308 (B)

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DISCHARGE SUMMARY

Name	Baby Of M. SPARSHA REDDY	**UHID**	HNH-00016278
Father/Guardian	Mr GUMMADI SRI KRISHNA REDDY	**Age/Gender**	0 Y 0 M 0 D 17 H/ Female
Address	H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR, Habsiguda, Hyderabad, Telangana, INDIA, 500007		
IP No	IP26-00006698	**Admission Date**	30-06-2026
Ref Doctor	SELF		
Discharge Date	04.07.2026		

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

DIAGNOSIS	ICD CODE
TERM (39 weeks)/AGA/BABY GIRL	

History: Baby Of M. SPARSHA REDDY is a term (39 weeks) baby girl, delivered to a Primi mother by emergency LSCS on 30.06.2026 at 05:48 Pm with birth weight of 3.2kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Name	Baby Of M. SPARSHA REDDY	**UHID**	HNH-00016278
IP No	IP26-00006698	**Admission Date**	30-06-2026

Maternal History: Mrs. M. SPARSHA REDDY is a 32 years old primi mother. G1 - Present pregnancy, OI conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

Anthropometry:
Weight at birth : 3.2 kgs.
Weight at discharge : 3.120 kgs.
Head Circumference : 34 cms.
Length : 49 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Serum bilirubin at 48 hours of life was 7.6 mg/dl with indirect fraction of 7.5 mg/dl.

Name	Baby Of M. SPARSHA REDDY	**UHID**	HNH-00016278
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Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk, measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	01.07.2026
OPV	Given	01.07.2026
HEPATITIS B	Given	01.07.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Not Done on 02.07.2026 showed Bilateral normal outer hair cells functioning.

Newborn screening advanced / Newborn screening-4: Sent on 02.07.2026, report awaited.

SPO2 : 98% at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

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

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

Name	Baby Of M. SPARSHA REDDY	**UHID**	HNH-00016278
IP No	IP26-00006698	**Admission Date**	30-06-2026

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

Plan:

1. **Newborn screening advanced / Newborn screening-4: Report to collect on followup.**

Review consultation with Dr. S TEJASWI REDDY on Monday(06.07.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

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Name	Baby Of M. SPARSHA REDDY	**UHID**	HNH-00016278
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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**

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Registrar/Resident/C.M.O

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

NH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
10-06-2026 0 Y 0 M 4 D (F)
Dr. S TEJASWI REDDY

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

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

Signature and Date : 04/07/26

(P.T.O)

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006698 **Admit Date** : 30-Jun-2026 **Admit Time** : 06:11 PM **UHID** : HNH-00016278

Patient Details :

Patient Name	: Baby Of M. SPARSHA REDDY	**Age**	: 0 D
Guardian	: Mr GUMMADI SRI KRISHNA REDDY	**DOB**	: 30-06-2026 05:48 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR Habsiguda Hyderabad Telangana INDIA 500007	**Phone No**	: 8978997883/ 7893239944
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-2 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-2 **Admission Type** : First Visit

Contact Details :

Name : Mr GUMMADI SRI KRISHNA REDDY **Relationship** : Father

Contact Address : H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR Habsiguda Hyderabad Telangana INDIA 500007 **Phone No** : 8978997883

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016278 IP26-00006698 Baby Of M. SPARSHA REDDY 30-06-2026 0 Y 0 M 0 D 0 H (F) Dr. S TEJASWI REDDY	30/6/26 @	30/6/26 10pm
	Transfer Ordered by	Reason for Transfer observation
From Unit LDR	To Unit 309	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 23	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Chembabaee.	Dr Tejaswi Reddy.

Patient & Clinical Records Received by : Apyn 30/6/26 @ 10pm

Date & Time of Patient Received :

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

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Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

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NEWBORN MONITORING FORM

Date of Birth : 30/6/26
Time of Birth : 5:48PM
Mode of Delivery : FM. LSCS
Birth Weight : 3.240kg.
Head Circumference : 34cm
Length : 49cm
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group : A+VE
Baby's Blood Group : O+VE
Anomaly Scan :
Vaccination 1/7/26 : BCG OPV HepB given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
30/6/26	3.240 kg	DBF	(10)	36°C	
1/07/26	3.180kg	DBF+FF	(1)	36°C	
2/7/26	3.160kg	DBF+FF	(11)	36.°C	
3/7/26	3.120kg	DBF+FF	(1)	36.°C	
4/7/26	3.120kg	DBF+FF	(1)	36°C	

Date	Time	Investigation	Result	Order No.	Signature
30/6/26	7pm	Blood group		10689	[signature]
2/7/26	6pm	SBR			
				10809	
		NBS			[signature]
		OAE		10002	

cancelled by [illegible]
[illegible]

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sparsha Reddy. Age : ..... Father's Name : ..... Age : .....

