEV
		mat Brypoth
	Baby Ew the Pink	
	C/T/A Good	Plan
		- Wlar Care
	vital stable	- DBF Only / b hrs + FF Only
	S/G NAD	- ct DSPT
		- Inform SOS
	[signature]	[signature]
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	N.B. maheshwari

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Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26. 8 Am	c/s/by. Dr Anush	
	Tcu / AGA / LSU / B/L CTEV /	
		Mat hypothyroid.
	Baby Euthermic	
	Pink / Icteric	40g (↑).
		Plan.
	C/T/A - Good.	
		✓ Warm Care
	vitals stable	✓ DBF Only, Jlt burping + PF
	S/E NAD.	✓ Ct DSPT
		✓ Plan SBR after Rounds
		✓ Monitor vitals.
	[signature]	NB Sunanda

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(P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o LS - U. Sindhura	
06/07/26 10 AM	Term/ AGA/ LSH Sindhura B.wt: 3220 gm/ T.wt: 3020 gm pink (+ OSPT) Accepting feeds Cry/ Tone/ Activity - good S/E: NAD	wt: Gain: 10 g
	mild blanching (+) Icterus (+)	Adv - Cot OMT - DBF / LS buggy - NTS warm care - (S) Bili @ 3pm → plan today discharge accordingly
	1/b. 3	
	3.	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970
		w/ Sindhura DMUKUNTLA

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Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 4 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 2pm	S/B Dr. Archana/Dr. Vasini	
	Team/AGA/FCH/NNH	
		Adv.
	Euthermic	· (S) SBR @ 3pm ·
	Accepting well orally	· Ct DSPT
	N/ passed	· Warm care
	S/	· DBF 2hourly f/b bmeping
	CTA - good ·	
	ole	
	vitally stable ·	
	ole wnl ·	
		N.B. Anusha @ 2:30pm
6/7/26	· S/B Dr. Sindhura	
	CTA - good ·	
	Euthermic	Adv
	feeding well ·	- Ct DSPT
		- (T) SBR -
	U/ passed ·	· Discharge slip
	S/	
	ole vitally stable ·	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 4 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 7pm	Ut/Bs Dr. sindhura	
	TSB: 13.2	
	- Ct. RSPT.	
	-O/E euthemic	Plan
	HT/A: good	1) warm care
	PF: fair	2) DBF every 2nd hrly + added feeds
	mew (+)	
	vitals: stable	3) Ct. RSPT
		4) send SBR Tomorrow at 12pm
		5) monitor vitals.
7/7 7:00AM.	C|S|B Dr. Naipunya | Dr. pranav	
	T | AGA | F | NNJ	
	on. DSPT	Plan
	Euthermic	✓ Cont DSPT
	C|T|A - Good.	✓ Cont DBF 2nd hourly
		✓ SBR at 12:00 pm (7/7/26)
	RLS | NAD	✓ Formula feed. to continue
	PIA	✓ Monitor vitals
	T. wt - 3.100 kg	
	wt gain - 80g (↑)	
		MB Sunanda Fam

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Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 4 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9:45AM	S/B Dr Sindhura	
	Δ Term/AGA F/C IAB PL	
	NNJ	
	Euthermic	✓ CE D SPT
	WS = 8, 5.0	✓ ~~[illegible]~~ SBR @12PM
	RT-BIL-ACFD	
		✓ CE DBF + EF 2nd h
	P/A soft	+ Burping
	CTA good	✓ Monitor vitals
		- Thinky Alhim
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	M. Sindhura ...
		... ARUNA ...
	N/B- Supriya 2pm @ 7/7/26	
7/7/26. 3pm	c/s/by Dr Anuhe	
	Term / AGA / CIAB / F / NNJ.	
	SBR = 8.8	discharge today.

