DISCHARGE SUMMARY

Name	Baby Of AMBIKA SURYAVAMSHI	**UHID**	HNH-00016397
Father/Guardian	Mr MAHESH WAGMARE	**Age/Gender**	0 Y 0 M 0 D 17 H/ Male
Address	3-6-714/2 street 12, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006761	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	08.07.2026		

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

DIAGNOSIS	ICD CODE
TERM (38 weeks)/AGA/BABY BOY	

History: Baby Of AMBIKA SURYAVAMSHI is a term (38 weeks) baby boy, delivered to a primi mother by emergency Iscs in view of failed induction on 06.07.2026 at 03:48 pm with birth weight of 2.76 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 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.

Maternal History: Mrs. AMBIKA SURYAVAMSHI is a 25 years old primi mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans- 35+5 weeks, AFi-14.6, cord around neck, doppler-normal. History of Pregnancy Induced hypertension after 20 weeks, on labetalol, no h/o Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is B positive. Baby's blood group is O positive.

Name	Baby Of AMBIKA SURYAVAMSHI	UHID	HNH-00016397
IP No	IP26-00006761	Admission Date	06-07-2026

Examination: Baby was euthermic (36.5*F), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 2.76 kgs.
Weight at discharge : 2.58 kgs.
Head Circumference : 32 cms.
Length : 46 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

In view of maternal history of gestational hypertension on labetalol, baby's blood sugar levels were serially monitored which remained stable.

Serum bilirubin at 48 hours of life was 8.0 mg/dl with indirect fraction of 7.9 mg/dl.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	07.07.2026
OPV	Given	07.07.2026
HEPATITIS B	Given	07.07.2026

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

Thyroid function : Sent on 08.07.2026, report awaited.

SPO2 : 98 % at room air

Name	Baby Of AMBIKA SURYAVAMSHI	**UHID**	HNH-00016397
IP No	IP26-00006761	**Admission Date**	06-07-2026

Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

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

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

Plan:
1. **Newborn screening advanced / Newborn screening-4 to be done on follow up.**
2. **Thyroid function test report to be collected on followup.**
3. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
4. **Serum Bilirubin to be done / decided on followup.**

Review consultation with Dr. SINDHURA MUNUKUNTLA on 11/07/2026, Saturday 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

Name	Baby Of AMBIKA SURYAVAMSHI	**UHID**	HNH-00016397
IP No	IP26-00006761	**Admission Date**	06-07-2026

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 2 D (M)
Dr. SINDHURA MUNUKUNTLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary				
3	Nursing Initial assessment				
4	Patient Transfer form				
5	In-patient Medical record				
6	Doctors progress sheets				
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment				
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				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
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				
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				
	Total No. of Pages				

Signature and Date :

(P.T.O)

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 : IP26-00006761 **Admit Date** : 06-Jul-2026 **Admit Time** : 05:07 PM **UHID** : HNH-00016397

Patient Details :

Patient Name	: Baby Of AMBIKA SURYAVAMSHI	**Age**	: 0 D
Guardian	: Mr MAHESH WAGMARE	**DOB**	: 06-07-2026 03:48 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-714/2 street 12 Himayat Nagar East Hyderabad Telangana INDIA 500029	**Phone No**	: 8142508565/ 9652054769
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MAHESH WAGMARE **Relationship** : Father

Contact Address : 3-6-714/2 street 12 Himayat Nagar East Hyderabad Telangana INDIA 500029 **Phone No** : 8142508565

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

CONSENT FOR FORMULA FEEDS

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Patient Nar HNH-00016397 IP26-00006761 ..... Age : ..... Gender : ☐ Male ☐ Female
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 23 H (M)
UHID No : Dr. SINDHURA MUNUKUNTLA  eg. 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 : S. Radhika

Name : S. Radhika

Relationship with Patient: Sister

Date & Time : 8/7/26 / 5:57 Am

Witness :

Signature : .....

Name : Anusha

Date & Time : 8/7/26 @ 5:57 Am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Nameen Banu

Date & Time : 8/7/2026 @ 6a.

