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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

310
D.C

DISCHARGE SUMMARY

Name	Baby Of NALLOLA RAJINI KUMARI	**UHID**	HNH-00015663
Father/Guardian	Mr TEKCHAND LALWANI	**Age/Gender**	0 Y 0 M 5 D/ Male
Address	H.NO:-15-2-352 SIDDIAMBER BAZAR, Begum Bazar, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006475	**Admission Date**	01-06-2026
Ref Doctor	Self.		
Discharge Date	04.06.2026		

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

DIAGNOSIS	ICD CODE
FULL TERM /AGA/NEONATAL HYPERBILIRUBINEMIA/HYPERNATREMIC DEHYDRATION	

History: Baby Of NALLOLA RAJINI KUMARI is a 0 Y 0 M 5 D old baby boy presented with history of yellowish discolouration of skin and eyes since 2 days prior to admission. For the above complaints, he was investigated on OPD basis (Transcutaneous bilirubin was 18.7 mg/dl). In view of hyperbilirubinemia, he was admitted to Rainbow Children's Hospital, Himayatnagar for further management.

Name	Baby Of NALLOLA RAJINI KUMARI	UHID	HNH-00015663
IP No	IP26-00006475	Admission Date	01-06-2026

Birth history: Baby Of NALLOLA RAJINI KUMARI is a term (37 weeks + 1 days) baby boy, delivered to a G3 A2 mother by elective LSCS on 28.05.2026 at 12:46 pm with birth weight of 3.06 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: He was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 140/min and Respiratory Rate - 24/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 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.29, pCO2 of 31.7 mmHg, pO2 of 39 mmHg, HCO3 of 16.0 mmol/L and BE of -11.2 mmol/L, Serum sodium - 152

Serum bilirubin done on 02.06.2026 was 20.5mg/dl with indirect fraction of 20.4 mg/dl.

Initial hemogram showed Hemoglobin of 15.4 gm%, White Blood Cell count of 14090 cells/cumm, platelet count of 4.24 lakhs/cumm and C-Reactive Protein of 5.0 mg/l.

Management: He was admitted in NICU. His Transcutaneous bilirubin was 18.7 mg/dl on admission done on OP basis. He was started on triple surface

Name	Baby Of NALLOLA RAJINI KUMARI	**UHID**	HNH-00015663
IP No	IP26-00006475	**Admission Date**	01-06-2026

phototherapy. In view of hypernatremia, Baby was kept on IV fluids and demand breast feeds + measured feeds. His serum bilirubin levels were regularly monitored which showed decreasing trend, hence phototherapy adjusted accordingly. Serial monitoring of serum sodium levels were done which showed decreasing trend and became normal. On 02.06.2026 repeat serum bilirubin was 14.9 with indirect fraction 14.5 mg/dl Hence baby was kept on DSPT and shifted to ward on 03.06.2026 Last serum bilirubin on 6 day of life was 7.8 mg/dl with indirect fraction of 7.7 mg/dl. This does not come under phototherapy range, hence phototherapy was stopped.

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

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

New born screening advanced / Newborn screening-4: To be done on follow up.

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.

Name	Baby Of NALLOLA RAJINI KUMARI	**UHID**	HNH-00015663
IP No	IP26-00006475	**Admission Date**	01-06-2026

Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Serum bilirubin to be done / decided on followup.**

Review consultation with Dr. S TEJASWI REDDY on Saturday (06.06.2026) in OPD at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

In case of emergency contact 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

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 NALLOLA RAJINI KUMARI	**UHID**	HNH-00015663
IP No	IP26-00006475	**Admission Date**	01-06-2026

www.rainbowhospitals.in

Registrar/Resident/C.M.O

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

CONSENT FOR FORMULA FEEDS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

UHID 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 : Tetchand

Name : Tetchand Lakwani

Relationship with Patient: Father

Date & Time : 3/6/26

Witness :

Signature : Nla

Name : Nirmala.

