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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of RUTUJA JITENDRA BAHETI	**UHID**	HNH-00016368
Father/Guardian	Mr PRATEEK	**Age/Gender**	0 Y 0 M 3 D/ Female
Address	paoithan, MH, Paithan Sugar Factory, Aurangabad, Bihar, INDIA		
IP No	IP26-00006778	**Admission Date**	07-07-2026
Ref Doctor	Self.		
Discharge Date	08.07.2026		

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

DIAGNOSIS	ICD CODE
UNCONJUGATED HYPERBILIRUBINEMIA	

History: Baby Of RUTUJA JITENDRA BAHETI is a 0 Y 0 M 3 D old baby girl presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, she was investigated on OPD basis (transcutaneous bilirubin was 14 mg/dl). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Himayatnagar for further management.

Name	Baby Of RUTUJA JITENDRA BAHETI	**UHID**	HNH-00016368
IP No	IP26-00006778	**Admission Date**	07-07-2026

Birth history: Baby Of RUTUJA JITENDRA BAHETI is a term (39 weeks) baby girl, delivered to a primi mother by spontaneous vaginal delivery on 05.07.2026 at 06:02 am with birth weight of 3.04 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.

Examination: She was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 144/min and Respiratory Rate - 30/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 admission : 2.89 kilo grams.
Weight at discharge : 2.960 kilo grams.

Investigations: Enclosed.

Management: She was admitted in ward. Her transcutaneous bilirubin on admission (done on OP basis) was 14 mg/dl. She was started on double surface phototherapy. Baby was continued on demand breast feeds + measured feeds. Her last serum bilirubin on 3 day of life was 9.4 mg/dl with indirect fraction of 9.3 mg/dl. This does not come under phototherapy range, hence phototherapy stopped.

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

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:

Name	Baby Of RUTUJA JITENDRA BAHETI	**UHID**	HNH-00016368
IP No	IP26-00006778	**Admission Date**	07-07-2026

Bilateral normal outer hair cells functioning.

New born screening advanced / Newborn screening-4: Sent on 08.07.2026 report awaited.

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

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

Plan:
1. **Newborn screening advanced / Newborn screening-4 report to be collected on followup.**

Review consultation with Dr. SINDHURA MUNUKUNTLA on Saturday (11.07.2026) in OPD at Himayatnagarwith 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 RUTUJA JITENDRA BAHETI	**UHID**	HNH-00016368
IP No	IP26-00006778	**Admission Date**	07-07-2026

interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

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

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

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

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 : IP26-00006778 **Admit Date** : 07-Jul-2026 **Admit Time** : 07:24 PM **UHID** : HNH-00016368

Patient Details :

Patient Name	: Baby Of RUTUJA JITENDRA BAHETI	**Age**	: 0 Y 0 M 2 D
Guardian	: Mr PRATEEK	**DOB**	: 05-07-2026 06:02 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: paoithan, MH Paithan Sugar Factory Aurangabad Bihar INDIA	**Phone No**	: 7261927962
		E-mail	: rutujabahethi14@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER03 **Ward Name** : GF -EMERGENCY

Room No : ER03 **Admission Type** : First Visit

Contact Details :

Name : Mr PRATEEK **Relationship** : Father

Contact Address : paoithan, MH Paithan Sugar Factory Aurangabad Bihar INDIA **Phone No** : 7261927962

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

HNH-00016368 IP26-00006778
Name: Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

UHID N  ---------- Consultant : ---------- Dept : Neonatal

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	8:02pm	ER	1st floor (102)	

Cross Consultation Visit

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

HNH-00015368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

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

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Name : B/o Rutuja

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o yellowish discoloure of Eye, Skin.
since 1day.

History of present illness :

~~child~~ - c/o yellowish discolouste of Eye & skin till legs / forearm.

- N/o H/o pale stools / dark urine

M / ~~AB~~ +
B / A +.

TCB - forehead 14. mg/dl
chest 11.7 g/dl.

T.wt 2.89 kg

wt loss = 4.9.1

Pediatric Multiorgan History & Physical Examination

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

Nil

Birth & Neonatal History :

Term / 39 wks / AGA / ♀ / B.wt 3.040 kg

Birth & Socio Economic History :

About Father : –

About Mother : –

Any additional Information :

Developmental History :

–

Immunization History :

– Birth vaccine Given.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 2.89 kg (Centile _____)

On Examination :

Temperature : 36.5 Pulse Rate: 144 Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : _____

Ictus (+).

