306

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of ALUR ARAVINDA	**UHID**	HNH-00016705
Father/Guardian	Mr L P GOUTHAM PRATAPA	**Age/Gender**	0 Y 0 M 8 D/ Male
Address	3RD FLOOR, SRI SARADA NILYAM, 2-1-565/4/4, Nallakunta, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006946	**Admission Date**	25-07-2026
Ref Doctor	Self.		
Discharge Date	28.07.2026		

DR. S. TEJASWI REDDY MBBS, MD (Paed) DM Neonatology CONSULTANT PEDIATRICIAN AND INTENSIVIST APMC/FMR/94068	**DR. SPANDANA PASUPULETI** MBBS, MRCPCH CONSULTANT PEDIATRICIAN AND INTENSIVIST Reg No: 30925

Diagnosis: TERM (38+6WEEKS)/ EMERGENCY LSCS/ CIAB/ MALE/ LGA/ RDS - SURFACTANT - MV/ PNEUMOTHORAX/ ICD/ NEONATAL HYPERBILIRUBINEMIA

History : Baby Of ALUR ARAVINDA is a term (38 + 6 weeks) , baby boy of birth weight 3.74 kgs, born to primi mother delivered by LSCS (Indication: Failed

Name	Baby Of ALUR ARAVINDA	UHID	HNH-00016705
IP No	IP26-00006946	Admission Date	25-07-2026

Induction) on 20.07.2026 at 01:58 pm. Baby cried immediately after birth. Apgar scores and resuscitation details were 7/10 at 1 min, 9/10 at 5 min. Baby developed respiratory distress after birth for which baby was shifted to NICU.

Maternal History : Mrs. ALUR ARAVINDA is a 27years old primi mother. Mother's blood group is O positive.
G1 : Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Examination: At the time of admission baby was euthermic and had severe Respiratory distress . His heart rate was 156 /min, respiratory rate was 68/min. On auscultation of chest, air entry was bilaterally equal 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 : 3.74 kgs
Weight on Discharge : 3.56 kgs
Head Circumference : 35 cms.
Length : 48 cms.

Investigations: Enclosed reports.

Date	On 20.07.2026	On 21.07.2026	On 22.07.2026	On 23.07.2026

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 ALUR ARAVINDA	UHID	HNH-00016705
IP No	IP26-00006946	Admission Date	25-07-2026

TEST	Result	Result	Result	Result
CBP: Hemoglobin	21.8 g/dl	17.7 g/dl	16.4 g/dl	16.8 g/dl
While blood cell	13060 cell/cmm	14340 cell/cmm	10890 cell/cmm	8530 cell/cmm
Platelets	1.68 lakh/cmm	1.53 lakh/cmm	1.39 lakh/cmm	1.20 lakh/cmm
CRP	5 mg/L	26 mg/L	13 mg/L	13 mg/L
S.electrolytes: Natrium (Na)	-	132 mmol/L		
Potassium (K)	-	4.1 mmol/L		
Chloride (Cl)	-	104 mmol/L		
Serum.CREATININE	-	0.8 mg/dl		
BLOOD UREA	-	13 mg/dl		
TOTAL BILIRUBIN	-	6.1 mg/dl		

Name	Baby Of ALUR ARAVINDA	UHID	HNH-00016705
IP No	IP26-00006946	Admission Date	25-07-2026

UNCONJUGATED BILIRUBIN	-	6.0 mg/dl		
PT/INR/APTT	-	17 / 1.3/ 42		
BLOOD CULTURE	No growth after 24 hours of incubation	-		
BLOOD GROUP	O NEGATIVE	-		
PROCALCITONIN			6.55 ng/ml	

NEUROSONOGRAM done on 21.07.2026
Tiny well defined cystic lesions are seen in the bilateral caudothalamic grooves, measuring 3 x 3 mm on the right and 4 x 4 mm on the left, most likely in keeping with germinolytic cysts.

Chest X ray done on 23.07.26
Feeding tube, UAC, UVC and ET tube insitu, ICD insitu.
Interstitial opacification involving bilateral lung fields is again noted.

Chest X ray done on 22.07.2026
ICU tubes insitu.

Name	Baby Of ALUR ARAVINDA	**UHID**	HNH-00016705
IP No	IP26-00006946	**Admission Date**	25-07-2026

Right sided chest tube insitu.
Interval improvement in the previously seen right sided pneumothorax.

Chest X ray done on 21.07.2026
Feeding tube, UAC, UVC and ET tube insitu.
Interstitial opacification involving bilateral lung fields is again noted.

Chest X ray done on 20.07.2026 at 19:39
Feeding tube and ET tube insitu.
Mild interval improvement in the interstitial opacification involving bilateral lung fields.

Chest X ray done on 20.07.2026 at 16:36
Feeding tube insitu.
Interstitial opacification noted involving bilateral lung fields.

2d Echo done on 21.07.2026 shows
Situs solitus levocardia
Normal sized cardiac chambers
Good biventricular function
No PDA
PFO with left to right shunt
left arch, No COA.

Repeat 2d Echo done on 23.07.2026 shows
Situs Solitus levocardia

Name	Baby Of ALUR ARAVINDA	UHID	HNH-00016705
IP No	IP26-00006946	Admission Date	25-07-2026

Normal sized cardiac chambers
Good biventricular function
PFO left to right shunt
No PDA
Left arch, No COA

Management:
RDS/ HMD -: Baby was admitted to the NICU with severe respiratory distress and initially was managed on non invasive ventilation. Initial chest X - ray showed reticulogranular pattern, suggestive of Early onset pneumonia and blood gas analysis showed respiratory acidosis. Hence baby was intubated and mechanically ventilated. Baby had one episode of pulmonary bleed, Surfactant was administered via ET tube. Baby was continued on SIPPV mode of ventilation, was continued for 24 hours. Later baby was extubated to HFNC mode. In view of respiratory distress with bradycardia and desaturation, baby was reintubated. Repeat chest X-ray showed features of pneumothorax. Hence ICD was inserted on 21/07/26 and baby was started on HFOV. Repeat chest x rays showed gradual improvement and resolving pneumothorax, with ICD in-situ. Baby was gradually tapered from HFOV mode to SIMV mode. Baby was extubated on day 5 of life to NIV and subsequently to CPAP support. Baby was weaned to room air on day 6 of life. Bay maintained saturation with good respiratory efforts thereafter.