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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NEWBORN MONITORING FORM

Date of Birth	: 6/7/26	New Born Screening	: SBR (Mother.)
Time of Birth	: 3:48pm	TFT	: TFT (Mother.)
Mode of Delivery	: LSCS	OAE	:
Birth Weight	: 2.76kgs	Mother's Blood Group	: B+ve
Head Circumference	: 32cm	Baby's Blood Group	: O+ve
Length	: 46cm	Anomaly Scan	:
Red Reflex	:	Vaccination	:

TFT if not willing

Date	Weight	Type of Feed	Quantity	Temperature	Signature
6/7/26	2.76kgs	DBF	0	36.8°C	
7/7/26	2.700kg	DBF	1	36.5°C	
8/7/26	2.580kg	DBF+ff	1	36.3°C	

Date	Time	Investigation	Result	Order No.	Signature
6/7/26.	6:30pm.	RBS 2nd	64mg/dl	11111	Anushoi
6/7/26	–	Blood grouping		11104	Anushon
6/7/26		ABG		11133	Anusha
				Cross checked dar	
				by Dur	
7/7/26	4th 12AM	GRBS	57 mg/dl	11137	[illegible]
7/7/26	5th 3:48AM	GRBS	70 mg/dl	11151	[illegible]
7/7/26	2nd 3:48pm.	GRBS.	60mg/dL	11183.	[illegible]
8/7/26		SBR		11258	[illegible]
		cross chaked by Mousfol			6:30pm
		cross checked by Dr			

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SINDHURA MUNUKUNTLA

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

Doc. No. : RCH / FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/7/26 Time: 4:30pm 10pm 2Am 6Am

Doctor/Nurse/Family Concern?

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

36.8°C 36.5°C 36.5°F 36.2°F 36.2°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): 157 124 136bpm 134bpm 136bpm

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

Resp Rate (Number): 47 30 38bpm 42bpm 40bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%): 100% 99% 99% 100% 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes: 0 0 0 0 0
Pain Score: 0 0 0 0 0
Observer's Initials: [illegible] [illegible] [illegible] [illegible] [illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SINDHURA MUNUKUNTLA

1 / CLINICAL / 124

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

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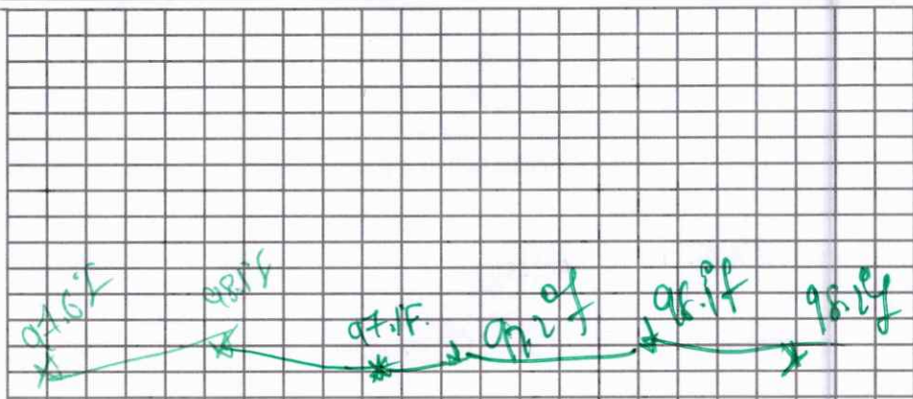
EARLY WARNING SCORE: CHILDREN'S UNIT

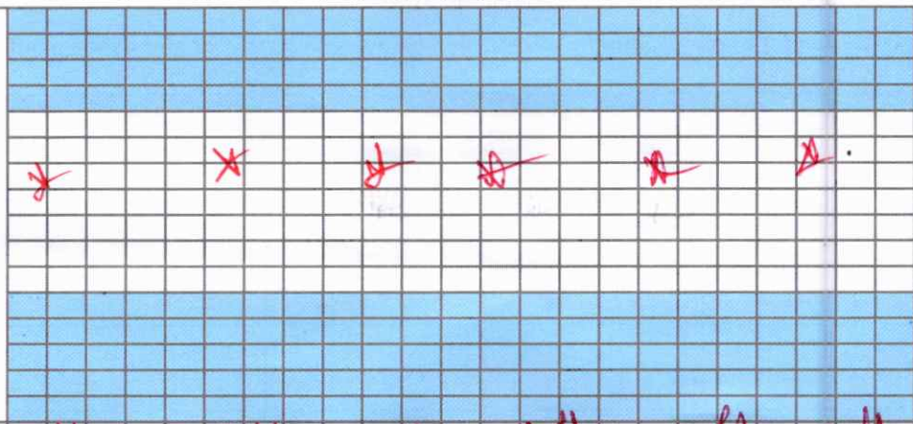
Date: 7/7/26 Time:	10Am	2pm	6pm	10PM	2AM	6Am
Doctor/Nurse/Family Concern?						

