Rainbow Children's Hospital

Rainbow Children's Hospital Himayathnagar

Rainbow Children's Hospital, Door no : 3-6-287, opp: Cafe nilouffer, Old MLA quarters road AP State Housing Board Himayathnagar, Hyderabad, Telangana, INDIA, 500029
TEL NO: 040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP29-00306719 | Admit Date : 02-Jul-2026 | Admit Time : 05:08 PM | UHID : HNH-G0016312

Patient Details :

Patient Name	: Baby Of BHAVANI JETLING	Age	: 0 D
Guardian	: Mr GADAPA RAKESH	DOB	: 02-07-2026 04:26 PM
Gender	: Male	Religion	:
Occupation	:	Marital Status	:
Address (H)	: 1-7-131/14/a, srk nagar Musheerabad Ndso Hyderabad Telangana INDIA 500020	Phone No	: 7659081907/ 9059349743
		E-mail	: 7659081907@gmai.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 GADAPA RAKESH	Relationship	: Father
Contact Address	: 1-7-131/14/a, srk nagar Musheerabad Ndso Hyderabad Telangana INDIA 500020	Phone No	: 7659081907

Signature

Doctor Details :

Doctor Name	: Dr. S TEJASWI REDDY	Specialisation	: NEONATOLOGY
Referral Doctor	: Self.	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	Deposit Amount	: 20000.00
		Payor Name	: VOLO HEALTH INSURANCE TPA PVT LTD

H484-00016312 IP26-00005719
Baby BHAVANI JETLING
02-07-2026 07:06:01 (N)
Dr. S TEJASVI REDDY

Rainbow Children's Hospital | BirthRight by RAINBOW HOSPITALS

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Bhavani Jetling Age : 30y Father's Name : ..... Age : .....

Date of Birth : 02/07/26 Date of Admission : 02/07/26 UHID No. : 484 - 00016312

NICU Consultant : Dr. Jyothi Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : Is/o Bhavani Jetling

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 02/07/26 Time of Birth : 4:26 PM

Place of Birth : RCH Primary delivery

Mother's Blood Group : O+ve

Birth Weight (gms) : 2.280 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gestn Age : 33w + 4d

Current Obstetric History : (Booked / Unbooked Case)

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

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : ..... AN Steroids Drugs / Doses : 2a (1 dose of Betnesol)

Last Scans Details : 20/01/26 @ SCLUK 29-30w Cephalic / placenta - Ant upper AFI - 11-12 cm EDD - 15/5 - 12/09/26 Dopplers - ? TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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 : .....

Baby [illegible]
[illegible]

PAST OBSTETRIC HISTORY

Sr. No.	Age	US w/o	B. W.	Gender	Significant	Details
		[illegible]			[illegible]	[illegible]
					[illegible]	[illegible]

PERINATAL HISTORY

☐ Inborn ☐ Outborn

Treating Obstetrician ______ Hospital ______

Duration of Labour

First stage (> 18 hours ep) (NVD)

Second stage (> 2 hours after dilation)

LSCS ☐ Elective ☐ Emergency Indication ______

Specify the reason ______

Augmentation of Labour ☐ Induced ☐ Assisted Vaginal

CTG ☐ Normal ☐ Suspicious ☐ Pathological

MSL ______

Resuscitation ☐ Yes ☐ No

Cord ABG ______

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

NEONATAL RESUSCITATION DETAILS

Gestational Age ______ Weeks ______

APGAR SCORE

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	
HEART RATE	Absent	< 100 Minutes	> Minutes	2	1	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	0	2	
MUSCLE TONE	Limp	Some Flexion	Active Motion	0	1	
RESPIRATION	Absent	Weak Cry, Hypoventilation	Good, Crying	1		
TOTAL				4/10	7/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Moderate PT (32w+4d) / Male / B.wt. 2384gm / (CIAB) / NVD / ROI