Culture negative Sepsis: Baby was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were high hence upgraded to meropenem. procalcitonin and repeat CBP , CRP sent showed decreasing trend. Blood culture showed no growth after 48 hrs. Hence IV antibiotics were discontinued.

Name	Baby Of ALUR ARAVINDA	**UHID**	HNH-00016705
IP No	IP26-00006946	**Admission Date**	25-07-2026

Feeding: Enteral feeding initiated with 2ml/ 2nd hourly and gradually increased as baby tolerating feeds well. Spoon feeds were started on day 7 of life and gradually increased as tolerated. Currently, baby is on direct breast feeds and EBM.

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 7 of life and started on double surface phototherapy. Serum bilirubin at day 8 of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was discontinued.

Ongoing medications:
Inj. Meropenem
Glycerine suppository
Nebulization with N-Acetyl Cysteine
Nebulization with 3% NaCl

Plan:
1. **Newborn screening advanced : Sent. Report to be collected on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done / decided on followup.**
4. **Vitamin D3 drops (400IU/0.5ml) 0.5ml once daily till further advice.**

Review consultation with Dr. SPANDANA PASUPULETI on (31.07.2026) Friday at Himayatnagar with prior appointment **(Review consultation will be charged).**

Name	Baby Of ALUR ARAVINDA	**UHID**	HNH-00016705
IP No	IP26-00006946	**Admission Date**	25-07-2026

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 **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

DR. SPANDANA PASUPULETI
MBBS, MRCPCH

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 ALUR ARAVINDA	**UHID**	HNH-00016705
IP No	IP26-00006946	**Admission Date**	25-07-2026

CONSULTANT PEDIATRICIAN AND INTENSIVIST
Reg No: 30925

DR. S. TEJASWI REDDY
MBBS, MD (Paed) DM Neonatology
CONSULTANT PEDIATRICIAN AND INTENSIVIST
APMC/FMR/94068

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 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

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	9			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	2			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)	3			
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
	Billing	1			
	Extras	6			
	Total No. of Pages	89			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 28/07/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D (M)
Dr. SPANDANA PASUPULETI

Rai
Chi
Hos

Rainbow Childrens Hospital-Himayatnagar

ren'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 : IP26-00006946 **Admit Date** : 25-Jul-2026 **Admit Time** : 11:56 AM **UHID** : HNH-00016705

Patient Details :

Patient Name	: Baby Of ALUR ARAVINDA	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr L P GOUTHAM PRATAPA	**DOB**	: 20-07-2026 01:58 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3RD FLOOR, SRI SARADA NILYAM, 2-1-565/4/4 Nallakunta Hyderabad Telangana INDIA 500044	**Phone No**	: 8985007024/ 8985928679
		E-mail	: ALURARAVINDA24@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU1-402 **Ward Name** : 4F -NICU 1

Room No : NICU1-402 **Admission Type** : First Visit

Contact Details :

Name : Mr L P GOUTHAM PRATAPA **Relationship** : Father

Contact Address : 3RD FLOOR, SRI SARADA NILYAM, 2-1-565/4/4 Nallakunta Hyderabad Telangana INDIA 500044 **Phone No** : 8985007024

Signature 25/07/26

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

Payment Mode : DC/CC Card **Payor Name** : TATA AIG General Insurance Co. Ltd.

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

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016705 IP26-00006946 Baby Of ALUR ARAVINDA 20-07-2026 0 Y 0 M 6 D (M) Dr. SPANDANA PASUPULETI	25/7/26 @ 11:56.	27/7/26 @ 4:30 pm
	Transfer Ordered by .	Reason for Transfer Recovering
From Unit NICU	To Unit Ward.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30.	Number of Imaging Films 2.	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.	Chest - x-ray	01.
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dheeraja.	Dr. Anshu.

Patient & Clinical Records Received by : Madhu 27/A/26 @ 4:20pm

Date & Time of Patient Received : 27/7/26 @ 4:20pm

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-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D (M)
Dr. SPANDANA PASUPULETI

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

Name: Mr Alur Aravinda Age: 5d Gender: Male ☑ Female ☐

UHID.No : ... Date: 25/7/26

I ..... Gautham S/o, D/o, W/o Aravinda hereby declare that our patient Mr. / Mrs. ..... 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 :

..... Full term / On LSA / AGA / RDS / Pneumothorax / Sepsis .....

.....

.....

The doctors have clearly explained to me that my patient B/o . Aravinda 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 : Aravinda ..... 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 : P V Gautham

Relationship with Patient: FATHER

Date & Time : 25/07/26, 19:08 IST

Witness :

Signature : Jyothi

Name : Jyothi

Date & Time : 25/7/26 7 Pm

Doctor (who is taking the consent) :

Signature : .....

Name : U. Sunitha

Date & Time : 25/07/26 7 Pm

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 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

CONSENT FOR SPECIAL PROCEDURES

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 D (M)
Dr. SPANDANA PASUPULETI

Patient Name : ... male ... Gender: ☑ Male ☐ Female

UHID No : ... Department : MRCU Date : 25/07/26

I ... Goutham ... S/D/W/O ... Aravinda ...

Here by give consent for procedure of : (CPAP) - Also invasive ventilation

For my patient, Named : ...

The doctors have clearly explained to me that the procedure has following possible complications:

Shock / Apnea / Hypoxia / Mechanical ventilation related complications (full term (for ICU) / CRABS / RDS / ACA / AVI / pneumothorax / sepsis)

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

...

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: ...