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

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

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

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

BIRTH INFORMATION

Name : B/o Sparsha Reddy.

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 30/6/26 Time of Birth : 5:48 pm

Place of Birth : RCH HMNR

Mother's Blood Group : A+ve

Birth Weight (gms) : 3.240. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39 wk.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 30/9/25 EDD : 7/7/26.

Conception : Spontaneous or with Rx. : ① 1 conception.

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

Last Scans Details : 38-39w / SLUF / Pl. fundus OS, SFH 3.6124. Doppler N.

TT Immunization and Iron / Folic Acid : ✓

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No PROM 5 hour.

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 : .....

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Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
PP-	02	complion.				

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : CPD.

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

1 Minute	5 Minutes	10 Minutes
8/10	9/10	

TOTAL

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

Comments :

Asymm.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

F/o Asimi/@ 39wk/ PPROM(5h)/ EL &SCH.

Baby delivd with Cry
↓
CIAB
↓
warm dry / suction
↓
inj K give
cord can give
↓
Shifty to moth side
vital stable.

Investigation details in previous Hospital :

—

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 154 RR : 56 NIBP : CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 95/.

Anthropometry : Birth Weight : 3.240kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System :

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

Femoral Pulses : ..... Murmurs : .....

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

Abdomen :

Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

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

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

Any Congenital Anomalies : .....

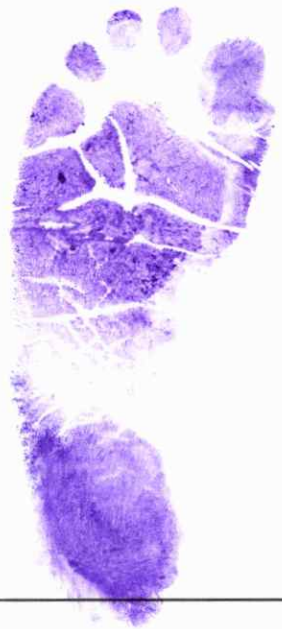
.....

Diagnosis : Term /AGA/F/ CIAB/ 3.24kg.

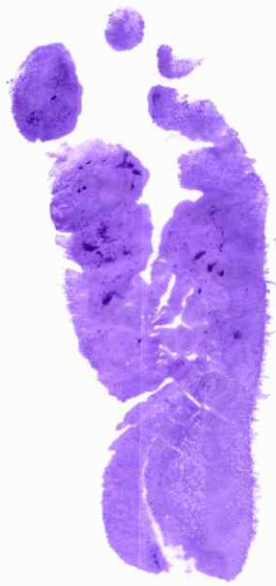
.....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Anusha

Date & Time : 30/6/25

Consultant :

Signature : .....

Name : Dr Tejaswi

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

- Send B/G/T
- Warm Care.
- EBF Only q1h burping
- Vaccination ~~B/F~~ / . SBR / NBS / OAE
- Inform SOS.

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 7AM.	C/S/L Dr. Varun/Dr. Sushanth Term/AGA/female	12HOL MBG/A+ve BBG/
	- Pink. - Euthermic. - 1 c/o vomiting. - Passed stool ✓ Urine ✓	B.W - 324 gms. T.W - 3180 gms. Δ - 60↓
	O/E - vitals stable O/E - WNL.	Plan - Home care - EBF @2H. - Vaccination today. - SBR/NBS/OAE @48HOL - To check red reflex.
1/7/26	BCG OPV Hep-B } given	N/B Supp @7Am

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D7H (F)
Dr. S TEJASWI REDDY

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by. Dr. Tejas	
1/7/4 10:50Am	Tm /AGA /Female /3.24kg	
	Baby Erthic I.B/. wtl	
	c/I/A Good	✗
	vital stable	PL
	B/c Rud sgl- Prul	— Lactamase
	Dr. S. TEJASWI REDDY Registration No: 94066	— DBF Only f/b bypg
		— 4form sos
		— Sample Tm culture
		Dr. Tejas