1NH-00016326 IP26-00006726
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 4 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

208. 99% @ 100%
100% - 100.1

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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-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 1 H (F)
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INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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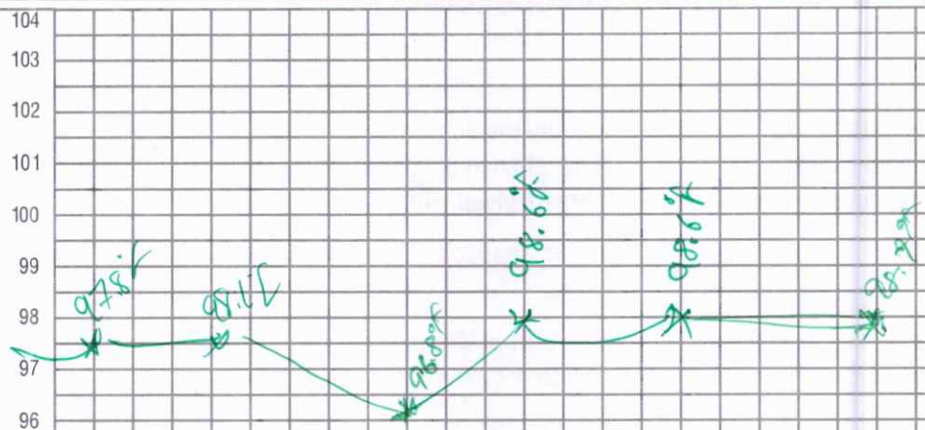
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7/26 Time:	4pm	6pm	10pm	2	6	10pm
Doctor/Nurse/Family Concern?				Amo	Amo	

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94



Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	138 b/m	138 b/m	145 b/m	142 b/m	140 b/m	142 b/m

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	40 b/m	40 b/m	39 b/m	40 b/m	42 b/m	39 b/m
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Level (Normal / Altered)						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	M	A	[illegible]	B	B	[illegible]

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)

HNM-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 5 H (F)
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Patient S

LINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... 4/7/6.. Time: 8AM 2pm 6 pm 10pm 2AM 6AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.1°F 98.5°F 98.3°F 98.6°F 98.3°F 98.1°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): 136bpm 140bpm 140bpm 140bpm 138bpm 140bpm

Resp. Rate (bpm) over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number): 45bpm 43bpm 40bpm 40bpm 38bpm 40bpm

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

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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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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)

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Stick

AL / 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: 5/7/26 Time:	10	2	6	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?	4m	PM	PM			
Temperature (°F)	98.1°F	98.4°F	97.5°F	98.5°F	98.5°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	143b/m	143b/m	136b/m	142b/m	143b/m	142b/m
Resp. Rate (bpm over 1 Minute)						
Resp Rate (Number)	43b/m	40b/m	41b/m	42b/m	44b/m	45b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99%	99%	99%	100%
Conscious Level: Normal / Altered						
GCS *		15/15	15/15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	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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It takes a lot to treat the little.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient S

LINICAL / 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: ..... Time:	10 pm	3 Am	6 Am	10 pm	2 am	6 am	
Doctor/Nurse/Family Concern?							

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.9°F 99.1°F 97.5°F 98.3°F 98.0°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	143/bm	136/bm	144/bm	142/bm	140/bm	145/bm

Resp. Rate (bpm over 1 Minute) *: 70 60 50 40 30 20 10

Resp Rate (Number)	40/bm	43/bm	45/bm	42/bm	43/bm	45/bm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	100%	100%	100%	99%	98%	99%
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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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1NH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 4 D (F)
Dr. SINDHURA MUNUKUNTLA

o. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Obs. 1	Obs. 2
Date: 1/7/26 Time:	10 AM	2 PM
Doctor/Nurse/Family Concern?		
Temperature (°F) (scale 94–104)	98.4°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	✱ ~120	✱ ~130
Heart Rate (Number)	130/-	140/-
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	✱ ~40	✱ ~38
Resp Rate (Number)	40b/-	38b/-
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	100%	100%
Conscious Level — Normal		
Conscious Level — Altered		
GCS *		
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[signature]	[signature]

Note: BP does not score in early warning scoring

ACTIONS		
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HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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Your Right to a Safe Delivery