Patient Attendant :

Signature : [signature]

Name : P.L.P. GOUTHAM

Relationship with Patient: FATHER

Date & Time : 25/07/26, 19:08 IST

Witness :

Signature : [signature]

Name : Jyothi

Date & Time : 25/7/26 7pm.

Doctor (who is taking the consent) :

Signature : [signature]

Name : [signature]

Date & Time : 25/07/26 7pm

Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

Hyper Neb — 6th hourly.
N-Acetyl cysteine — 12th hourly
colistin — 12th hourly.

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

1

Date	Time	Drug	Nurse	Parents Signature
25/7/26	00.00	Hyper Neb + colistin + N-Acetyl		
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
11	06.00	Hyper Neb.		
	07.00			
	08.00			
	09.00			5
25/7/26	10.00	Adrenalin + ~~3+ NS~~		16982
	11.00			
25/7/26	12.00	Hyperneb + ACetyl + Colistin		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
26/7/26	18.00	Hyperneb + Adrenalin		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 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.

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
20/7/26		OT	NICU	
27/7/26	4:30pm	NICU	Ward	

Cross Consultation Visit

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

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 D (M)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/7	CBP	2563	
	CRP	2561	
25/7	x-ray chest	9123	
24/7	ABG. RBS. (60 mg/dl)	12582	
25/7/26	ABG. RBS (83 mg/dl)	12582	
〃	ABG. RBS (68 mg/dl)	12582	
〃	ABG RBS. (100 mg/dl)	12582	
	Result checked by Nirmala sister 26/7/26 at 6:47 am		
25/7/26	x-ray	9153	
26/7/26	ABG, RBS (102)	12608	Above
26/7/26	ABG, RBS (97 mg/dl)		
27/7	RBS (96 mg/dl)	2698	
	Cross Checked done Sy. 27/7/26 @ 2pm.		
28/7	SBP, DBP	2725	

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D (M)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order	Signature
25/7/26	Invasive monitoring	12pm	26/7 12PM		
	CPAP	11:56 AM	25/7/26 7pm	16899	
	oxygen				
	Syringe pump 2nd Infusion				
	Syringe pump 2nd Fentanyl	11:56 AM	25/7/26 11.50pm	17092	Laxmi
	Syringe pump 2nd Heplock (UAC)		27/7 8AM	17089	Alee
25/7/26	~~Syringe pump~~ Dspt	8:00 pm	26/7 6PM		
	Cross checked by Nirmala Sisan 26/7/26 at 5:45pm				
26/7/26	Syringe pump 2nd Heplock (IVC)	8:00 Am	27/7 8AM	21728 2	Alee
	Cross checked by SD. Bhavan 27/7/26				
27/7/26	Dspt	8:00pm.	28/7/26 10 Am.	17546	

ABG - 6
RBS - 2
Chest x-ray - 2

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/7/26	nebulizations	5	21695	Rao.
26/7/26	nebulizations	6	17283	Rao
	Clean checked by Nurmadesis on 26/7/26 at 5:45 AM			
27/7	Neb T O2	4	7404	@

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 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

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
24/7/26 (1)	6:56pm	60 mg/dl	IV D-5 @ 6 ml/hr	
25/7/26 (2)	12 AM	83 mg/dl	"	
25/7/26 (3)	10:56 AM	68 mg/dl	"	
25/7/26 (4)	3:28pm	100 mg/dl	"	
	Cross checked by Nurse Lisa on 26/7/26 at 5:48 AM			
26/7/26 (5)	12 AM	102 mg/dl	Feeds	Nurse
26/7/26 (6)	6 AM	97 mg/dl	Feeds	
27/7/26 (7)	6 AM	96 mg/dl	Feed	Nurse
	Cross Checked done by Nurse 27/7/26 @ 2pm.			

Docu. No. : RCH /FRM / CLINICAL / 185

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 D (M)
Dr. SPANDANA PASUPULETI

(7)

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
26/7/26	00.00	Hypernebt + cal + Budesonide		
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
26/7/26	06.00	Adrenaline		(6)
	07.00		10000	
	08.00			
	09.00			
	10.00			
	11.00		47283	
26/7/26	12.00	Mucomix + Hypernebt + Calistra		
26/7/26	13.00			
	14.00	Adrenaline		
	15.00			
	16.00		Death	
	17.00			
26/7/26	18.00	Hypernebt + Budesonide		
	19.00			
	20.00		Saw	
	21.00			
26/7/26.	22.00	Adrenaline.		
	23.00			

No. : RCH / FRM / CLINICAL / 170

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 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

(3)

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/7/26	00.00	Hypernub + Colestin + Mucomune daily		
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
27/7/26	06.00	Adrenaline daily		(4)
	07.00			
	08.00			
	09.00			
	10.00			7404
	11.00			
27/7/26	12.00	Mucomix + Hypernub + salbutamol		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
27/7/26	18.00	Hypernub		
	19.00			
	20.00			
	21.00			
27/7/26	22.00	Adrenaline		
	23.00			

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 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 IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : A. Aravinda Age : 27y 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 : S/o A. Aravinda

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 20/7/26 Time of Birth : 1:58 pm

Place of Birth : RCH-HNH

Mother's Blood Group : O +ve

Birth Weight (gms) : 3.74kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+6 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 20/10/25 EDD : 28/7/26

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

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

Last Scans Details : SLUF - 38+1 wk / AFI - 1.8cm / 2.5kg / Doppler - NA

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA - NA

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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 : .....

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D (M)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) Failed IOL

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

TOTAL

1 Minute	5 Minutes	10 Minutes

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

38+6 wk / Boy delivered by Emg LSCS
↓
CIAB
↓
Routine N-S care given
↓
Baby had RD & TTNOB
↓
RD (+) → DR-CPAP started
↓
Despite 10 min of DR-CPAP
RD persisting
↓
shift to NICU

Inj Vit. K given

Investigation details in previous Hospital :

Feeding History :

P...