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D7H (F)
Dr. S TEJASWI REDDY

B. wt - 3.24 kgs

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/24, 1:30 pm	S/B Dr. Archana c/d/w Dr. Tejaswi	Advice
	Euthermic c/o 2-3 episodes of vomitings since morning	Nasal drops 2 hourly Domstal syrup 1/2 hr mins feed again
	O/E HR - 140 bpm RR - 42/min PP - wf CRT < 3 sec CFA - good	(SOS) monitor, if vomitings persist, shift to NICU
	S/E RS: AEBE, BL clear	Domstal drops (1mg/1ml) 0.1 ml PO SOS if vomitings (OR) Syp DOMSTAL (1mg/1ml) 0.6 ml PO SOS if vomitings Nasoclear nasal drops 1° (2 hourly) per nasal NB: Morning 2PM
	Dr. Archana	

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Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26	U/B Dr. Spandana	
4pm		
	feeds ✓	
	urine ✓	
	stools ✓	
	— no vomitings : 2h.	Plan
	O/E euthermic	✓ Wean care
	VT/B : good	✓ DBF any 2nds
	DF. soft	3) ✓ t. domstal
	mass ⊕	4) ✓ SBR — NDS, OAE — Tomorrow 6pm
	Dr. Spandana Pashputeti Consultant Neonatologist and Pediatrician Reg. No: 50925	5) ✓ monitor vitals
P.S.		N/B - Syringe 5pm 1/7/26

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D7H (F)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 7:30 AM	c/o/b Dr. Pranav / Dr. Naipunya	
	FT / 39 wks / Em LSCS / cIAB / 3.24 kg / AGA	
	T. Wt – 3.160 kg (420g)	M/ A tm
	Wt loss – 2.4% Lon	B/ O tm
	Vomiting – ↓	Plan
	Spit Ups Ⓟ	1) Wean Cur
	Baby Euthermic	2) DBF f/b burping Q 3 H
	Cry, Tone, Activity } Good	3) Ct - Domstal
		4) SBR, NBS, OAE } @ 6pm
	Af – Ⓝ	5) Mantu Vitch
	Passed Urine & Stool	6) Infan Sos
		N.B. maheshwari
		Pranav

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D7H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/25	c/s/B Dr. Tejaswini	
10am		
	- T. wt: 1,20 g	
	- 1 episode of vomiting (~2ml)	
	feed ✓	
	urine ✓	Plan
	stools ✓	1) warm care
	O/E	2) DBF every 2nd hr 3hrly
	erythema	3) Ut. dossitard
	VTB: good	4) SBK
	BF: good	RBS] e 6pm today
	meni (+)	OAE]
	UKT: L 2see	5) monitor intake.
	intake: stable	
	SE - (-)	
		Dr. S. TEJASWI REDDY Reg.No. 94068

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/o Dr. Varun	
2/7/28 2 PM	Δ - Term (39 wks) / AGA / Female.	
	- Small regurgitation of feeds.	Plan
	- NO 4/0 vomiting.	- Warm care.
	- Pink	- Ct. Domperidone, DBF @ 2hr + PF.
	- Euthermic.	- SBR / NBS / OAE @ 6pm today
	- Passing urine.	- Monitor vitals.
	- Cry / Tone / Activity — Normal.	- Inform SOS.
	OAE - (N).	

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

(P.T.O)

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	c/s/hy. Dr Spandana	
3.30pm	Term / AGA / Female	
	- nb vomiting	
	Baby Euthic, active pink	
	vital stable	IVF
		- Sample @ 6pm
	S/C BLAC (+)	
	(RDS) NUBS (+)	- Nasal Can.
	R'	- DBF + FF Qch g/b hypo
		- Monitor vitals.
	Dr. Spandana Pasupuleti Consultant Neonatologist & Pediatrician T.C.	

