376

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 KAJAL THAKUR	**UHID**	HNH-00016177
Father/Guardian	Mr RAJ KIRAN SINGH	**Age/Gender**	0 Y 0 M 4 D/ Male
Address	17-1-386/1/a/5/92, Saidabad Colony, Hyderabad, Telangana, INDIA, 500059		
IP No	IP26-00006693	**Admission Date**	30-06-2026
Ref Doctor	Self.		
Discharge Date	01.07.2026		

Consultant:
Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DIAGNOSIS	ICD CODE
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of KAJAL THAKUR is a 0 Y 0 M 4 D old baby boy presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, he was investigated on OPD basis (Transcutaneous bilirubin was 15.8 mg/dl). In view of hyperbilirubinemia, he was admitted to Rainbow Children's Hospital, Himayatnagar for further management.

Name	Baby Of KAJAL THAKUR	UHID	HNH-00016177
IP No	IP26-00006693	Admission Date	30-06-2026

Birth history: Baby Of KAJAL THAKUR is a term (37 weeks + 4 days) baby boy, delivered to a G4P1L1A4 mother by elective LSCS on 26.06.2026 at 09:34 am with birth weight of 2.940 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 9/10 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: He was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 131/min and Respiratory Rate - 31/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 : 3.76 kilo grams.
Weight at discharge : 2.76 kilo grams.

Investigations: Enclosed reports.
NEWBORN SCREENING :

Name	Baby Of KAJAL THAKUR	**UHID**	HNH-00016177
IP No	IP26-00006693	**Admission Date**	30-06-2026

THYROID STIMULATING HORMONE	1.9	<10	uU/ml
17 OHP (17 HYDROXY PROGESTERONE)	6.1	<30	ng/ml
G6PD (GLUCOSE 6 PHOSPHATE DEHYDROGENASE)	0.5	>2	U/ghb
TOTAL GALACTOSE	2.57	<10	mg/dl
BIOTINIDASE	178.8	>50	U
PHENYLALANINE NEONATAL	0.65	<2.5	mg/dl
IRT	12.9	<70	ng/ml

Management: He was admitted in ward. His Transcutaneous bilirubin was 15.8 mg/dl on admission done on OP basis. He was started on double surface phototherapy. Baby was continued on demand breast feeds + measured feeds. His serum bilirubin levels were regularly monitored which showed decreasing trend, hence phototherapy adjusted accordingly. Last serum bilirubin on 5 days of life was 11.4 mg/dl with indirect fraction of 11.3 mg/dl. This does not come under phototherapy range, hence phototherapy was stopped.

Newborn screening report showed low G6PD levels , for which qualitative analysis planned on followup .

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

Name	Baby Of KAJAL THAKUR	UHID	HNH-00016177
IP No	IP26-00006693	Admission Date	30-06-2026

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

Advice:
Warmth care.
Exclusive breast feeding.
Continue direct breast feeds + measured feeds as advised.
Burping after each feed.
Monitor urine output.
Immunization to be given 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 :
G6PD qualitative analysis planned on follow up .

Review consultation with Dr. S TEJASWI REDDY on day Friday (03.07.2026) in OPD at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby Of KAJAL THAKUR	**UHID**	HNH-00016177
IP No	IP26-00006693	**Admission Date**	30-06-2026

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**

CHILDREN'S HEALTHCARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	22			

Signature and Date : 01/07/26

(P.T.O)

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006693 **Admit Date** : 30-Jun-2026 **Admit Time** : 12:59 PM **UHID** : HNH-00016177

Patient Details :

Patient Name	: Baby Of KAJAL THAKUR	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr RAJ KIRAN SINGH	**DOB**	: 26-06-2026 09:39 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 17-1-386/1/a/5/92 Saidabad Colony Hyderabad Telangana INDIA 500059	**Phone No**	: 9985177667/ 8121445508
		E-mail	: raj.thakursingh61@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr RAJ KIRAN SINGH **Relationship** : Father

Contact Address : 17-1-386/1/a/5/92 Saidabad Colony Hyderabad Telangana INDIA 500059 **Phone No** : 9985177667

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY **Specialisation** : NEONATOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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

HNH-00016177 IP26-00005693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY R

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
25-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

Name: ---------

UHID No : ---------- IP No : ----- Consultant : ---------- Dept : ----------

Date of Admission : 30/06/26 Time : 12:50pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 316 Ward : 3rd flr. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/06/26	1:20 pm	ER	316 / 3rd flr	

Cross Consultation Visit

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

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

INVESTIGATIONS

Date	Investigations	Order No.	Sign
1/7/26	SBP	10705	
		Cross cleared by Dr	
		1/7/26 @ 9 AM.	

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/6/26	DSPT	2pm	1/7/26 @ 9AM	9530	[illegible]

Cross checked by [illegible] 1/7/26 @ 9 AM.