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 144 RR : 68/h NIBP : CFT :

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 90% on RA
98% on CPAP

Anthropometry : Birth Weight : 3740 g Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D (M)
Dr. SPANDANA PASUPULETI

HEAD TO TOE EXAMINATION

HEAD :	Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : To check Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : (N) No cleft Nasal shape / Patency : Palate : Gums : (N) Lips : Tongue :	
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : (F)	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : 2+T IV Umbilical Stump : Discharge :	
GENITILIA :	Labia / Hymen : B/L Descended Testes Testicles/penis : Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :	Scar / ? Hemangioma over Rt Thorax.	
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 7 D (M)
Dr. SPANDANA PASUPULETI

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : RDP 63/. 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 : 98% - on CPAP Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

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

Femoral Pulses : B/L ++ Murmurs : N.A

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

Abdomen : Hernia orifice : .....

Shape : ..... Anal Patency : Patent

Palpation : ..... Umbilical Cord : 2 A + 1 V

Palpable masses : ..... First urine passed : X ✓

Abdominal girth : ..... Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : ..... / Gr

.....

.....

Motor System :

Passive Tone : +

Active Tone : +

Neonatal Reflexes : +

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

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

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

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 7 D (M)
Dr. SPANDANA PASUPULETI

Any Congenital Anomalies : .....

Diagnosis : FT / 38+6 / Emesis / CONSTIPATION - DR - CPAP / AGA / 3.74 kg / Boy

FOOT PRINTS

Left Side :	Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Prashanth

Date & Time : 20/7/26 4PM

Consultant :

Signature : .....

Name : Dr Spandana

Date & Time : 20/7/26 4PM

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.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : DR - CPAP

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

Ph

1) Shift to NICU

2) IVF - 60 ml/kg/day

3) NIV

4) Inj AMPICILLIN

GENTAMYCIN

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

B/o Asavinda

(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
24/7/26. 6.26pm	Counselled.	
	- pneumothorax - Improving.	
	- ICD - clamp (+).	
	- (↑) secretion / pneumonic	- Send Biojinx panel to R/o Infection.
	- ct Meropenem / antibiotic.	
	- Tolerating feeds well	- (↑) 2ml attempt feeds.
	- Minimal vent setting (SIMV)	
	- Tm mng - CBP, CRP, CXR.	- 6AM
		H (N) - plan to Remove ICD

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

Alp Sent
24/07/26.

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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
25/7/26 7:30 am	Adm/o Dr. Bhanu DOL-5 | Term | RDS | sepsis | pneumothorax	
	– crying spells well – urine – – stools ✓	
	O/E vitals : HR: 130 bpm RR: 60 cpm SpO_2: 96% BP: 66/24 (MAP)	Plan 1) ~~Repeat~~ CRP CRP 2) Chest X-Ray PA view 3) Ut. 30 ml feeds ↑ 2 ml alternate feed (target 35 ml) 3) Ut. VBG stat 4) Ut. nebulisation nebulisations 5) monitor vitals
	Adv.	
		Noted by Neonatologist 25/7/26 at 7:30 AM

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0Y0M4D (M)
Dr. SPANDANA PASUPULETI

(2)

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
25/7 9:15 Am	C/S/B Dr Tejaswi	
	DS / 38+6 / FT / LSCS / RDS - Pneumonia - Pneumothorax - ICD / NNJ / Sepsis	
	On SIMV	Plan
	FiO2 - 21% Rate - 60	1) Inj DEXA
	PIP - 14 PEEP - 5	Neh c Adren
		Extubation plan
	ICD insitu	2) Feed - 30 ml / 4 th
		Inc to full feed post extub
	Balance - + 213 ml	
	UO - 3.1 ml/kg/h	3) Inj Meropen
		Neb c 3% NaCl
	Vitals	Neb c NAC
	HR - 136/min	4) ICD care
	RR - 46/min	
	SpO2 - 93%	
	BP - 75/43(54) mmHg	Pravan.
		Noted by Nirmala

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

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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
25/7 12:30 PM	Extubation Note	
	Baby was extubated to NIV mode of Ventilation	
	NIV -	
	PIP - 14 / PEEP - 5m	
	FiO_2 - 21% / Rate - 60/m	
		Plan
		1) ABG @ 2:30 pm
	Vitals	2) CXR @ 4:30 pm
	HR - 120/m	
	SpO_2 - 100%	3) Ct. Dexa Neb & Adrenalin
	Resp - 44/m	4) Ct. resp medicines
	BP - 77/43 (55) mmHg	5) start feed after 2:30 pm
		Plan
		Noted by Consultant 25/7/26 at 12:30 pm

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0Y0M5D (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
25/7 10:30AM	Counselling B/O ARAVINDA	
	-) Lungs wise looking ~~ok~~ fine - No fresh issue Extubation plan today Steroid injection given prior to extubation (2hr) ↓ Post extubation will observe for 4 hours on NIV/CPAP Then decide on ICD removal	
	-) Feed - 30 ml / Q2H -) Secretion better	
	-) Will send CBP / CRP -) ET secretion - biofire report awaited. On Neb c̄ Antibiotic -) Based on extubation tolerance will plan D/C later.	
	Dr. S. TEJASWI REDDY Registration No: 94068 [signature]	[signature] Dr - Tejaswi Noted by [illegible]

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 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
25/7 2 pm	c/s/o D. Tejasvi	
	DS / F-T / 38+6 wk / LSCS / RDS - Pneumonia - Pneumothorax - ICD / Septic / NNT	
	NIV → CPAP - FiO_2 - 21% PEEP - 5cm	
	No RD	Ph 1) CPAP
	V/Td HR - 122/min SpO_2 - 95% RR - 36/min BP - 71/42	2) ABG - Now CXR @ 4:30 pm 3) CT. Pedia Neck & Abdomen 4) Monitor V/Td 5) Restart feed after 2:30 pm
		Plan
		Updated by consultant 25/7/26 at 2pm