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

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY (F)
30-06-2026 0 Y 0 M 2 D
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 · 8 Am	S/B Dr. Archana · Term / AGA / Primi / Emlscs / · yWt - 3160 kgs · t wt - 3120 kgs (40g ↓) · Enthermic · Accepting well orally · vomitings ⊖ · CTA - good · V/ passed · S/ · o/E · vitally stable · S/E · WNL ·	Advice · · ① NBS · · Keep baby warm · · DBF every 2 hourly · flb burping · N/B priyanka · Dr. Archana ·
3/7/26. 10:50AM.	c/s/by Dr Tejasvi · wt low 40g · Baby active, Euthic · vital stable · S/E NAD.	Plan · — Mau Care. · — DBF Only flb burping · — Monitor vitals. · TEJASWI REDDY Registration No: 94866

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 2:30 pm	c/o B/L Pl. Effusion	
	- feeds ✓	
	- voice ✓	
	- stools ✓	
	o/E	
	euthermic	
	UT/A: good	
	RF: flat	Plan
	moves ⊕	1) warm care
	CRT: 2 sec	2) DBF every 2nd hrly
	vitals: stable	3) trace NBS
		4) monitor vitals.
		N/B Medline

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

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7AM.	C/S/L Dr. Varsha / Dr. Sushanth.	
	D- Term / AGA / female.	
	- Pink, eukaryonic	
		T.W - 3120 (↔).
		B.W - 3240
		T.- 3.7°.
	Cry Tone Activity Good.	
		Plan
		- D/S today
	O/E - vitals stable.	
4/7/26 8:30 am	C/S by Dr Tejam.	
	Ruby pink Euthemic	Rp
	vitals stable →	plan ① today.
		→ R/v on Monday
		→ Continue Domstal/ SOS at home.

Dr. TEJASWI REDDY
Registration No: 94068

Dr Tejam

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

308

O Blood Groups - O+ve

100 99
99 100%

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RESULT SHEET

Date	2/6/26					
Time	8pm.					
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	7.6					
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-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/6/26 Time: 6PM 8PM 10PM 2AM 6AM

Doctor/Nurse/Family Concern?

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

98.2 98.1 97 98.6 98.2

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number): 135bpm 155 155 146bpm 139bpm

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

Resp Rate (Number): 50bpm 54 54 49bpm 50bpm

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

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
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. S TEJASWI REDDY

H / FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 1/07/26 Time:	10 AM	2 PM	6 PM	10pm	2Am	6Am
Doctor/Nurse/Family Concern?						

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

98.1°F | 97.9°F | 98.1°F | 97.8°F | 97.9°F | 98.1°F

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

Note: BP does not score in early warning scoring

190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Heart Rate (Number)	138b/m	146b/m	143b/m	130b/m	130b/m	138b/m

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

70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	40b/m	42b/m	42b/m	41b/m	41b/m	43b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	100%	100%	99%	99%	99%	100%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	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

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

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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-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. S TEJASWI REDDY

:H / FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time: 10 AM | 2 PM | 6 PM | 10PM | 2AM | 6AM

Doctor/Nurse/Family Concern?

Temperature (°F): 97.4F | 97.1F | 98.3F | 97.1F | 97.5F | 97.3F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 140bm | 140bm | 140bm | 140bm | 130bm | 140bm

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

Resp Rate (Number): 40 | 40 | 40bm | 40bm | 38bm | 40bm

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

Patie

:M / CLINICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 03/7 ..... Time:	10 AM	2PM	6PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.6	98.38	98.1F	97.8F	97.1F	96.8F
Heart Rate (bpm) and Blood Pressure (mmHg) *	140bpm	138bpm	140bpm	138bpm	140bpm	138bpm
Heart Rate (Number)						
Resp. Rate (bpm) (Over 1 Minute) *	40bpm	38bpm	40bpm	38bpm	40bpm	40bpm
Resp Rate (Number)						
Resp Distress: None / Mild / Mod/ Severe						
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	100%	99%	100%	99%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