Temperature (°F)



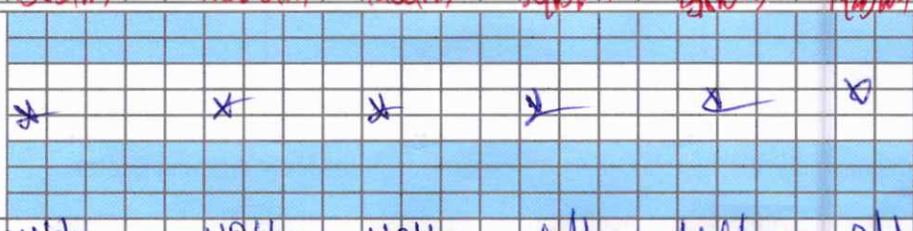
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	130 bl/m	138 bl/m	140 bl/m	140 bl/m	140 bl/m	140 bl/m

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



Resp Rate (Number)	44 bl/m	42 bl/m	43 bl/m	40 bl/m	44 bl/m	40 bl/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	100 %	99 %	100 %	100 %	100 %	100 %
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS	
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Patient Sticker

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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-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. SINDHURA MUNUKUNTLA

Patient

CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/7/26 Time:	10AM	2PM
Doctor/Nurse/Family Concern?		
Temperature (°F)	98.1°F	97.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	*	*
Note: BP does not score in early warning scoring		
Heart Rate (Number)	140bpm	140bpm
Resp. Rate (bpm) (Over 1 Minute) *	*	*
Resp Rate (Number)	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)	99%	99%
Conscious Level: Normal / Altered	A	
GCS *		
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	2
Observer's Initials		

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
6/7/26	02:00 pm											
	03:00 pm											
	04:00 pm		DBF							✓		
	05:00 pm											
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
6/7/26	08:00 pm						✓					
	09:00 pm		DBF									
	10:00 pm											
	11:00 pm	D	DBF									
	12:00 am		DBF									
	01:00 am		DBF									
Total Intake : Toilet						**Total Output :** U –						
7/7	02:00 am											
	03:00 am		DBF									
	04:00 am											
	05:00 am	D	DBF									
	06:00 am											
	07:00 am		DBF									
Total Intake :						**Total Output :** U –						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0Y0M0D5H (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/7/26	08:00 am											
	09:00 am		DBL				✓			—		
	10:00 am	0									0	
	11:00 am		DBL		NA			NA				
	12:00 pm						✓	✓		✓		
	01:00 pm		DBL									
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

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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											
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Total Intake :						**Total Output :**						
	02:00 pm											
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	06:00 pm											
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Total Intake :						**Total Output :**						
	08:00 pm											
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	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-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

Date: 6/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning			NA				
Afternoon	2pm to 8pm	→ Assess the patient condition → plan for vital → plan for I/O chart	2pm to 8pm	→ Assessed the patient condition → maintain vital Record → maintain I/O chart	patient is stable	vital is normal	[illegible]
Night	8pm to 8am	→ Assess the baby condition scanned vitals [illegible] → I/O chart [illegible] → plan for DBR	8pm to 8am	→ Assessed baby condition scanned vitals [illegible] → maintained I/O chart → [illegible]	vitals [illegible]	Baby is stable	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

HNR-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 8pm	→Assess the baby condition. →monitor the vitals. → maintain I/o chart. →plan · vaccination today. →DBF 2nd h. give	8AM 2pm	→Assessed the baby condition. →monitored the vitals. →maintained I/o chart. →planned vaccination today. →DBF end hourly. given.	→Baby is stable now.	→Reassessed the vitals	
Afternoon		Day					
Night	8pm to 8AM	→Assess the Baby condition → Monitor vitals & record → DBF 2nd hrly	8pm to 8AM	→Assessed the baby condition → monitor vitals → DBF 2nd hrly	→ Pt is stable	→ Reassessed vitals	