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							
3/7/26	08:00 am											
	09:00 am		DBM									
	10:00 am										0	
	11:00 am		DBM									
	12:00 pm											
	01:00 pm											
Total Intake : Taken.						**Total Output :**						
3/7	02:00 pm										0	
	03:00 pm		DBF				✓				0	
	04:00 pm									✓	0	
	05:00 pm	0	DBF					NA			0	
	06:00 pm										0	
	07:00 pm		DBF	NA							0	
Total Intake :						**Total Output :** U - nil.						
3/7	08:00 pm		DBF				✓			✓	0	
	09:00 pm											
	10:00 pm	0										
	11:00 pm		DBF	NA			✓	NA		✓	0	nil
	12:00 am											
	01:00 am		DBF									
Total Intake : Taken						**Total Output :** U-2						
4/7	02:00 am						✓			✓		
	03:00 am		DBF									
	04:00 am							NA			0	
	05:00 am	0	DBF	NA								nil
	06:00 am									✓		
	07:00 am		DBF									
Total Intake : Taken						**Total Output :** U-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 5 H (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

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		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							
4/7	08:00 am											
	09:00 am		EBF									
	10:00 am		DBC									
	11:00 am				NA							
	12:00 pm											
	01:00 pm		FF + DBF									
Total Intake :						**Total Output :**						
4/7	02:00 pm											
	03:00 pm		DBF + FF									
	04:00 pm											
	05:00 pm		DBF + FF		NA			NA			NA	Akku
	06:00 pm											
	07:00 pm		DBF + FF									
Total Intake :						**Total Output :**						
4/7/26	08:00 pm		DBF + FF									
	09:00 pm											
	10:00 pm		DBF + FF		NA			NA			0	
	11:00 pm											
	12:00 am		DBF + FF									
	01:00 am											
Total Intake :		Taken				**Total Output :**				U - 1	m - 1	
5/7/26	02:00 am		DBF + FF									
	03:00 am											
	04:00 am		DBF + FF		NA			NA			0	
	05:00 am											
	06:00 am		DBF + FF									
	07:00 am											
Total Intake :		Taken				**Total Output :**				U - 1	m - 1	

Total 24 hrs. Intake		Total 24 hrs. Output	

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
3-07-2026 0 Y 0 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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			Mouth	I.V	N.G							
5/7/26	08:00 am											
	09:00 am		DBF+FF									
	10:00 am											
	11:00 am		DBF+FF		NA			DA				
	12:00 pm											
	01:00 pm		DBF+FF									
Total Intake :						**Total Output :**						
5/7/26	02:00 pm											
	03:00 pm		DBF+FF									
	04:00 pm											
	05:00 pm		DBF+FF		NA			NA				
	06:00 pm											
	07:00 pm		DBF+FF									
Total Intake :						**Total Output :**						
5/7/26	08:00 pm											
	09:00 pm		DBF+FF									
	10:00 pm											
	11:00 pm		DBF+FF		NA			NA				
	12:00 am											
	01:00 am		DBF+FF									
Total Intake :						**Total Output :**						
6/7/26	02:00 am											
	03:00 am		DBF+FF									
	04:00 am											
	05:00 am		DBF+FF		NA			NA				
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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13-07-2026 0 Y 0 M 2 D (F)
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			Mouth	I.V	N.G							
6/7/26	08:00 am											
	09:00 am		DBS+FF									
	10:00 am											
	11:00 am		DBS+FF		NA							
	12:00 pm											
	01:00 pm		DBS+FF									
Total Intake :								**Total Output :** U-2 M-1				
6/7/26	02:00 pm		DBS+FF									
	03:00 pm											
	04:00 pm		DBS+FF									
	05:00 pm				NA							
	06:00 pm		DBS+FF									
	07:00 pm											
Total Intake :								**Total Output :** U-1 M-1				
6/7/26	08:00 pm		DBF+FF									
	09:00 pm											
	10:00 pm		DBF+FF									
	11:00 pm				NA							
	12:00 am		DBF+FF									
	01:00 am											
Total Intake :								**Total Output :**			V-2 M-1	
7/7/26	02:00 am		DBF+FF									
	03:00 am											
	04:00 am		DBF+FF		NA							
	05:00 am											
	06:00 am		DBF+FF									
	07:00 am											
Total Intake :								**Total Output :** U-2 M-2				

Total 24 hrs. Intake		Total 24 hrs. Output	

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			Mouth	I.V	N.G							
7/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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

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

HNH-00016326 IP26-00006728
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03-07-2026 0Y0M0D1H (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 3/7/26