Note: BP does not score in early warning scoring

ACTIONS	
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HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
30/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm					NA						
	06:00 pm		DBF									
	07:00 pm		2BF									
Total Intake :		Baken				**Total Output :**						
30/6	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm											
	12:00 am		DB2 +Fj									
	01:00 am											
Total Intake :						**Total Output :**						
1/7	02:00 am		DB1 +H									
	03:00 am											
	04:00 am											
	05:00 am		DBF									
	06:00 am		+H									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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		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							
1/7/26	08:00 am		DBF/FF									
	09:00 am											
	10:00 am		DBF/FF								0	
	11:00 am				NA		✓		NA	✓		
	12:00 pm		DBF/FF									
	01:00 pm											
Total Intake :								**Total Output :**		U-	M-	
1/7/26	02:00 pm		DBF+FF					✓			0	
	03:00 pm										0	
	04:00 pm		DBF+FF - 20ml							✓	0	
	05:00 pm										0	
	06:00 pm		DBF+FF - 25ml								0	
	07:00 pm										0	
Total Intake :								**Total Output :**		U-	M-	
1/7/26	08:00 pm						✓			✓		
	09:00 pm		DBF+FF									
	10:00 pm	0									0	
	11:00 pm		DBF+FF		NA		✓		NA	✓		
	12:00 am											
	01:00 am		DBF+FF									
Total Intake :								**Total Output :**				
2/7/26	02:00 am							✓				
	03:00 am		DBF+FF									
	04:00 am									✓		
	05:00 am	0	DBF+FF		NA						0	
	06:00 am											
	07:00 am		DBF+FF							✓		
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/7/26	08:00 am		DBF+FF									
	09:00 am											
	10:00 am		DBF+FF									
	11:00 am											
	12:00 pm		DBF+FF									
	01:00 pm											
Total Intake :						Total Output :						
8/7/26	02:00 pm		DBF+FF									
	03:00 pm											
	04:00 pm		DBF+FF									
	05:00 pm											
	06:00 pm		DBF+FF									
	07:00 pm											
Total Intake :						Total Output :						
2/7/26	08:00 pm		DBF + FF									
	09:00 pm											
	10:00 pm											
	11:00 pm		DBF + FF									
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
3/7/26	02:00 am											
	03:00 am		DBF + FF									
	04:00 am											
	05:00 am											
	06:00 am		DBF + FF									
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 2 D (F)
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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		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							
3/07/26	08:00 am		DBF +FF									
	09:00 am						✓			✓		
	10:00 am		DBF +FF									
	11:00 am			NA								Mad
	12:00 pm		DBF+FF									
	01:00 pm											
Total Intake :						**Total Output :**						
3/07/26	02:00 pm		DBF +FF									
	03:00 pm											
	04:00 pm		DBF+FF									
	05:00 pm			NA								Mad
	06:00 pm		DBF+FF									
	07:00 pm											
Total Intake :						**Total Output :**						
3/07/26	08:00 pm	0										
	09:00 pm		DBF + FF				✓			✓	0	
	10:00 pm			NA				NA				
	11:00 pm											
	12:00 am		DBF FF FF									
	01:00 am											
Total Intake :						**Total Output :**						
4/7/26	02:00 am	0										
	03:00 am		DBF FF FF								0	
	04:00 am			NA				NA				
	05:00 am											
	06:00 am		DBF FF FF									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 30/6/26	30/6	1/07	1/7/26
					Time : E2	AM	M6	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	4	4	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	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.	3	4	4	4
				TOTAL SCORE	20	26	28	25
				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

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Baby Of M. SPARSHA REDDY (F)
30-06-2026 0 Y 0 M 2 D
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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				Date : 27/7/26	2/7/26	3/7/26	3/7/26
				Time : 8am	2 PM	MS	2 PM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
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				TOTAL SCORE	28	28	24	28
				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
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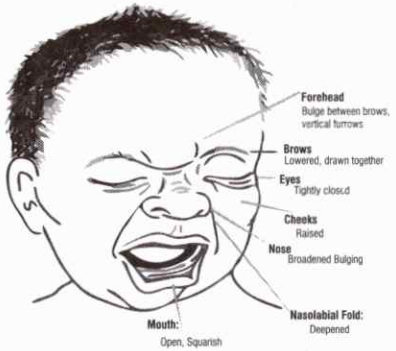
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						30/6	30/6	1/7	1/7	2/7	3/7 Kg	3/7	4/7	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						6L	N1	M6	N1	N1	M8	N1	M6	
					Procedure ➡							-		
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0	0	0	0	
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0	0	0	0	
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0	0	0	
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0		0	0	
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0	0	0	0	
Gestational Age / Corrected Age						39 weeks	34 weeks	34 wks	34 weeks +	39 wks	39 wks	39+2 wks		
Total Pain / Agitation Score						-	-	-	-	-	-	-	-	
Intervention						-	-	-	-	-	-	-	-	
Effectiveness						-	-	-	-	-	-	-	-	
Signature														