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Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 5 H (M)
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NURSING CARE RECORD

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

Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 8pm	→ Assess Baby Condition - monitor vitals 2/hourly - DBF-H 2nd hourly		→ Assessed Baby Condition → monitored vitals 2/hourly → DBF-H 2nd hourly given	Bt. is stable	Reached wards	
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0Y0M0D2H (M)
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NB

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

BACKGROUND

Area / Shift Time	6/7/26 E2	6/7/26 N1	7/7 M5	7/7 D1	8/7 M6	
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:	99°F	99.1°F	98.1°F	98.5°F	98.1°F	
Res:	40	24	40bm	40bm	40bm	
SpO_2:	100%	98%	99-1	99 1	98%	
Pulse:	154	136	138bm	132bm	130bm	
BP:	—	—	—	—	—	
Fall Risk Score:	—	—	—	—	—	
Pain Score:	—	—	—	—	—	

Recommendations

Safety Needs:	—		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 :	Chandu	Mahi	Mahi	Swetha	Ram	
Signature :						
Date:	6/7/26	7/7/26	7/7/26	8/7/26	8/7/26	
Time:	8pm	8AM	2pm	8PM	8pm	
Taken Over By Name :	Mahi	Swetha	Swetha	Ram		
Signature :						
Date:	7/7/26	7/7/26	7/7/26	8/7/26		
Time:	8AM	8AM	8AM	8AM		

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

Patient Sticker

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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-00016397 IP26-00006761
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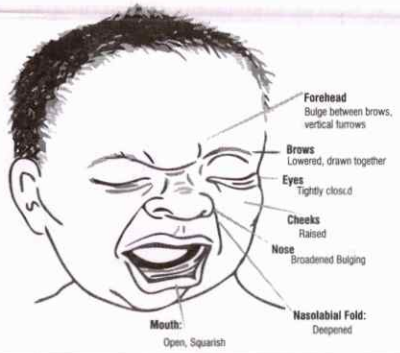
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						6/7	6/7	7/7	8/7	8/7				
	-2	-1	0	1	2	Time 12	Time 01	Time 06	Time 09	Time 06	Time	Time	Time	Time
					Procedure →	-	-	-	-	-				
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	-	-	-	-	-				
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	-	-	-	-				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	-	-	-	-				
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	-	-	-	-				
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	-	-	-	-				
Gestational Age / Corrected Age							-	-	-	-				
Total Pain / Agitation Score							6	0	0	6				
Intervention							0	0	0	0				
Effectiveness							0	0	0	0				
Signature														



Premature Pain Assessment: Scoring

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

Intervention

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

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

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BRADEN 'Q' SCALE

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					Date : 7/7 / 8/		
					Time : MG		MG
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.	3	3	3
"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.	3	3	3
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.	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4
				TOTAL SCORE	23	24	24
				Evaluator's Name			

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

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

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

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Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 2 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Ambika Suryavamshi Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

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

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

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

BIRTH INFORMATION

Name : B/o ambika Suryavamshi

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 6/7/26 Time of Birth : 3:48pm

Place of Birth : RCH, himayat nagar.

Mother's Blood Group : B⊕ ve.

Birth Weight (gms) : 2.76 kg Length (cms) : 46cm

OFC (cms) : 32cm

Estimated Gesth Age : 38 weeks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

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

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : NT - (N), TIFFA - (N) USG at 15+5w : cephalic, AFI: 14.6 loop of cord around neck, dopplers - (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE (high BP recordings ⊕)

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

4. HTN - on labetalol.

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

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PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	Primi					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : IUD IUGR IUV/O failed induction

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	2	
2	2	
7/10	9/10	

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

Comments :

mild acrocyanosis (+)

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Hist

Baby delivered via Emg. LSCS

↓

cried immediately after birth

↓

cord clamped
inj inf k given

↓

APGAR @ 1min : 7/10
5min : 9/10

↓

Baby shifted to mother side.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 152bpm RR : 52rpm NIBP : ..... CFT : <2sec

Color of the extremities : Acrocyanosis (+)

Jaundice : ..... Pallor : ..... SpO2 : 98% on RA

Anthropometry : Birth Weight : 2.76 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

Patient Sticker

HEAD TO TOE EXAMINATION

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

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System : S1S2 (+) no murmurs

HR : ..... BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : Soft.