Date & Time : 3/6/26

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naipunya

Date & Time : 3/6/26

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006475 **Admit Date** : 01-Jun-2026 **Admit Time** : 11:47 PM **UHID** : HNH-00015663

Patient Details :

Patient Name	: Baby Of NALLOLA RAJINI KUMARI	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr TEKCHAND LALWANI	**DOB**	: 28-05-2026 12:46 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO:-15-2-352 SIDDIAMBER BAZAR Begum Bazar Hyderabad Telangana INDIA 500012	**Phone No**	: 8639665614/ 6305849946
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr TEKCHAND LALWANI **Relationship** : Father

Contact Address : H.NO:-15-2-352 SIDDIAMBER BAZAR Begum Bazar Hyderabad Telangana INDIA 500012 **Phone No** : 8639665614

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 30000.00

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

ACTIVITY RECORD FOR BILLING

Name: ---------- ----------

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

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
2/6/26	1:30 AM	ER	NICU	

Cross Consultation Visit

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Date	Investigations	Order No.	Sign
	CBP, SBR	9186	
2/6/26	VBG (1)	9185	
	CRP	9187	
2/6/26	ABG (2), ~~ABG~~, RBS (132 mg/dl) (1), ~~ABG~~	9197	
2/6/26	~~ABG~~ (3)	9197	
2/6/26	SBR	91990	
2/6/26	ABG (4)	9236	
3/6/26	RBS (2) (88 mg/dl)	9240	
3/6/26	SBR	9238	
	Orders checked by Nirmala SIS on 3/6/26 at 7:40 AM		

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

PMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/6/26	Invasivemonitoring	11:48pm		203642	Nirmala
2/6/26	Syringe Pump	1:30Am	2/6/26 8pm		
2/6/26	DSpT	1:30Am	3/6/26 10Am		
2/6/26	SSpT	6:00Am	2/6/26 2pm	2036876	Nirmala
	Lines checked by Nirmala sis			3/06/26 at 7:00Am	

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

	Proceedure	Quantity	Order No.	Signature
2/6/26	I v placement	①	203627	
	Cords checked by Nirmala on 3/6/26 at 7:00			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0 Y 0 M 5 D (M)
r. 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

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
2/6/26 (1)	8 Am	132 mg/dl	10% · 1sop + feeds	SH
3/6/26 (2)	8 AM	88 mg/dl	feeds	SH
	Cords checked by Nurse Sis on 3/6/26 at 2:40 Am			

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Jaterus @ P

History of present illness :

Baby was apparently alright ; feeding well.
Last 1 day developed yellowish discolouration of skin.
Jaundice till feet.
Not passed stools today

Passing urine adequately.

Dehydration 1% - 12% today

Bt. wt - ? kg
Current wt - 2.64 kg

TCB checked -

Chest - 18.7 mg/dl.
Forehead - 18 mg/dl.

Mother blood group O+ve
Baby blood group O+ve

Pediatric Multiorgan History & Physical Examination

g details of any previous investigation or treatment)

Birth & Neonatal History :

Normal.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

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

Weight (kgs) 3 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: 140 bpm Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : N

Rash Icteric +

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : N

Air entry & breath sounds : N

Any addes sounds : N

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

Cardiovasclular System :

Inspection of procordium : N

Heart Sounds : N

Any murmur : N

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

Per Abdomen :

Inspection _____

Palpation : S/E

Ausculation : _____

Spine: _____ External Genitelia : _____

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars WNL

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Neonatal Hyperbilirubinemia

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
26-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

... the treatment :

Desired goals of the treatment :

Planned Labs :

(i) SBR
(ii) VBG
(iii) CBP.
(iv) CRP.

Planned Management :

(i) 150 ml/kg/day.
~~100~~ 75 ml/kg/day feeds → 20 ml Q2H feeds.
~~50~~ 75 ml/kg/day fluids → 90.3 ~~50~~ ml/kg of 10% Dextrose
(ii) Double surface PT.
(iii) Repeat SBR at ____
(iv) Repeat VBG after 3hrs at 6pm
→ 10 ml/kg 0.9% NS BOLUS.