Premature Pain Assessment: Scoring

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

Intervention

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

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

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NURSING CARE RECORD

Date: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm | 8pm	-> Assess the Baby condition -> DBF and hourly Ebustyhy -> maintain Blochart Eitiord -> maintain Blochart Eitiord	2pm | 8pm	-> Assessed the Pt condition -> monitor the vitals & recorded -> DBF and hourly Ebustyhy -> maintained Blochart Eitiorded	Baby is stable	maintain Blo chart Eitiord	AKL A
Night	8pm to 8Am	=> Assess the patient condition => plan for vitel => plan for Blochart	8pm to 8Am	=> Assessed the patient condition => maintain vitel & Record => maintain Blochart	patient is stable	vitel is normal	Check G

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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 1/07/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM / 2PM	→ Assess the General Condition on abf. → Monitor vitals. → Maintain I/O chart. → plan to give DBF tFF 2nd hourly	8AM / 2pm	→ Assessed the General Condition of bf. → Monitored vitals → Maintained I/O chart → 2nd hourly DBF+FF given.	pt is Stable.	Re-assess vitals	Mouli.
Afternoon				Day Duty			
Night	2PM / 8AM	→ Assess baby condition. → monitor the vitals. → Maintain I/O chart. → DBF+FF 2nd hourly. → SBR, NBS, OAE T/@6pm.	8pm / 8Am.	→ Assessed the baby condition. → monitored the vitals. → Maintained I/O chart. → DBF+FF 2nd hourly. → SBR, NBS, OAE. Tomorrow @6pm.	→ pt is stable now	→ Re assessed the vitals	

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 8pm	→ Assess the Pt condition → Maintain I/O Vitals →	8AM to 8pm	→ Assess the Pt condition → Maintain I/O Chart → DBF + ff 2nd hourly	Bt by is stable	check Hrly Vitals	Sneha
Afternoon	8pm	day					
Night	8pm to 8am	- Assess the baby condition - Maintain vitals & records - Maintain I/O chart - DBF + ff 2nd hrly	8pm to 8am	- Assessed the Baby condition - Monitored vital & records - Maintained I/O chart - DBF + ff 2nd hrly	Baby ~~condi~~ is Stable now	Re-checked vitals	

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY (F)
30-08-2026 0 Y 0 M 2 D
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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

Date: 3/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 5pm	→ Assess the pt condition. → Maintain Iocheart → DBF +ff 2nd hourly →	5Am to 5pm	→ Assess the pt condition → Maintain Iocheart → Maintain Vitals → DBF +ff 2nd hourly	pt is stable	check the vitals	Madhi
Afternoon		day					Nandu.
Night	8pm / 8Am	- Assess the baby condition - Monitor vitals & record - Maintain I/o chart - DBF +ff 2nd hrly	8pm / 8am	- Assessed the baby condition - Monitored vitals & record - Maintained I/o chart - DBF +ff 2nd hrly	Patient is stable now	Re-checked vitals	

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: Dr Tejaswi ..... Date of Admission: 30/6/26

SITUATION

Diagnosis: New Born

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

	Area / Shift Time	30/6 E2	30/6 N1	1/7/26 M6	1/7/26 E2	1/7/26 N1	2/7/26 M6
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	-	—	—
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.1F	97.0	97.4	98.1	98.1F	98.5
	Res:	55bmt	55	55	43b/m	44b/m	40b/m
	SpO_2:	99%	99	99%	99%	99%	99%
	Pulse:	140bmt	156	154b/m	143b/m	140b/m	140b/m
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	'0"	'0'	—
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	—	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	—	—	—
Handed Over By Name :		Akhila	Claude	Manuel	Supriya	mahi	Madhu
Signature :							
Date:		30/6/26	1/7/26	1/7/26	1/7/26	2/7/26	2/7/26
Time:		8pm	8AM	8PM	8pm	8AM	8pm
Taken Over By Name :		Claude	Manuel	Supriya	mahi	Madhu	Priyanka
Signature :							
Date:		30/6/26	1/7/26	1/7/26	1/7/26	2/7/26	2/7/26
Time:		8PM	8AM	2PM	8pm	8AM	8pm

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 2 D
Dr. S TEJASWI REDDY (F)