Palpation : no tenderness

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : (N)

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

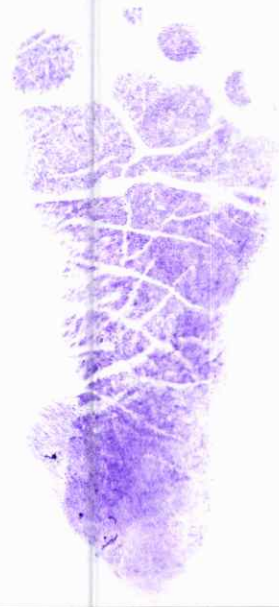
Any Congenital Anomalies : .....

Diagnosis : Preni / 7 eem (38w) / 2.76 kg / AGA / male / c/A/B. maternal G. HTN (+) on labetalol.

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : .....

Date & Time : 6/7/26 ; 4pm.

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : ☐ HR : ☐ RR : ☐ BP : ☐ SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

1) warm care
2) DBF every 2nd h, 3lb burping.
3) vaccination today.
4) SBR, NBS, OAE] @ 48 hr of L
5) GRBS monitoring @ 2nd, 6th, 12th, 24th.

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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06-07-2026 0Y0M0D5H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 9pm	U/B Dr. Dilnaz	
	Term / AGA / 2.76 kg / CS B	
	not passed meconium yet ✓	
	- urine ✓	
	- feeds ✓	
	O/E euthermic	
	HT/A : good	Plan
	AF : flat	1) warm care
	moving (+)	2) DBF every 2nd h
	CRT < 3 sec	3) 4 hrs monitoring
	S/E : P/A : soft	4) vaccination today
	RS : BAE (+)	5) SBR, RBS, OAE — @ 48 HOL
		6) monitor vitals
		Dilnaz

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:30 AM	c/o B/o Dr. Ranav / Dr. Naipunya	
	Shini / FT / 38wk / LSCS / 2.76kg /	Mother / Mother Cost NTN
	T-Wt - 2.700 kg	
	Wt loss - (160g) (2.1% of BW)	Plan
	Baby Euthermic Cry, Tone, Activity } Good	1) Warm Care 2) Vaccination today (BCG, OPV, Hep B) 3) DBF if baby sucking adequately 4) 4 RBS Monitoring 5) SBR / NBS done } @ 48 hrs
	Urine - Passed	
	Meconium - Passed	6) Check 4 limb SpO2, Red reflex
		7) Monitor Vitals

Noted by Dr. Swetha SAM

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

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Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0 Y 0 M 0 D 5 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 10am	Ur/o Dr. Sindhura	
	Term | 38w | CSec | 2.76kg	
	- wt loss: 2.1%	
	1609	
	- feeds ✓	
	voice ✓	
	stools ✓	Plan
	O/E erythemic	1) warm care
	UFCA: good	2) vaccination today
	AF: Nad	3) DBF
	Sounds (+)	- DBF + Buping 2nd dy
	CKT L3SLL	
	SLE - (N)	- SBR, NBS @ 3:30 Pm on 8/7/26
	Urine, Meconium } passed.	
	palate - (P)	- Red reflex - B/L present
	No prenatal hear	
	Head - (N)	- Lactation counselling
	Limbs - (N)	
	Umbilicus - (P)	- GRBS monitoring as advised
	B/L testes - descended	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

(P.T.O)

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
08-07-2026 0Y0M0D5H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2:30PM.	C/S/b Dr. Verma Term / AGA / Male.	
	- pink, euthermic.	
-	C/T/A - Normal.	Plan - Warm care.
	- Urine ✓ Stool ✓	- DBF 2HH + FF.
		- CBR NBS @ 8/7/26. BAE 3:30PM.
	O/E - vitals stable.	
		- Reduction counseling.
	S/E - WNL.	- GRDS monitoring as advised.
		N.B. Maheshwari
7/7/26 6:35pm	BCG OPV Hep B Given	

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Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26		S/B Dr. Sindhura
7 pm		
		Baby active
		warm, pink
		CFT < 3 sec
		Adv
		- DBF
		- warm care
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 68970

(P.T.O)