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. Spandana Pasupuleti
Consultant Ne... ...cian

Doctor's Signature Name ____ Date ____ Time ____

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

(1)

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
2/6/26 7am	C/S/B - Dr. Thanvi / Dr. Alekhya	
	Case of Neonatal Hyperbil / Passive Jaundice	
	TCB - 18.7	Advise:-
	SBR - 20.5	
	DB% - 12%	(i) Triple surface PT.
	On 75ml/kg/day IV fluids & 75ml/kg/day feeds.	(ii) Repeat SBR at 10am
	O/E - Vitals stable. Cry, Tone, Activity good.	(iii) Monitor U/O.
		(iv) Check for wt gain
		(v) [illegible] SOS.
	R/S - P/A - S/S	
		[signature]
		Noted by Nirmala 2/6/26 @ 7am

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b – Dr. Spandana	
2/6/26 9am	A:- Neonatal Hyperbili.	
		Advice:
	On TSPT.	
		(1) Now Blood gas to send.
	SBR – 20.5	
	O/e- Vitals stable.	(2) SBR at 10am
	Rx	(3) If not is still high 180ml/kg/day (100 feeds 80 fluids.)
	D/A-soft	
		(4) Monitor vitals.
		Noted by Laxmiprasanna 2/6/26 @ 9 Am

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
)-05-2026 0 Y 0 M 5 D (M)
r. S TEJASWI REDDY

Rajini

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
2/5/2026 10:30am	Counselling.	
	Baby had jaundice.	
	Bilirubin → 20	
	> 19 to 20 →	Brain penetrate → Seizures.
	TSPT	
		level → < 18
	Dehydration →	inadequate feeding. Mother side.
	Only mother milk. →	Baby is exclusive breast milk. → milk. → energy weight.

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

(P.T.O)

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0 Y 0 M 5 D (M)
r. 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
	Mother feedy + bop feedy	
	Birth weight 3kg	2.6kg
	Na 135 → 152	→ 150
	Lactate → 3 → 9	→ 2
		Every 6pm
	Correct	
	Activity improved. Infection - Neg	feedy + fluids

Dr. S TEJASWI REDDY
Registration No. [illegible]
Dr. Tejas

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

3

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
2/6/26 1pm	C/S/B - Dr. Tejaswini	Plan.
	B- Term/AGA/NNH on TSPT	- Continue TSPT
	DOL - 6	- Continue warm care.
	S on TSPT	
	O/E	- D5F + S/F @ 100 ml/kg.
	Vitals stable	- Burping - IV fluids (Iso-P) @ 80 ml/kg.
	S/E Cry, Tone, Activity wnL.	- F/U CBC & Dr. Bilirubin reports.
	C/A - soft.	- Plan to repeat CBG @ evening 6PM
		Dr. Prashanth
		Noted by Laxmiprasanna 2/6/26 @ 1pm

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6 2:30pm	C/S/B Dr Pranav	
	NNHB	
	FT / A GA / 3 kg / Boy / NNHB / Hypernatremic Dehydration	
	Baby ↓ DSPT	Plan
		1) DSPT c̄ eye & genital covered
	On Feeds - 25ml / 2h	
	+ IVF - 10ml/h	2) DBF / EBM + FF } @ 100ml/kg
		+
	Vitals	
	HR - 104/m	IVF - 10% D10 - P @ 80ml/kg
	SpO2 - 98%	3) CBG @ 6pm
		4) Monitor vitals
	R - S - B/L AE ⊕	Inform S.O.S
	P/A - Soft	
		Pranav
	U.O → 20ml :: Morning	
	2.7ml/kg	
		Noted by Sujatha 2/6/26 2:30pm

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
2/6/26 5:20pm	Counselling	
	B/o Rajini	
	feeds → taking well	
	14.9	Come down from 20.
	2 10	
	Repeat blood sample →	tomorrow morning 9am
	Afternoon	2 10
	plan to shift the baby.	