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	130 6AM 6AM 11AM	- warm care - cord care. - DBM 2-3rd hourly	9:40 AM 11:30 hr	- warm cure, cord care given - DBM. 2-3rd hourly given	- vaccination today.	Treatment offered 2-3rd hourly	Sushma
Afternoon	2Pm to 8Pm	Assess the baby condition consciousness vitals sign maintain I/O chart. Provide the comfortable position. medication given as per doctor order.	2Pm to 8Pm	Assessed the baby condition monitored vitals sign maintained I/O charts provided the comfortable position. medication given as per doctor order.	- Pt is stable. - vitals normal	- monitor vitals. - maintain I/O chart.	Sm Sm
Night	8p to 8a	> Assess the baby condition > Maintain I/o chart > Provide comfortable position > Medication given as per doctor order	8p to 8a	Assess the baby cond > Monitor v/s & record > Maintain I/o chart Provide the comfortable position > Medication given as per doctor order	Baby is > stable	> Re-assessment	

NH-00016326 IP26-00006728
aby Of DIVYA JYOTHI AKULA
)-07-2026 0 Y 0 M 0 D 13 H (F)
r. SINDHURA MUNUKUNTLA

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 9/7/26

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 1hr 2Pm	Assess the baby Condi. Checked vital & recorded Administ medication as per doctor advice	8Am 1hr 2Pm	Assessed the baby Cond Checked vital & record Rbs chart maintained Administered medication as per doctor advice	Stable	Rechecked vital	See
Afternoon	2pm 8pm	Assess the baby Monitor the VS DBF/FF and baby Maintain Rbs chart	2pm 8pm	Assessed the baby Monitored the VS DBF/FF and baby Maintain Rbs chart.	Monitor VS DBF continue	Reassessed the baby VS	Ij
Night	8pm 8Am	- Assess the PT condition - Monitor vitals - maintain Rbs Chart - DBF/FF every 2nd Hourly	8pm 8pm	- Assessed the PT condition - monitored vitals - maintain Rbs Chart - DBF/FF every 2nd Hourly	Baby is Stable	Rechecked vitals	

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0Y0M1D (F)
Dr. SINDHURA MUNUKUNTLA

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	→ Assess Baby condition → monitor the vitals → maintain I/O chart → DBF+FF 2nd hrly -	8AM to 2PM	→ Assessed Baby condition → monitored vitals → maintained I/O chart → DBF+FF 2nd hrly	Baby is stable	Re-checked vitals	
Afternoon	2pm. to 8pm	→Assess the baby condition. →monitor the vitals. →DBF+FF give every 2nd h. →Trace SBR report.	2pm 8pm	→Assessed the baby condition. →Monitored the vitals. →DBF+FF given every 2nd/hourly. →Traced SBR report.	→Baby is stable Now	-Reassessed the vitals	
Night	8pm 8Am	- Assess the pt condition - monitor vitals - Maintain I/O Chart - DBF+FF every 2nd H	8pm 8Am	- Assessed the pt condition - Monitor vitals - Maintain I/O Chart - DBF+FF every 2nd H	Baby is Stable	Re checked vitals	

INH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

NURSING CARE RECORD

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

Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm 8AM	- Assess the pt condition - Monitor vitals - maintain I/O Chart - DBF + FF every 2nd Hr	8PM 8AM	- Assessed the pt condition - Monitored vitals - Maintain I/O Chart - DBF + FF every 2nd Hourly	Baby is Stable	Rechecked vitals	

MNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
13-07-2026 0 Y 0 M 4 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the general Condition of Baby → Monitor vitals → Maintain I/O chart. → Plan to give OBF+FF and hourly	8AM / 2pm	→ Assessed the general Condition of Bby → Monitored vitals → Maintained I/O chart → Every 2nd hourly OBF+FF given	Pt is Stable	Re-assess vitals	
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

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

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

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Baby Of DIVYA JYOTHI AKULA
03-07-2026 0Y0M0D5H (F)
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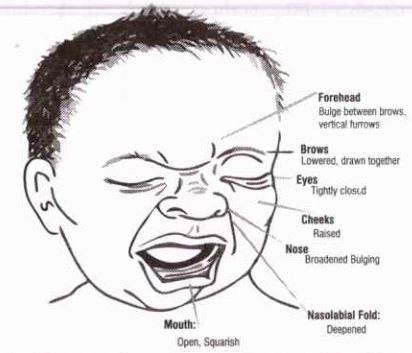
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

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
						N6	6	N1	N6	N1	N6	6	N1	N1
					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									
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)									
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual									
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense									
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator									
					Gestational Age / Corrected Age	TERM	TERM	Term	Term			TERM		
					Total Pain / Agitation Score	0								
					Intervention									
					Effectiveness									
					Signature									



Premature Pain Assessment: Scoring

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

Intervention

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

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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

					Date : 3/7 3/7		
					Time : 11 PM 7 AM		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4
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
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
				TOTAL SCORE	28	28	28
				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

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

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

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Baby Of DIVYA JYOTHI AKULA
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NB.