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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
25/7/26 5:30 pm	S/B Dr. Spandana.	
	D Term / AGA / RDS / Pneumothorax / Sepsis P/A	
	on NIV support	
		– Trace CBP, CRP
	HR – 127/m	
	SpO2 94-96%	– C/F OG feed 3ml/2hr
	BP – 74/48 (50)	– C/F MEROPENEM
	CVS – S1S2 +	– VBG every 8 hours
	CRT < 3s	
	RS – BLE-AE +	– C/t Dexamethasone
	P/A – soft	– Monitor vitals
	CNS:- spont movements ↑	
	AP ICD removal done	Spandana (signature)

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

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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
26/7/26 12.50 AM	c/s/by Dr Anuchs	
	FT / 38+6 / LSCS / RDS - pneum - pneumothx - ICD / removed.	
	post ICD removal CXR - (N)	— ct Antibiotics.
	HR = 129/min	Dexa.
	SpO_2 = 98% on CPAP	— NBG ; Q8hly.
	PEEP 5 / FiO_2 21%	
	BP = 72/44 (56).	— ct CPAP.
		— ct NEB.
RLS	BLAE (+)	— ct feeds.
	NIVRS (+)	— Gorm sc.
		— ~~Gl~~ UBG @ 6AM.

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

(P.T.O)

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D (M)
Dr. SPANDANA PASUPULETI

Aravinde.

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
25/7/26. 6.32pm.	Counselly Note - Baby maintaj on RA / post ICD removal ↓ CPAP - on 30ml/kg/d - Tolerate well. - Biojim panel - Tsace. - Tm - try CPAP tapering. Aspandeal 25/07/26	

(P.T.O)

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D
Dr. SPANDANA PASUPULETI (M)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

..RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26	c/s/by. Dr Anuche	
7 30 AM.	FT / 38+6 / isu.	
	- T.wt - ~~3290kg~~ 3920kg	Tolerat feed well
	- wt loss - (180) ↑ from B.wt	E/o =
	on CPAP.	
		Plan
	HR - 145/min	
	SpO2 - 94% on CPAP.	- ct CPAP.
	BP - (87/53 (68)) → Recheck	- ct Antibiotics. DEXA.
		- CBG Q8hly.
		- ct feeds OGT (full - 35-40m) Q2hly
		- Plan to wean of CPAP
	[signature] 114261.	- Ryom sos.
		Noted by Narmadusis 26/7/26 [signature]

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

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 D (M)
Dr. SPANDANA PASUPULETI

(6)

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
26/7	CISIS Dr. Spandana	
	on CPAP.	Plan
		- stop CPAP
		- Cont feeds 35-40ml/@2H
		- Try Spoon feeds
		- RBG at 12:00pm
		-
26/7 4:00pm	CISIS Dr. Naipunya / Dr. Spandana.	
	on Room Air.	Plan
	Vitals - HR - 140, RR - 54, SpO2 - 98%	- Cont. SF 35-40ml/@2H
		- Cont Meropenem Neb c Colistin
	R/S - B/L AE(+) B/L SCR(+)	
		- Monitor vitals
	P/A - Soft, NO distress.	- plan Shift out tomorrow

Noted by Vantana

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

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA (M)
20-07-2026 0 Y 0 M 5 D
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
27/7 1AM	C/S/B - Dr Prashanth / Dr Naipunya	
–	maintaining SpO_2 on Roomair	
–	taking feeds.	
	But - 3740	Plan
		1) To remove UVC, UAC
	O/E vitals stable	
		2) Give VANCOmycin before removal
	S/E cont	

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

(P.T.O)

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0Y0M5D (M)
Dr. SPANDANA PASUPULETI

(7)

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
27/7/26	c/s/B - Dr. Prashanti / Dr. Naipunya	
7:20AM		
	A - Term / AGA / C/P 38 +6	Pneumothorax - resolved NNJ
	DoL - 7 days.	
	Bwt 3746 ↓ 20g Twt 3720 Δ 0.05%.	mBG - 0t BBG - 0t
	O/E	Plan
	HR - 110/min RR - 38/min SpO2 - 98% on RA BP - 100/60 (62) ↑ 95th	1) Cont. Spoonfeeds 35-40ml @2h
	S/E	2) Cont. meropenem Neb. colistin
	RS - clear Runk Euthymic	3) monitor vitals U.O
		4) Remove UVC → Give UAC ↓ Vancomycin today

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 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
27/7/26 10 AM	c/s/by Dr Tejaswi	
	TERM / RDS - pneumothorax	
	HR = 145	
	SpO2 = 95%	
	on RA	- Secu IV cannula
	R/s B/L AE (+)	- Inj vanco ↓
	NVRs	Remove UVC
		UAC.
		- Every shift out plan
		- c/t IV Antibiotics
	Dr. S. TEJASWI REDDY Registration No: 94068.	Dr Tejaswi
		c/b/s by Dr 27/7/26 @ 10 AM
27/7/26 3pm	Shift Notes	
	Baby active	- UVC/UAC - stop
	No distress.	
	vital stable.	- stop Merope
		- shift to ward
		- DBF only f/b burping
		Dr 27/7/26 3pm
		closed by Dr

(P.T.O)

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 D (M)
Dr. SPANDANA PASUPULETI

B/o Aravind.

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
27/7/26. 11.00 AM	Counselled (Dr Tejaswi).	
	- Baby on RA	
	- Planning to shift to RA.	
	- plan/ to remove UAV, UVC.	
	- By [2pm] - DBF after removal & shift.	
	- Tm vaccinations & plan dls. a/c	

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr Tejaswi

Accepted by Dhanya
27/7/26 @ 11:40am.