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
	Sodium levels	
	↳ repeat	level at 6pm
		K 150
	Dr-Tejas	
	Dr. S. TEJASWI REDDY Registration No: 94068	
	TSPT ——→ DSPT	
		↳ Tab Lasix are sufficient

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0 Y 0 M 5 D (M)
r. 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
2/6/2026 11:30pm	S/B Dr. Nazneen / Dr. Nagmiya	
	FT / AGA / 3 days / Boy / NNH B / Hypernatremic dehydration	
	Baby on room air HR - 115/min SpO_2 - 97% ↓ DSPT urine ✓ stool × accepting spoon feeds 25ml 2H	Plan (1) ct DSPT (2) ct spoon feeds 25ml 2H (DBF/EBF ff. (3) monitor vitals (4) SBR @ 6am 7/m (5) Inform SOS (6) w/f stool Nau (Dr Nazneen)
		Asked by Saipriya 2/6/26 11:30pm

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
-05-2026 0 Y 0 M 6 D (M)
r. 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
3/6/26 7.00 Am	C/S/B Dr. Naipuya	Dr. Nazneen
	FT | AGA | Male | CIAB | NNJ | Hypernatremic dehydration	
	on DSPT	P/Cons
	Euthemic	
	C/T/A - Good	- DBF + FF 2nd hourly
	Vitals - Stable.	for burping
	R/S - BILAT (E)	- Cont DSPT
	P/A - Soft, NT	- (T) SBR report
		- Monitor vitals
		Dr.
		Noted by Neonatologist
		~~Countersigned by~~
		3/6/26 at 7:42 AM

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
-05-2026 0 Y 0 M 6 D (M)
r. 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
3/6/2026 10:20am	Counselling	
	Baby is doing good.	
	wt gain → 260gm ↑	
	feeds → 30-35ml / 2nd hrly.	
	Jaundice → 7	Na 144 / 152
	Can be shifted to mother side by evening	
	2-3 feeds ↳	Direct feeds

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr. Tejas

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

(P.T.O)

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0Y0M6D (M)
r. 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
	C/S/B - Dr Prashanth.	
3/6/26 10AM	Term/AGA/♂/NNJ/Hypernatremic dehydration	
	On RA.	
	taking feeds well	Plan
	O/E	DSPT-stop
	Vitals stable	continue feeds
		monitor UO
	S/E	
	wnl	

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

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0 Y 0 M 6 D (M)
r. 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
3/6/26 3PM	C/S/O Dr. Varun Term / AGA / ♂ / NNH / Hyper Nat dehydration.	
	-On RA.	
	- Accepting SF well (EBM + FF)	Plan - Shift to mother's side by evening.
	S/E - HR - 100/min. RR - 40/min. SpO2 - 98% @ RA.	~~- Rpt. VBG @ 6pm~~.
	S/E - WNL.	- Direct BF once mother afebrile.

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0 Y 0 M 6 D (M)
r. 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
3/6 7:30pm	C/S/B Dr. Pranam Shifting Notes	
	On DBF + FF / O_2 @ 1L	Plan 1) DBF @ 1/6 hourly 2nd + Spoon feed (30-35ml/kg)
	SV on RA	2) Warm Care
	Vitals HR - 102/min SpO_2 - 97% RR - 36/min BP - 77/50 (59)	3) Monitor Vitals 4) D/C plan based on weight gain. Inj. SOS
	C/T/A - ~~Soft Mark~~	
	~~Did not~~ passed stool Passed Urine	Pranam noted by saipraja

Baby of Rajini

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
)-05-2026 0 Y 0 M 6 D (M)
r. 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
3/6/26 12:15pm	Dr. Spandana	
	Jaundice - normalised	
	Baby feeding well	
	taking 4 pm feeds	
	after 2 more feeds - will shift baby to room side	
	→ tomorrow we will see weight gain and decide about discharge.	

Noted by mother

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
)-05-2026 0 Y 0 M 6 D (M)
r. 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
4/6/26 8am	c/s/B Dr Pranav / Dr. Thanmi	
	FT/AGA/Male/RIAB/NNJ/Hypernatremia Delayed Cord	
	T.Wt - 2.880 kg (↓209)	
	wt loss cumulative : 4.1%	
	Baby on DBF + Spoon feed	Plan 1) Warm Care 2) DBF 1/6 hourly & + FF c Spoon
	Baby Euthermic C T A } Good	3) Monitor Vitals.
		Noted by Plan Dr. Madhu.