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+).

Any addes sounds : NVBS (+).

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No murmur

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : Not distended

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 : N Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars N

Sensory System :

N

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

NNJ (Neonatal jaundice)

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Planned Management :

- DBF + FF Orly glb burping.
- SBR / NBs] to decide after sound
- OAE Tm.
- DSPT start
- Monitor vitals.

NB shirisha

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 Dr Sindhura .M on whose name the patient is being referred

Doctor's Signature Name [signature] Date [date] Time 7.45pm

Dr. Sindhura Munukuntla Consultant Pediatrician

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 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
7/7/26 7:20pm	c/s/by Dr Sindhura M	
	NNJ	
	Icterus (+)	
	TCB { Forehead 14, Chest 11.2	
		Plan
	Vital stable	
	S/E NAD.	— DBF Only 1/2h burp + FF Only.
		→ SBR, NBS } after Rounds
		— OAE to do tomorrow.
		— DSPT start cover eyes & genitals.
		— Monitor vitals.

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Noted by Dheeya
8/7/26

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

(P.T.O)

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI (F)
0 Y 0 M 2 D
05-07-2026
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8AM	S/B Dr. Archana/ Dr. Nazneen	
	D3OL / PT / AGA / FCH / B.wt - 3040 kgs / NNH	
	↓ DSPT	
	on Room Air	
	on full feeds, accepting well orally	Adv
	Icterus ⊕ ↓↓	• Ct phototherapy (DSPT)
	Urine & passing adequately stool	• To plan for NBS, SBR post rounds
	o/e vitally stable	• OAE → today
	S/E wnl	• DBF Q2hrly f/b bizepy
		• warm care
		Dr. Archana
		Noted by Dhaya 8/7/26

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI (F)
05-07-2026 0 Y 0 M 2 D
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	C/S/B- Dr Sindhura,	
10 Am	A - D3 of / PT / AGA / Fch /	B.wt - 3040 / WNA
	↓ DSPT on Room Air on DBF, full fed	
	UV SV	Plan NBS
	O/E	Send SBR @ 11 AM
	Vitals stable	ct DSPT
	S/E	DAE - Today
	WNL	DBF Q2H
		warm care
	Discharge today	
		N/B Examined [illegible signature]
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

(P.T.O)

HNH-00016358 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 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

HNH-00016368 IP26-00008778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D
Dr. SINDHURA MUNUKUNTLA (F)

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SS 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-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: N/A ☐ 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: ER Shifted to: ASF / 100 / 102

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. Anusha

Date & Time : 7/7/26 @ 7:24PM

Nurse Name & Signature: Atanu

Date & Time : 7/7/26 @ 8:02PM

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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DRUG CHART

Date of Admission: 7/7/26 Drug Allergies: NIA ☑ 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 ..... Sig ..... re

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

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

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

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

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

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

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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

Signature .....

VERIFIED BY, Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

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

		Composition 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 .....

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016368 IP26-00006778 Baby Of RUTUJA JITENDRA BAHETI 05-07-2026 0 Y 0 M 2 D (F) Dr. SINDHURA MUNUKUNTLA	7/7/26 @ 7:24 PM	7/7/26 @ 8:02 PM
	Transfer Ordered by Dr. Anusha	**Reason for Transfer** Admission.
From Unit ER	**To Unit** ASF H008 (102)	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 20	**Number of Imaging Films** — 0 —	**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
Atane / [signature]	Dr. Anusha

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 7/7/26 @ 8:19 pm

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

wt · 2.89 kg
Fore head – 14.0 mml hg
chest – 11.7 mml hg.