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

PROCEEDURE

Date	Proceedure		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-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
25-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o

yellowish discoloration of skin

sclera since 1dy

History of present illness:

TCB - 15.8 mg/dl

Mother Blood group - B positive

Baby Blood group - B positive

Term (37 completed) / G1 P1 L1 Any1 / Elective LSCS

26/6/25 9:34 AM / CIAB / Baby Boy

APGAR at 1 - 9/10

" " 5 - 9/10

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

BCG
OPV - 0 dose
Hep - B
Given

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

n History & Physical Examination

Anthropometry

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

Weight (kgs) 2.76 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: 136/mn Description _____

B.P. _____ SPO2 96 % at RA

Resp. rate and type of breathing : _____

Retractions ⊕ ⊖

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE ⊕

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1, S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Plasma

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : (2)

Cranial Nerves : (2)

Motor System :

Nutrition : (1)

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars (2)

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Neonatal Hyperbilirubinemia

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
25-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment : Phototherapy

Desired goals of the treatment : Jaundice subsidence

Planned Labs :

SBR @6AM — Tomorrow morning.

Notes by Afsan

Planned Management :

- Double surface Phototherapy with eyes & genitalia covered.
- DBF + PF 2nd hrly + Burping
- Monitor vitals

Please fill up the following details

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

Dr. S. TEJASWI REDDY
Registration No: 94068

Doctor's Signature Name ____ Date 30/06/26 Time ____

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 2:00pm	C/S/B Dr. Naipunya / Dr. Sreejhun	
	T / AGA / baby boy / GAB / NNJ	
	on DSPT	Plan
	vitals - stable	- Cont DSPT
	C/T/A - Good	- DBF + FF 2nd hourly
	R/S P/A / NAD	f/b burping
		- Monitor vitals
		[signature]
30/6 5pm	C/s by Dr Tejaswi	
	Baby under phototherapy.	
	taking feeds well	
		Rx
		→ Continue DSPT
		→ SBR tomorrow morning at 6am.
	Dr. S. TEJASWI REDDY Registration No: 94068	[signature] Dr-Tejaswi

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

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 7AM	c/s/o Dr. Varun / Dr. Sushanth	
	Term / AGA / Male / NVNH.	
		T.W - 2760gms.
	- ↓ DSPT.	Y.W - 2760gms.
		B.W -
	- Pink, euthermic.	Δ - ↔
	Cry, Tone, Activity Good.	Plan
		- CF. DSPT.
		- Trace BR.
	S/E - vitals stable.	Noted by Divya
	S/E - WNL.	

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

Baby Of KAJAL THAKUR
28-06-2026 0Y0M4D (M)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26. 10:42AM	c/s/by: Ds Tejaswi.	
	Tw/AGA/M/NAIH.	
	San wt.	
	vital stable.	SBR-(N).
		Plan.
	c/T/A Good	
		- Discharge today.
	S/E NAD	- f/u - jaundice.
		- Home DOS.
		Dr Tejas.
	Dr. S. TEJASWI REDDY Registration No: 94068	

Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
25-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ 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 ..... Signature .....

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Weight. 2.76 kg Ward. ....

DRUG : Drop. VITAMIN D3				Date ▸ / Time ▾	1/7
Dose	Route	Frequency	Start Date		
0.5ml	oral	OD	30/6		
Name & Signature of the Doctor Starting the Drugs: B. Sreeja				8AM	[illegible]
Additional Instructions: (VITAMIN D3 1ml = 800 IU)					
Daily Doctor's Endorsement by a Sign					[signature]

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-00016177 IP26-00005693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

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

Date	Time	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 ....

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 2nd floor · 31 C

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 Sreekar.

Date & Time : 30/06/26 @ 12:40 PM

Nurse Name & Signature: Afsan

Date & Time : 30/06/26 @ 1:20 pm

1/7/26

Today's weight 2.760kgs 3/6

Fore haze — 12.3
chest — 15.8

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

RESULT SHEET

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	1/7/26					
Time	6AM.					
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	11.4⁰¹/11.3					
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-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

Patie

M / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/6/26 Time: 3PM, 6PM, 10pm, 2AM, 6pm, 10 PM, 2 AM, 6 AM

Doctor/Nurse/Family Concern?