29/07/26

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

(P.T.O)

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 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
20/7	C/s by Dr Tejas	
5pm	Baby Euthermic. Vitals stable taking feeds well.	Rp → Vaccination tomorrow (BCG, OPV, HepB) → NBS Advanced tomorrow. → TCB. NOW. ↓ Based on report (Start phototherapy). Dr Tejas
22/07 7AM	TCB: 14.4	Rpt - Start OSPT - NBS Advanced / S. SBR to send T/m - Rad confirm sam - Vaccination T/m (BCG, OPV, Hep'B')

Dr. S. TEJASWI REDDY
Registration No: 94068

HNH-00016705 IP26-00006946
ALUR ARAVINDA (M)
20-07-2026
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/w/s. Dr. Sankalp / Dr. Pranav	
28/07/26 8AM	Term / AGA / pneumothorax / NNJ	
	Baby Euthermic	B. wt: 3740 gm
	passing urine/stools	T. wt.
	Cry/Tone/Activity: good	
	S/E: NAD	
		Adv
		- Cont. DSPT
		- NBS Advanced / SBR
		- Vaccination to be done
		- Monitor vitals and
		Inform SOS
		[signature]
	NB Sup	
	c/w/s. Dr. Tejasvi reddy	
	Baby on DSPT	
	passing urine / stools	
	C/T/A - good	Adv
		- NBS, SBR to trace
28/7/26		- discharge after SBR report
	BCG, OPV, HepB } given → Vaccination today	
		[signature] Dr. Teja

TEJASWI REDDY Registration No: 84058

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

(P.T.O)

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 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

Patient Sticker

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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: 25/7/26 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:				

Signature

VERIFIED BY : Name

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 3.74kg Ward. .....

DRUG : INJ MEROPENEM

Dose	Route	Frequency	Start Date
70mg	IV	TID	24/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 26/7 27/7

6pm 2pm 10pm

STOP

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Date
	P/R	BD	24/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

2ml + 2ml NS

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 26/7 27/7 28/7

6AM 6pm

DRUG : NEB c N-ACETYL CYSTEINE

Dose	Route	Frequency	Start Date
	Neb	BD	24/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

0.5ml + 2.5ml NS (mucomix)

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 26/7 27/7

12pm 12pm

STOP

DRUG : HYPERNEB

Dose	Route	Frequency	Start Date
3ml	neb	Q6h	24/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 26/7 27/7

12AM 6AM 12PM 6pm

STOP

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 3.74 kg Ward .....

DRUG : NEB ⊂ COLISTIN

Dose	Route	Frequency	Start Dt.
2,00,000IU	neb	BD	24/7

Name & Signature of the Doctor Starting the Drugs:

1 ml = 1,00,000 IU

Additional Instructions:
dilute 1 vial in 10 ml NS
give 3 ml + 2 ml NS neb.

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 26/7 28/7

12 AM 12 PM

STOP STOP

DRUG : Inj DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
1 mg	IV	8th hrly	25/7

Name & Signature of the Doctor Starting the Drugs: Prem

1 V in 2 ml = 8 mg

Additional Instructions:
250 mcg / kg / 8th hrly 3 days
for antibody
[0.5 ml + 4.5 ml NS] => Give 2.5 ml = 1 mg

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 26/7 28/7

6 AM 8 PM 10 PM

STOP STOP

DRUG : NEB ⊂ ADRENALINE

Dose	Route	Frequency	Start Dt.
1 ml	NEB	8th hrly	25/7

Name & Signature of the Doctor Starting the Drugs: Prem

Additional Instructions:
1 ml + 2 ml NS

Daily Doctor's Endorsement by a Sign

Date / Time: 25/7 26/7 28/7

6 AM 8 PM 10 PM

STOP STOP

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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

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

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

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

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 D (M)
Dr. SPANDANA PASUPULETI

Weight. 3.74/g 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
~~2/7/26~~	10 ~~pm~~	~~NIL~~				
25/7	10:45 am	Inj FUROSEMIDE	3mg	IV	Rm	11 And ~~Dhanya~~
27/7	12.20pm	Inj. VANCOMYCIN	55mg over 1hour as infusion make (5mg 1ml) soln through UVC		Rm	Dhanya Nilesh
		Inj. VANCOMYCIN	55mg. (5mg/ml) through UAC	IV	Rm	

Verified by Dr. Dhakshayani

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. 3-7'ey 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
24/7	10pm	IVF - 10% 150-P TV - 120ml/kg	IV	8ml/hr	[signature]	[signature] [signature]	24/7	[signature]	[signature] [signature]
24/7	6pm	IVF - 10% - 150-P TV - 120ml/kg	IV	7ml/hr		[signature] [signature]	25/7	[signature]	[signature] [signature]
25/7	7am	IVF - 150-P. TV - (140ml/kg)	IV	↓ 6ml/hr.		[signature] [signature]	26/7	[signature]	[signature] [signature]
25/7	9:31AM	TV - 140ml/kg 150-P	IV	5 ml/h	[signature]	[signature] [signature]	27/7	[signature]	[signature] [signature]

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

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 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

INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O+ve Baby's Blood Group: O-ve Sheet No: 3

Gest Age: 38+6 weeks Birth Weight: 3.74 kgs

Date: 27/7/26	Date:	Date:
DOL D7 Weight 3.720 kg ↓	DOL Weight 3.560 kg.	DOL Weight
Problems: RDS	Problems:	Problems:
Rs. 30-60 bm Exam Done Vent. Setting Room Air ABG } SOS CXR }	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 120-160 bm BP 111/78 (98) 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: (109) 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 done	Assessment	Assessment
Plan RBS - BD	Plan	Plan

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0Y0M0D8H (M)
Dr. SPANDANA PASUPULETI

C-15.9
H-11.5

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O+ve Baby's Blood Group: O-ve Sheet No: 2

Gest Age: 38+6weeks Birth Weight: 3.74 kgs

Date: 24/7/26	Date: 25/7/26.	Date: 26/7/26
DOL D2 Weight	DOL - D3 Weight	DOL - D. Weight 3.920
Problems: RDS	Problems: RDS	Problems: RDS
Rs. 30-60 b/m Exam Done Vent. Setting HFO ABG CXR } SOS	Rs. - 30-60 b/m Exam Done. Vent. Setting PC-SIMV ABG CXR } SOS.	Rs. - 30-60 b/m Exam Done Vent. Setting PC-SIMV ABG CXR } SOS
CVS Normal HR 120-160 b/m BP 68/42 Map 150 Cap Refil	CVS Normal HR 120-160 b/m BP 60/34 Map 46 Cap Refil Cmm.	CVS Normal HR 120-160 b/m BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 11 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 (110mg/dl) 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 Inj- Piperacillin	C/s Results CRP Antibiotics Inj- meropenem	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done.	Assessment
Plan RBS-ABG 6hrs	Plan RBS-ABG 8th hourly.	Plan