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0 Y 0 M 6 D (M)
r. 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
4/6/26	C/S/B - Dr. Prashanti / Dr. Tejaswi	
9.30 AM	Δ - FT / AGA / ♂ / NNH / Hypernatremic Dehydration	
	Bwt - 3kg Twt - 2880 Δ < wt loss 20g 4%	
	Baby on DBF + Formula S/F	
	Urine ✓ Stool ✓	Dr. S. TEJASWI R. Registration No: 94068 Dr Tejaswi
	O/E Vitals stable	Plan
		Supervise Feeds c̄ EBM
	S/E Trans - C/T/A - Good	Calculate feed quantity
	CVS RS P/A } WNL	Discharge if mother is confident about feeds

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 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

Admission wt 2.64 kg

INTENSIVE CARE UNIT
ATION FORMAT FOR NURSES AND DOCTORS

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
3-05-2026 0 Y 0 M 5 D (M)
r. S TEJASWI REDDY

Maternal ..... Baby's Blood Group: O+ve ..... Sheet No: 1

Gest Ag ..... Birth Weight: 3Kgs .....

Date: 2/6/2026	Date: 3/6/26	Date: 4/6/26
DOL D6 Weight 2.64kg	DOL D7 Weight 2.90kg ↑ 260 gms	DOL Weight 2.880kg
Problems: Neonatal Hyperbilirubemia	Problems: NNJ	Problems:
Rs. 30-60 bpm Exam Done Vent. Setting ABG CXR } SOS	Rs. 30-60 bpm Exam Done Vent. Setting Room Air ABG CXR SOS	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 140-160 bpm BP Map Cap Refil <3 sec	CVS Normal HR 140-160 bpm BP 70/40 Map (53) Cap Refil <3sec	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 132 mg/dl U Output: (CC/kg/hr) Exam - Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: 88 mg/dl U Output: (CC/kg/hr) Exam Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP 5.0 Antibiotics Nil	C/s Results CRP - Antibiotics Nill	C/s Results CRP Antibiotics
Med Nil Neuro:	Med Nill Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment
Plan SBR - Today	Plan SBR - Done Today	Plan

INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: .....

Gest Age: ..... Birth Weight: .....

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
1-05-2026 0 Y 0 M 5 D (M)
r. 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

RESULT SHEET

Date	1/6/25	2/6/25				
Time	9:17AM	1 pm				
Hb	15.4					
PCV	42.7					
RBC	4.37					
WBC	14.09					
N/L	39.4					
Platelets	424					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj unconj	20.5 0.1/20.4	14.9 0.4/14.5				
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-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 D (M)
Dr. S TEJASWI REDDY

Patient

.INICAL / 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: 03/06/14 Time: 10 PM | 2 AM | 6 AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.6°F | 98.0°F | 97.6°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140bpm | 140bpm | 140bpm

Resp. Rate (bpm) (Over 1 Minute) *: 40b/m | 40b/m | 40b/m

Resp Rate (Number)

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min)
O_2 Saturations (%): 100% | 100% | 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes: 0 | 0 | 0
Pain Score
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

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)

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 D (M)
Dr. S TEJASWI REDDY

/ 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: 4/6/26 Time: 10 AM

Doctor/Nurse/Family Concern?

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94 — 98.4°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) — 138/-

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

Resp Rate (Number) — 42b/-

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	100
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	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

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)

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 D (M)
Dr. S TEJASWI REDDY
Pat

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 :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
03/06/26	08:00 pm											
	09:00 pm											
	10:00 pm	1	DBF+FF								1	Madhu
	11:00 pm	1										
	12:00 am	1	DBF+FF									
	01:00 am											
Total Intake :						**Total Output :**						
04/06/26	02:00 am	1	DBF+FF									
	03:00 am	1										
	04:00 am	2	DBF+FF								2	Madhu
	05:00 am	1										
	06:00 am	1	DBF+FF									
	07:00 am											
Total Intake :						**Total Output :** U -						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 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							
4/6/26	08:00 am		DBF+FF									
	09:00 am											
	10:00 am	0	DBF+FF								0	
	11:00 am				NA				NA			
	12:00 pm		DBF+FF									
	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-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	2/6/26 DAY-1			DAY-2			4/6/ DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0			
		Signature of the Nurse		SY	Bija								

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Bhavani

Signature of Ward In Charge :