Parameter							
Temperature (°F) (scale 94–104)	97.3F	98.2F	97.5F	97.7F	97.4F	98.6F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	*	**	*	*	*	*	*
Heart Rate (Number)	150b/m	140b/m	141b/m	140b/m	130b/m	142b/m	148b/m
Resp. Rate (bpm) (over 1 Minute) * (scale 10–70)							
Resp Rate (Number)	40b/m	26b/m	21b/m	22b/m	30b/m	40b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) / O_2 Saturations (%)	99%	99%	99%	99%	100%	99%	100%
Conscious Level: Normal / Altered							
GCS *							
TOTAL SCORE Number of shaded boxes			0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
28-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
30/6/26	02:00 pm											
	03:00 pm		DBF+FF									
	04:00 pm	0			NA			NA		✓	0	
	05:00 pm		DBF+FF									
	06:00 pm									✓		
	07:00 pm		DBF+FM									
Total Intake :								**Total Output :** U-2 M-				
30/6	08:00 pm											
	09:00 pm		DBF+TH									
	10:00 pm	0			NA	✓		NA		✓	0	
	11:00 pm		DBF+TH									
	12:00 am									✓		
	01:00 am		DBF+TH									
Total Intake :								**Total Output :** U- M-				
1/7	02:00 am		DBF+TH									
	03:00 am											
	04:00 am	0			NA	—		NA		—	0	
	05:00 am		DBF+TH									
	06:00 am									—		
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

Baby Of KAJAL THAKUR
28-08-2026 0Y0M4D (M)
Dr. S TEJASWI REDDY

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

BirthRi
BY RAINBOW HOSPITA
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

Intake						Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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	

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

Patient Sticker

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

NURSING CARE RECORD

Date: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm / 8pm	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication. → plan to give DBF+FF 2nd hourly	2pm / 8pm	→ Assessed the general condition of pt. → Monitored vitals. → Maintained I/O chart. → Administered medication → Every 2nd hourly DBF/FF given	Pt is stable.	Re-assess vitals.	Mounika (signature)
Night	8pm / 8Am	– Assess the pt condition – monitor vitals & stool – DBF+H 2nd hourly give		→ Assessed the baby condition – monitor vitals & 26 charts → DBF+H 2nd hourly give	Baby is stable	Rechecked vitals	(signature)

Docu. No: RCH /FRM / CLINICAL / 148

Patie

Baby Of KAJAL THAKUR
26-08-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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: .....

Goals

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

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

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

Patient Sti

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: ? SPT

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

BACKGROUND

Area / Shift Time	30/6/26 M/6	30/6/26 N/7				
Medical Condition (Any special condition to be noted):	-	—				

ASSESSMENT

Allergy:	☐ Yes ☐ No ✓	☐ Yes ☐ No ✓	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No ✓	☐ Yes ☐ No ✓	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.4°F	98.1°F					
Res:	42b/m	40b/m					
SpO_2:	100%	100%					
Pulse:	147b/m	140b/m					
BP:	-	—					
Fall Risk Score:	0	—					
Pain Score:	0	—					

Recommendations

Safety Needs:	Yes	Yes					
Physiotherapy	☐ Yes ☐ No ✓	☐ Yes ☐ No ✓	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	-	—					
Special Diet:	☐ Yes ☐ No ✓	☐ Yes ☐ No ✓	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	-	—					

Post Operative Procedure Special Orders:	-	—					
Handed Over By Name :	Mouthushi						
Signature :							
Date:	30/6/26	1/7/26					
Time:	9PM.	8AM					
Taken Over By Name :							
Signature :							
Date:	30/6/26						
Time:	8pm						

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

W: 3.76 kgs. wt 2.760 kgs

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Kajal Thakur Age : ..... **Gender:** ☑ Male ☐ Female

Date : 30/6/26 Time of Arrival : 12:50pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6 F PR: 138/mt BP: ..... RR: 32/mt SpO_2: 100%.

Chief Complaints: Yellowish discoloration

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

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 : Sugandha

Signature of Triage Nurse : .....

Date & Time : 30/6/26 @ 12:55pm

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

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/6/26 Time of arrival : .....

Chief Complaints: Yellowish discoloration RBS: .....

Height : ..... Weight : 3.76 BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☑ Yes	☐ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 12:55pm

HNH-00016177 IP26-00006693
Baby Of KAJAL THAKUR
26-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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

Time	Nursing Notes
	Assessed the patient condition monitors vitals done

Samples collected by: / NA Time: / NA

Samples sent by : Time:

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: 131b/m BP: CFT:	Shift - out from ER to: 316/ 3rd flr
RR: 31bm SPO_2 : 100	Time of Shift - out: 2:20 PM
GCS: - Temperature : 98.3°F	Handover given to: Vanitha
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Afroze Signature of the Nurse : Afroze

Date & Time : 26/06/26 @ 1:20 PM

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016177 IP26-00006693 Baby Of KAJAL THAKUR 26-06-2026 0 Y 0 M 4 D (M) Dr. S TEJASWI REDDY	30/06/26 @ 12:57 pm	30/06/26 @ 1.30pm
	Transfer Ordered by Dr Sreeram	Reason for Transfer Admission
From Unit FR	To Unit 3rd Floor/316	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 10	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ataman	Dr, Sreeram

Patient & Clinical Records Received by : Swathi

Date & Time of Patient Received : 30/6/26 @ 1:30pm

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