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Rutuja Jitendra Baheti Age : 2day **Gender:** ☐ Male ☑ Female

Date : 7/7/26 Time of Arrival : 7:10pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.3°F PR: 101 b/m BP: .... RR: 40 b/M SpO_2: 98%

Chief Complaints: c/o yellowish disn calouration · skin

INITIAL PHYSIOLOGICAL CATEGORIZATION	**INITIAL PHYSIOLOGICAL STATUS**
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 7:12 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 : Atanu

Signature of Triage Nurse : [signature]

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

Docu. No. : RCH /FRM / CLINICAL / 085

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/7/26 Time of arrival : 7:14Pm

Chief Complaints: c/o yellow wish discolorefion-Skin

Height : .... Weight : 2.89 kg 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:			Functional Screening: ☑ No Abnormalities Detected
If patient is < 6 years	☐ Yes	☑ No	☐ Mobility Problem
If **'Yes'** tick below fall risk intervention directly			☐ Walking Problem
If Patient is > 6 years			☐ Developmental Delay
If **'Yes'** Assess the below parameters			☐ Musculoskeletal Congenital Abnormality
History of Falling: within past 3 months	☐ Yes	☑ No	**Inform consultant for positive criteria**
Ambulatory Aids:			
• Wheelchair	☐ Yes	☑ No	
• Uses furniture for support	☐ Yes	☑ No	
Gait/Transferring:			
• Bedrest / immobile	☐ Yes	☑ No	**Nutritional Screening:** ☑ No Abnormalities Detected
• Weak	☐ Yes	☑ No	☐ Underweight
• Impaired	☐ Yes	☑ No	☐ Overweight
Mental Status: Forgets limitations	☐ Yes	☑ No	☐ Feeding Problem
IF YES FOR ANY CATEGORY = RISK FOR FALLING			☐ Special diet
Fall Risk Intervention:			☐ Special feeding method
☐ Escort while ambulating			**Inform consultant for positive criteria**
☐ Assist Patient			
☐ Educate patient and family on fall precautions/prevention			

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 7:14pm/ [signature]

Docu. No. : RCH /FRM / CLINICAL / 120

(P.T.O.)

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

Time	Nursing Notes
7:15 PM	Assessed the the Patient condition, monitore vites 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: 144 b/M BP: ..... CFT: N/A RR: 40 b/M SPO2 at FiO2: 98% GCS: 15/15 Temperature : 98.6°F Pain Score: 0 Repeat RBS (if applicable): N/A	Shift - out from ER to: ICU 1st floor (C102) Time of Shift - out: 8:02 PM Handover given to: ..... (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

N/A

Name of the Nurse : Afonne

Signature of the Nurse : .....

Date & Time : 7/7/26 @ 7:16pm.

HNH-00016368 IP26-00006778
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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-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

M / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time: 10pm 2am 6AM.

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

35.5°C 36.5°C 36.8°C

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): 140/m 132/m 120/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 40/m 38/m 36/m

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

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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05-07-2026 0 Y 0 M 2 D (F)
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INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

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)

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

Resp Rate (Number)

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

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. : .....

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

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											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
2/2	08:00 pm		DBF								0	
	09:00 pm											
	10:00 pm	60	DBF								0	
	11:00 pm											
	12:00 am		DBF								0	
	01:00 am											
Total Intake :						**Total Output :** G-1 mt 2						
3/2	02:00 am		DBF								0	
	03:00 am											
	04:00 am	0	DBF								0	
	05:00 am											
	06:00 am		DBF								0	
	07:00 am											
Total Intake :						**Total Output :** G-1 m-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016368 IP26-00006778
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
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NURSING CARE RECORD

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Date: 7/7/26

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	- assessed the baby general condition - Check the vitals - maintain I/O chart - DBF + FF 2nd hourly - C/T DSPT - repeat after morning rounds	8pm – 8am	- assessed baby general condition - check the vitals - maintain I/O chart - C/T DSPT	- monitor vitals.	- Baby is stable	[signature]

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 8/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify .... NNJ
- ☐ 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 8am	Assess the baby Monitor the V/S warm care Maintain the I/O ch	8am 8am	Assessed baby Monitored V/S warm care Maintained I/O ch	Sent SBR	(S) SBR	Anil
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

HNH-00016368 IP26-00006778
Baby Of RUTUJA JITENDRA BAHETI
05-07-2026 0 Y 0 M 2 D (F)
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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	3/7 AN	3/7/26 MN				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	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:	36.6°C	36.6°C				
	Res:	40/m	30 b/m				
	SpO_2:	99%	99%				
	Pulse:	140	145 b/m				
	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]	Mounika				
Signature / ID :		[signature]	[signature]				
Date:		8/7/26	8/7/26				
Time:		8am	8pm				
Taken Over By Name :		Mounika					
Signature / ID :		[signature]					
Date:		8/7/26					
Time:		8pm					

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:							