Signature : ..... Name : Bhavani

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

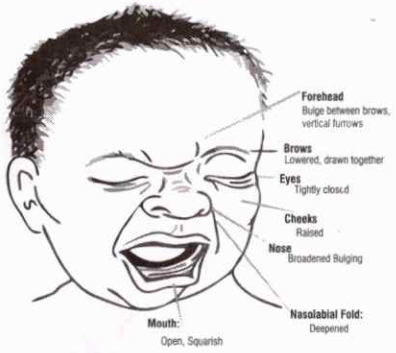
HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW® HOSPITALS
Your Right to a Safe Delivery

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						2/6/26	2/6/26	2/6/26	3/6	4/6				
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						06	12	01	06	06				
					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	NA	NA	NA	NA	NA				
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)	NA	NA	NA	NA	NA				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA				
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	NA	NA	NA	NA	NA				
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	NA	NA	NA	NA	NA				



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age

+2 if 28 - 31 weeks gestation age / Corrected Age

+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age								—	—	—				
Total Pain / Agitation Score	—	—				—	—	—	—	—				
Intervention	—	—				—	—	—	—	—				
Effectiveness	—	—				—	—	—	—	—				
Signature														

Docu.No: RCH /FRM /CLINICAL /094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
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.

NH-00015663 IP26-00006475
aby Of NALLOLA RAJINI KUMARI
)-05-2026 0 Y 0 M 5 D
r. S TEJASWI REDDY (M)

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 2/6/26	2/6/26	2/6/26	3/6/26
					Time : MG	KJ	AV	MS
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	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	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	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	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	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	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	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name			SG	

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 D (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	4/6/26			
				Time :	mc			
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			
"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			
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			
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			
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			
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			
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.	3			
				TOTAL SCORE	27			
				Evaluator's Name				

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

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 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: 03/06/26

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							
Afternoon		—		NICU —	—	—	
Night		→ Assess the pt condition → Maintain I/O chart → DBF + ff and hourly →	8:30 pm to 8 Am	→ Assess the pt condition → Maintain I/O chart ← DBF + ff and hourly	pt is a stable	check the vitals	Madhu

Patient St

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI (M)
28-05-2026 0 Y 0 M 7 D
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
- ☐ 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 8PM	→Assess the pt condition. →monitor the vitals. →drugs give vitamin D3 drops. → provide comfortable possition	8AM 2PM	→Assessed the pt condition. →monitored the vitals. →drugs given as per drug chart. vitamine D3 drops. →provide comfortable possition.	→Baby is stable now	→Reassessed the vitals	
Afternoon							
Night							

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 - 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NNJ

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

BACKGROUND	Area / Shift Time	2/6/26 N1	2/6/26 M6	2/6/26 E2	2/6/26 N1	3/6/26 M5	3/6/26 N1
	Medical Condition (Any special condition to be noted):		Hyperbili rehera	Hyperbili rehera	Hyperbili rehera	NNJ	—
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:	36.5°C	36.5°C	36.6°C	36.4°C	36.5°C	36.5°C
	Res:	35 bpm	—	32 bpm	30 bpm	40 bpm	40 bpm
	SpO_2:	100%	99%.	96%.	100%.	100%.	100%
	Pulse:	129	118 bpm	135 bpm	129 bpm	130	120 bpm
	BP:	—	—		63/42 (SD)		64/43
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Sujata	prasanna	Pooja	Sujata	Pooja	Madhu
Signature :		Sujata	Sujata	Pooja	Sujata	Pooja	
Date:		2/6/26	2/6/26	2/6/26	3/6/26	3/6/26	4/6/26
Time:		8 am	2 pm	8 pm	8 Am	8 pm	8 AM
Taken Over By Name :		prasanna	Pooja	Sujata	Pooja	Madhu	mahesh
Signature :		Sujata	Pooja		Pooja		
Date:		2/6/26	2/6/26	2/6/26	3/6/26	3/6/26	4/6/26
Time:		8 Am	2 pm	8 pm	8 Am	8 pm	8 Am

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 7 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 SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NNJ	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	4/6/26 M					
	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:	97.8°F					
	Res:	40b/m					
	SpO_2:	100%					
	Pulse:	139b/m					
	BP:	–					
	Fall Risk Score:	–					
	Pain Score:	'0'					
Recommendations	Safety Needs:	Good					
	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 :		maheshwari					
Signature :		[signature]					
Date:		4/6/26					
Time:		8 pm.					
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 1/6/26 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-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 3kgs Ward. ....