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	3/7/26 E2	3/7 N1	4/7 MC	4/7 [illegible]	4/7/26 N1	5/7/26 N0
Medical Condition (Any special condition to be noted):	—		—	NAD	—	—
Diet:	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:	98.1°F	98.6°F	98.6°F	98.6°F	98.6°F	98.3°F
Res:	40b/m	36b/m	24b/m	42b/m	40b/m	42b/m
SpO_2:	100%	100%	100%	99%	100%	100%
Pulse:	140b/m	139b/m	129b/m	152b/m	140b/m	142b/m
BP:	—	—	—	—	—	—
LOC:	—	—	—	—	—	—
Fall Risk Score:	'0'	'0'	—	—	—	—
Pain Score:	'0'	'0'	—	—	'0'	'0'
Skin Integrity	Good	Good	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:	—	—	—	—	—	—
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 :	mahi	Sravan	Sneha	Vijaya	priyanka	Anusha
Signature / ID :						
Date:	3/7/26	4/7/26	4/7/26	4/7	5/7/26	5/7/26
Time:	8pm	8am	2pm	8pm	8AM	2PM
Taken Over By Name :	Sravan	Sneha	Mahesh	priyanka	Anusha	Maheshwari
Signature / ID :						
Date:	3/7	4/7/26	4/7	4/7/26	5/7/26	5/7/26
Time:	8pm	8pm	2pm	8pm	8AM	2pm

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NB

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	5/7/26 E	5/7/26 M1	6/7/26 N1	6/7/26 M6		
	Medical Condition (Any special condition to be noted):	—	—	—	—		
	Diet:	DBF+FF	DBF+FF	DBF+FF	DBF+FF		
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:	98.1°F	98.2°F	98.6°F	98.4°F		
	Res:	45b/m	42b/m	40b/m	40b/m		
	SpO_2:	100%	99%	99%	99%		
	Pulse:	140b/m	142b/m	142b/m	140b/m		
	BP:	—	—	—	—		
	LOC:	—	—	—	—		
	Fall Risk Score:	—	"0"	—	—		
	Pain Score:	"0"	"0"	"0"	0		
	Skin Integrity	Good	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:	—	—	—	—		
	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 :		mahi	Sunanda	Sunanda	Mashud		
Signature / ID :		A	S	S	M		
Date:		5/7/26	6/7/26	7/7/26	7/7/26		
Time:		8pm	8am	8am	2pm		
Taken Over By Name :		Sunanda		Mashud			
Signature / ID :		S		M			
Date:		5/7/26		7/7/26			
Time:		8pm		8am			

HNH-00016326 IP26-00006728
Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: Divya Jyothi.

Date of Birth: 3/7/26 Time of Birth: 9:39 AM. Gender: ☐ Male ☑ Female

Birth Weight: 3.220kg Kgs HC: 32 cm Lenght: 47 cm

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

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

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: O+ve. Baby: .....

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

HNH-00014584 IP26-00006724
Mrs DIVYA JYOTHI AKULA
17-06-1992 34 Y 0 M 16 D (F)
Dr. PADMAJA YELISETTY

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.5°F °C HR: 140/Min /Min RR: 40/Min /Min BP: ..... SpO_2: 99%

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

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Kavitha Signature: Date &Time: 3/7/26

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Baby Of DIVYA JYOTHI AKULA
03-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

DATE : 3/7/2026

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	✓	✓	
2	Pre natal teeth	None	✓	
3	Anal opening	✓	✓	
4	Genitalia	✓	✓	
5	Spine	✓	✓	
6	Red reflex	to check	Normal B/L	
7	4 limb saturation (before discharge)	✓	✓	

Ped.Registrar signature

Ped.Consultant signature