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Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 23 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 6:30pm	Lactation care plan - Well formed Breast & Nipples - primi, Term - Colostrum seen - Sucking Observed - Baby is not Sucking continuously, starting to suck with strong Stimulation. Advice:- - Direct Breast feeding & f/b Burping - Aim for deep latch as demonstrated in cross cradle / cradle hold - Demand feeding not to exceed 2½ hours as per early hunger cues - Stimulate baby continuously - Explained latch & sucking for (1) Session. - warm care - monitor output & weight. Sathwika. G Dietitian & Lactation 7/7/26	

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Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 23 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 8am	s/b Dr. Nameen / Dr. Archana.	
	Term (38wks) | 2.75kgs | AGA | male | CIAB | mat HTN.	
	T.wt:- 2.58kgs o/o wt loss - 6.5% Euthenic / pink c/r/A good Chest clear. P/A soft urine ✓ stool ✓ c hub spO2 ✓ Vaccination ✓ B/L Red reflex ✓	Plan (1) warm care (2) DBF every 2nd hly NG bumping (3) GRBS monitoring as advised (4) SBR NBS OAE } today @ 3:30 pm. (5) Monitor vitals 4th hly M | B+ B | O+ N.B. Anusha dan (D Nameen)

(P.T.O)

HNH-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10AM	C/S/B - Dr. Sindhura	
	D - Term / AGA 38w	
	O/E Pink/ Euthomic	Plan
		NBS SBR @ 8:30pm OAE
	O/E Cry Tone Activity Good	GKBS as advised
	N/B medicine @ 10am	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 2 pm	S/B Dr. Sneyha	
	D Ter / AGA / M / CJ AB / Mother Hypothyroidism Pla	
	Baby Euthermic	
		DBF + Burping 2nd L
	CVS - S1S2 (+)	
	P/A - BL - AE (+)	warm care
	P/A soft	GRBS monitor as advised
	CTA good	
	R/ 1B5 soft	N.B. maheshwari @2:10pm 8/7/26
	SBR :- 8.6 ↓ can be discharged.	send NBS, SBR, OAE] @3:30 pm today

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016397 IP26-00006761 Baby Of AMBIKA SURYAVAMSHI 06-07-2026 0 Y 0 M 0 D 2 H (M) Dr. SINDHURA MUNUKUNTLA	6/7/2026 @ 5:07 PM	6/7/2026 @ 11:20 PM
	Transfer Ordered by Dr. Sindhura	Reason for Transfer Observation
From Unit pre & post	To Unit 307	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films ABG	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.	NA	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anuka-RN & Dyo	Dr. Sindhura.

Patient & Clinical Records Received by : Shwetha

Date & Time of Patient Received : 6/7/26 @ 11:20pm

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-00016397 IP26-00006761
Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: Ambika

Date of Birth: 6/7/26 Time of Birth: 3:48pm Gender: ☑ Male ☐ Female

Birth Weight: 2.76 kg Kgs HC: 32 cm Lenght: 46 cm

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

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

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: ..... Baby: .....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.5 °C HR: 155 /Min RR: 45 /Min BP: ..... SpO_2: 100%

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

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Munukuntla Signature: ..... Date &Time: 6/7/26

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Baby Of AMBIKA SURYAVAMSHI
06-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

DATE : 6/7/26

No ambika

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N)	(N)	
2	Pre natal teeth	(N)	(N)	
3	Anal opening	Patent	Patent	
4	Genitalia	(N) male genitalia	(N) male external genitalia	Bl-testes descended
5	Spine	(N)	(N)	
6	Red reflex	to be checked	Bl-present	
7	4 limb saturation (before discharge)		Normal	

Ped.Registrar signature

Ped.Consultant signature

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of AMBIKA SURYAVAMSHI**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP26-00006761**	**Sex:**	**Male**
Consultant:	**Dr. SINDHURA MUNUKUNTLA**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-412-1**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for surance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(ceivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: MAHESH . NAGMATE

Relationship: Husband.

Date: 06/07/2026 Time: 17:07 .

Witness Name: Yaseen ali khan

Witness Signature: Yaseen

Patient Address:

3-6-714/2 street 12 Himayat Nagar
East Hyderabad Telangana INDIA
500029

HNH-00016397 IP26-00006761
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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

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Name & signature of Patient/Attendant (Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
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CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**