Verified Dr. Dhakshayani

DRUG : Vit D3 Drops				Date/Time	3/6
Dose	Route	Frequency	Start Date		
0.5ml	PO	OD	3/6.	8pm	
Name & Signature of the Doctor Starting the Drugs: (signature)					
Additional Instructions: 1ml = 800IU.					
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-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Weight. 3Kgs 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
2/6/26	1 am	30ml 0.9% NS IV BOLUS	over 30 minutes slow Bolus	IV		SJ SJ

VERIFIED BY : Nurse Signature

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. 3/kg ..... 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
1/6/26	11:45 am	IVF 10 % Dextrose	IV	9.3ml/hr			2/6		
2/6/26	12:30 pm	IVF ISOLYTE-P	IV	10 ml/hr		SH	2/6 8pm		

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

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Nallola Rajini Age : 5D Gender: ☑ Male ☐ Female

Date : 1/6/26 Time of Arrival : 18~~00~~ 4:30pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: ..... PR: ..... BP: ..... RR: ..... SpO_2: .....

Chief Complaints: C/O yellowish discolouration over the body.

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 : Aparna

Signature of Triage Nurse : .....

Date & Time : 1/6/26 @ 11:33pm

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 01/06/26 Time of arrival : 11'30 PM

Chief Complaints: c/o yellosh and discoloursh on over the bo

Height : ..... Weight : 2.64 Kg 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 ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years	☑ Yes	☐ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** 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 : 11:33 PM

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

Time	Nursing Notes
11:8pm	& Assess the Baby General Condition & Maintaining monitor vitals s/hg.

Samples collected by: Apurba 4/6/26 Time:

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: ..... BP: ..... CFT:	Shift - out from ER to: NICU
RR: ..... SPO2 at FiO2:	Time of Shift - out: 12:8pm
GCS:..... Temperature :	Handover given to: Nirmala
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Pr placement dept

Name of the Nurse : Apurba Signature of the Nurse : Apurba

Date & Time : 4/6/26 @ 11:50pm

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

IH-00015663 IP26-00006475
:by Of NALLOLA RAJINI KUMARI
-05-2026 0Y0M5D (M)
. S TEJASWI REDDY

	Date & Time of Admission 1/6/26 @ 11:47 PM	Date & Time of Transfer Order 2/6/26 @ 1AM
	Transfer Ordered by Dr. Thanuja	Reason for Transfer Admission
From Unit ER	To Unit NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films VBG	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
Sarabeer 2/6/26	Dr. Thanuja

Patient & Clinical Records Received by : Nirmala 2/6/26

Date & Time of Patient Received : 2/6/26 @ 1AM

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

HNH-00015663 IP26-00006475
– Baby Of NALLOLA RAJINI KUMARI
26-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Date & Time of Admission	Date & Time of Transfer Order
1/6/26 @ 11:47 pm	3/6/26 @ 9:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. praveen	Delivery
From Unit	**To Unit**	**Information to Attendant**
NICU	ward (310) 3rd floor	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?
(2)		

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
Saipriya	Dr. praveen

Patient & Clinical Records Received by : Medha 3/6/26 9:40pm

Date & Time of Patient Received : 3/6/26 @ 9:40pm

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-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
25-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ 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: NICU

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. praveen

Date & Time : 1/6/26 @ 11:50 pm

Nurse Name & Signature: Apurva

Date & Time : 1/6/26

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

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00015663 IP26-00006475
Baby Of NALLOLA RAJINI KUMARI
28-05-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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

UHID.No : ..... Date: 3/6/26

I ..... Tetchand ..... S/o, D/o, W/o ..... B/o Rajini kumari ..... hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

..... Kenictures .....

.....

.....

The doctors have clearly explained to me that my patient B/o ..... during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o :..... ..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....

Name : Tetchand Lalwani

Relationship with Patient: Father

Date & Time : .....

Witness :

Signature : .....

Name : Nirmala

Date & Time : 2/6/26 am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Naipunya

Date & Time : 3/6/26