Docu. No. : RCH /FRM / CLINICAL / 183

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 0 D 8 H (M)
Dr. SPANDANA PASUPULETI

Chest – 16.4
Head – 13.1

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: O+ve Baby's Blood Group: O -ve Sheet No: (1)

Gest Age: 38+6 weeks Birth Weight: 3.74 kg

Date: 21/7/26	Date: 22/7/26	Date: 23/7/26
DOL D1 Weight	DOL D2 Weight	DOL D3 Weight
Problems: RDS	Problems: RDS	Problems: RDS
Rs. 30-60b/m Exam Done Vent. Setting SIPPV ABG CXR Sos	Rs. 30-60b/m Exam Done Vent. Setting HFO ABG CXR Sos	Rs. 30-60b/m Exam Done Vent. Setting HFO ABG CXR Sos
CVS Normal HR 120-160b/m BP 62/43 Map (55) Cap Refil <2s	CVS Normal HR 120-160 b/m BP 53/33 Map (44) Cap Refil	CVS Normal HR 120-160 b/m BP 50/37 Map (41) 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 Inj-piptaz	C/s Results CRP Antibiotics ~~Inj-piptaz~~ Inj-meropen	C/s Results CRP Antibiotics ~~Inj-piptaz~~ Inj-Meropen
Med Neuro:	Med Neuro:	Med Neuro:
Assessment – Done	Assessment Done	Assessment Done
Plan RBS-ABG 4th hrly	Plan RBS – ABG 4th hrly	Plan RBS – ABG 6th hrly

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 0 D 8 H (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

RESULT SHEET

TCB: 15.9 →

Date	21/7/26	20/7/26	22/7/26	23/7/26	25/07/26	
Time	15:49	16:55	17:45	17:42	15:36	
Hb	17.7	21.8	16.4	16.8	16.5	
PCV	50.0	61.2	46.0	46.7	44.8	
RBC	4.91	5.81	4.56	4.64	4.60	
WBC	14.34	13.06	10.89	8.53	9.88	
N/L	69/27	45/50	53.5/38.0	45.6/45.1	38.7/49.8	
Platelets	153	168	139	120	150	
CRP	26.0	5.0	13.0	13.0	8.0	
ESR						
PCT			6.55			
RBS						
Na	132					
K	4.1					
Cl	104					
Ca/Mg	9.8/					
Phosphate	4.1					
Urea	13					
Creatinine	0.8					
ALP						
SGPT						
SGOT						
T.Bill/Conj	6.1/0.1/6.0					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		17/1.3				
APTT		42				
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 : 20/7/26 at 16:55

No growth after 24 hours.

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 0 D 14 H (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

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-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. SPANDANA PASUPULETI

/ 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: 27/7/26 Time: 6 PM | 10pm | 2Am | 6Am

Doctor/Nurse/Family Concern?

Temperature (°F): 98.3F | 98.4F | 98.5F | 97.6F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 142b/m | 140b/m | 140b/m | 140b/m

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

Resp Rate (Number): 32b/m | 30b/m | 31b/m | 31b/m

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)		99%	99%	98%	98%
Conscious Level	Normal / Altered			
GCS *				
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials					

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

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

Patient Sticker

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-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 0 D 14 H (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

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											
27/7/26	05:00 pm	1	EBM									
	06:00 pm	0										
	07:00 pm	1	EBM									
Total Intake :		Taken					**Total Output :**					
	08:00 pm	1	EBM									
	09:00 pm											
27/7/26	10:00 pm	2										
	11:00 pm	1	EBM									
	12:00 am											
	01:00 am		EBM									
Total Intake :							**Total Output :**					
	02:00 am	1										
	03:00 am		DBM									
28/7/26	04:00 am	0										
	05:00 am	1	DBM									
	06:00 am											
	07:00 am	1	EBM									
Total Intake :							**Total Output :**					

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

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 0 D 14 H (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 CARE RECORD

Date: 21/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm to 8pm	- Assess the Baby Condition - Monitor vitals - Maintain I/O Chart - EBM Given every 2nd Hourly	5pm to 8pm	- Assessed the Baby Condition - Monitored vitals - Maintain I/O Chart - EBM Given every 2nd Hourly	Baby is Stable	Re checked vitals	
Night	8pm to 8am	- Assess The Baby Condition - monitor vitals - Maintain I/O Chart - EBM Given every 2nd	8pm to 8am	- Assessed the Baby Condition - monitor vitals - maintain I/O chart - EBM Given every 2nd hourly	Baby is Stable	Re Assessed vitals	

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

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							

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.
...otension and respiratory depression while administering these drugs)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

..... Age : ..... Gender : ☐ Male ☐ Female

..... UHID No. : ..... Sheet No. : .....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.
24/7	11pm	Inj Fentanyl	2ml + 8ml NS	e0.8 ml/hr e2 mcg/kg/hr				25/7		

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
Dexmedetomedine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
Prcpofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

ANTIBIOTIC JUSTIFICATION FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date of Admission: .....