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NB				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	2/7 N1	3/7 N5	3/7 N1	4/7 M6		
	Medical Condition (Any special condition to be noted):	—	/	—			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.1°F	98.3°F	97.8°F	97°F		
	Res:	40brm	40brm	40brm	40		
	SpO_2:	100%	100%	100%	100		
	Pulse:	140bm	140brm	140bm	156		
	BP:	—	—	—			
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	—	—		
Recommendations	Safety Needs:	—	—	—	—		
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—		
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		Priyanka	Madhu	Priyanka	Madhu		
Signature :							
Date:		3/7/26	3/7/26	3/7/26			
Time:		8AM	8pm	8AM			
Taken Over By Name :		Madhu	Priyanka	Madhu			
Signature :							
Date:		3/7/26	3/7/26	4/7/26			
Time:		8AM	8pm	8AM			

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. S TEJASWI REDDY

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DRUG CHART

Date of Admission: 30/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Syp DOMSTAL				Date/Time 1/07
Dose	Route	Frequency	Start Date	
0.6ml	PO	SOS	1/7/26	1/7 3:30PM
Doctor's Signature		Valid Period	Pharm.	
Dr. Archana			(C)	
Additional Instructions: DOMPERIDONE(1mg/ml)				

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Verified by Dr. Dhakshayani

VERIFIED BY : Name ..... Sign .....

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 7 H (F)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

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

DRUG Nasoclean nasal drops

Dose	Route	Frequency	Start Date
1°	.	2 hourly	1/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Archana

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	1/7	2/7
Time		
12AM	X	
2AM	X	
4AM	X	
6AM	X	
8AM	V	
10AM	V	
12PM	V	
2PM		
4PM		
6PM		
8PM		
10PM		

DRUG : SYP DOMSTAL

Dose	Route	Frequency	Start Date
0.6ml	PO	TID	1/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (1ml = 1mg)

Daily Doctor's Endorsement by a Sign

Date	1/7/26	2/7	3/7	4/7
Time				
6AM	X			
2pm	2:20 PM	3pm		
10pm		11pm		

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

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

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.	

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

Signature .....

VERIFIED BY .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Patient Sticker

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D0H (F)
Dr. S TEJASWI REDDY

DATE : 30/6/26.

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft palate/lip	No cleft lip/palate	
2	Pre natal teeth	No	No	
3	Anal opening	Patent	Patent	
4	Genitalia	(N)	(N)	
5	Spine	(N)	(N)	
6	Red reflex	to check		
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 30/6/26 Time of Birth: ..... Gender: ☐ Male ☐ ~~Female~~

Birth Weight: 3.240kg Kgs HC: ..... cm Lenght: ..... cm

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

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

Resuscitated: ☐ Yes ☐ ~~No~~ Blood Group: Mother: A+ve Baby: .....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 145 /Min RR: 55 /Min BP: ..... SpO_2: 99%

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

Fall Risk Assessment: ☐ **Yes** ☐ ~~**No**~~ **Score:** 0 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☐ ~~Well-Flexed~~ ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / ~~No~~

Neonatal Screening Done: ~~Yes~~ / No

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: AKWla Signature: Date &Time: 30/6/26

CONSENT FOR FORMULA FEEDS

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Patient Name : .. HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0Y0M0D7H (F)
Dr. S TEJASWI REDDY
..... Age : ..... Gender : ☐ Male ☐ Female

UHID No : ..... o. : ..... Department : ..... Date : .....

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : Supriya

Date & Time : 30/6/26 10 AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. VARUN .....

Date & Time : 30/6/26 10 AM

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

నా కుమార్తె / కుమారుడు రెయినోబో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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 M. SPARSHA REDDY**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP26-00006698**	**Sex:**	**Female**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-412-2**

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:.....)

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

Signature of Patient/Relative:

Name: G. Srikrishna Reddy
Relationship: Spouse
Date: 30/06/26 Time: 18.35pm.
Witness Name:
Witness Signature: Surendra Nayak

Patient Address:

H.NO: 14-90/6 ST.NO: 8, SNEHA NAGAR Habsiguda Hyderabad Telangana INDIA 500007

HNH-00016278 IP26-00006698
Baby Of M. SPARSHA REDDY
30-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any

INTERIM BILLING

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

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

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

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days.

G. Sai Krishna Reddy

Name & signature of Patient/Attendant

Surendra Maurya

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
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