Antibiotic Name	Date & Time	Reason	48 Hours Culture	Antibiotic Reviewed at 72 Hours (If No Please Justify)
Inj meropenem	24/7	- Pneumothorax c ICD c sepsis		

A. Reasons for Starting Empirical Antibiotics:

1. Preterm's with risk factors:
   a. PPROM
   b. Positive Maternal Culture (HVS/Urine C/S
   c. Maternal Pyrexia / Chorioamnionitis
2. Term Babies
   a. PROM > 18 hours
   b. Sepsis Screen Positive at 12 hours
      i. High TLC/ High CRP / High PCT / Thrombocytopenia / Leukopenia
      ii. Shift to left / Bank forms / Neutrophilia on PS
3. Out born with suspected sepsis
4. Culture negative Sepsis
5. Clinical Sepsis
   a. Frequent Apnoea's attributed to suspected sepsis
   b. Hemodynamic instability
   c. Temperature instability
   d. Suspected NEC
   e. Lethargy
6. VAP
7. Congenital Pneumonia
8. Meningitis
9. Aspiration Pneumonia
10. Any sick newborn

B. Prophylactic Antifungals

B1 – Extreme PT (<28 Weeks) or ELBW (<1000 grams)
B2 – Central line in situ (PICC / UVC) in < 28 weeks & or < 1kg.
B3 – Septic Shock

C. Culture Positive Sepsis

Consultant Name & Signature : .....

Date & Time : .....

Name & Signature of Infection Control Nurse : .....

Date & Time : .....

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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

SITUATION

Diagnosis: RDS.

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	24/7/26 N	25/7/26 M	25/7/26 N	27/7 E		
BACKGROUND	Medical Condition (Any special condition to be noted):	RDS.	RDS	RDS			
	Diet:	—	—	—	/		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	PC-SIMV	PC-SIMV	PC-SIMV			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.5°C	36.5°C	36.5°C	98.5		
	Res:	60 b/m	58 b/m	65 b/m	60 b/m		
	SpO_2:	92 %	97 %	95 %	95 %		
	Pulse:	130 b/m	124 b/m	135 b/m	140 b/m		
	BP:	76/42	64/34 (42)				
	LOC:	—	—	—	/		
	Fall Risk Score:	—	—	—	/		
	Pain Score:	—	—	—	/		
	Skin Integrity	—	—	—	/		
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Yes	Yes	Yes	Yes		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	/		
	Critical Lab Test / Values:	—	—	—	/		
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	—		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		Keerthi	Jyothi	Nirmala	Madhu		
Signature / ID :							
Date:		25/7/26	25/7/26	26/7/26	27/7/26		
Time:		8 PM	8pm	8 AM	8pm		
Taken Over By Name :		Jyothi	Nirmala	Madhu			
Signature / ID :							
Date:		25/7/26	25/7/26	27/7/26			
Time:		8 AM	8pm	9:30pm			

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

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 : 24/7	25/7	26/7	
					Time : NL	mS	N1	
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.	2	2	2	
"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.	2	2	2	
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.	1	1	1	
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.	1	1	1	
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."	3	3	3	
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.	2	2	2	
				TOTAL SCORE	14	14	14	
				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-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 6 D (M)
Dr. SPANDANA PASUPULETI

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 : / Time :				
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.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				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

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 4 D (M)
Dr. SPANDANA PASUPULETI

(1)

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 24/7			25/7 DAY-2			26/7 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	
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			NA	0		NA	0	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	0		NA	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			NA	0		NA	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			NA	0		NA	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			NA	0		NA	0	0	0	
		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 : .....

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 : .....

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-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☑ UAC ☑ UVC ☐ Other ..... Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	24/7/26 AL	25/7/26 MS	25/7/26 N	26/7 ms	26/7 AL		
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on	-	-	-	-	-		
Name of the Nurse	Ramya	Jyothi	Nirmala	Shaheel	Lucky		
Signature of the Nurse							

Docu. No. : RCH /FRM / CLINICAL / 081

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other ..... Date of Initial Line Insertion: ..... Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	**Date / Shift Time**						
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on							
Name of the Nurse							
Signature of the Nurse							

HNH-00016705 IP26-00006899
Baby Of ALUR ARAVINDA
20-07-2026 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

VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: ..... No of Days on Ventilation: ..... Date of Tracheostomy: .....

Parameters / Date / Shift Time	24/7/26 E2	25/7/26 M5	25/7/26 N1				
Ready for Extubation today? (Discuss during the clinical round)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Sedation holiday discussed? (Discuss during the clinical round)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Suction container visibly Soiled? (If Yes - Please Change)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Inline Suction Used?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is AMBU bag soiled? (If Yes - Please Change)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Oral and Nasal Care every 4 Hrs	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Mouth Care with EBM (Only for Neonatal Patient)	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Is ET / Oral Suction needed (2nd hrly)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Sterile Suctioning Done	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
DVT Prophylaxis	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse	Kavya	Jyotsna	Nirmala				
Signature of the Nurse							

Docu. No. : RCH /FRM / CLINICAL / 158

HNH-00016705 IP26-00006946
Baby Of ALUR ARAVINDA
20-07-2026 0 Y 0 M 5 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

25 Years of being the guiding light

UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To

The Management,

Rainbow Children's Hospital, Himayat Nagar,

Hyderabad - 500029.

Sub:- **Undertaking of Insurance Patient for Advance Payment.**

I Mr./Mrs./Ms. L. P. Goutham Pratapa (Father / Mother / Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms. Alur Aravinda _____ bought to your hospital on Emergency/ Planned basis on 25/06/2026 at 11:56 approximate charges deposit details were explained by the front office executive on duty.

As I have cashless insurance so I have to pay 20k as a caution deposit at the time of admission. If there will be any difference amount after getting the approval I'll pay that amount at the time discharge.

Thanking You

Signature

Name:- P. L. P. GOUTHAM

Ph. No.:- 8985928679

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 ALUR ARAVINDA**	**Age :**	**0 Y 0 M 5 D**
IP No:	**IP26-00006946**	**Sex:**	**Male**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**4F -NICU 1/NICU1-402**

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 insurance 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.
(Receivers Signature: P.L.P.Goutham 25/07/26

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: P.L.P.Goutham 25/07/26

Name: P.L.P.GOUTHAM
Relationship: FATHER
Date: 25/07/26 Time: 12:08
Witness Name:
Witness Signature:

Patient Address:

3RD FLOOR, SRI SARADA NILYAM, 2-1-565/4/4 Nallakunta Hyderabad Telangana INDIA 500044