Patient Sticker

History of Present Illness

Baby boy born by NVD @ 04/07/24 4:28 PM
↓
Baby cried immediately after birth
↓ Routine care done
Respiratory distress and grunt (+)
Acrocyanosis (+)
↓
DA-CPAP was given
(PEEP-5, FiO2-15%)
↓
Cord clamping and vitamin K given
↓
Vitals - HR: 170/min, RR: 60/min /
SpO2 99% @ DA-CPAP
Subcostal & Intercostal retraction (+)
↓
Shifted to NICU

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History

Family History

Socio-Economic History

GENERAL EXAMINATION ON ADMISSION

General Disposition

VITALS : Temperature : [illegible] HR : 170/min RR : 55/min NIBP : ____ CFT : ____

Color of the extremities : Acrocyanosis (+)

Jaundice : ⊖ Pallor : ⊖ SpO2 : 99% @ NIL

Anthropometry : Birth Weight : 2340 gm Length : ____ HC : ____ Present Weight : ____

Ponderal Index : ____ AGA ____ SGA : ____ LGA : ____

HEAD TO TOE EXAMINATION

HEAD : Fontanelle : Sutures : Shape / Moulding : Caput succedaneum (+) Edema / Bruising : Size - (H.C.) :

Facies : (Any Facial Dysmorphism)

NECK and CLAVICLES : Range of Motion : Asymmetry : Masses :

EYES : Symmetry : Red Reflex : Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue : NAD

THORAX and BREASTS : Shape of Thorax : Position of Nipples and Number :

ABDOMEN and UMBILICUS : Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :

GENITILIA : Labia / Hymen : Testicles/penis : Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES : Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☑ Gasping

Mention if baby has Respiratory distress : RR ____ SCR/ICR/ See - Saw breathing ____

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

Mention if baby is on : ☐ Head box ☐ CPAP ☐ Ventilator NIV

Settings : PEEP - 7 / PIP - 18 / FiO2 - 21

SpO2 : 92% @ NIV Auscultation ____ Breath Sounds ____ Added Sounds ____

Cardiovascular System :

HR : 170/min BP : 54/26(35) Precordial Activity ____

Femoral Pulses : B/L felt Murmurs ____

Other Peripheral Pulses : ⊕ Signs of Cardiac Failure ____

Abdomen : Hernia orifice ____

Shape ____ Anal Patency ____

Palpation ____ Umbilical Cord : 2A+1V ⊕

Palpable masses ____ First urine passed ____

Abdominal girth ____ Meconium passed ____

(N)

Nervous System : Higher intellectual functions (Sensorium) ____

State of wakefulness ____

Prechtle Score ____

Nerves : ____

Motor System :

Passive Tone : ____

Active Tone : ____ (N)

Neonatal Reflexes : ____

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

Moro's : ____ DTR : ____

ATNR : ____ Skull and Spine : ____

Patient Sticker

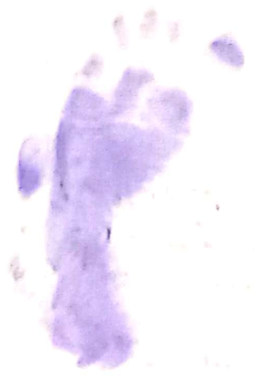
Any Congenital Anomalies : No

Diagnosis : Moderate preterm (33+?wk) / Male / TBW 2288 gm / (AGA / NVD) / RDS

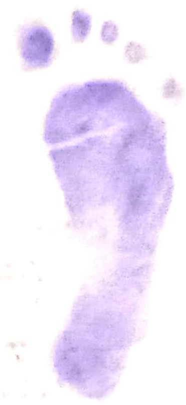
Mother - previous preterm NVD

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [signature]

Name : D. Sushanth

Date & Time : 9:26 PM

Consultant :

Signature : ____

Name : ____

Date & Time : ____

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : Adv

- IVIV PEG@ 1:7 / PIP-18 / FIO2 18
- NBS monitoring (hour - 1, 2, 4, 6, 12, 18, 24, 36, 48
- CBP. CRP Blood c/s to send & Blood grp
- IV fluids
- Monitor vitals and Resp Sup

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

BirthRight

Name: B/o Bharati Jilbuy Age: NB Gender: Male ✓ Female

UHID No: AIAH-00616312 Date: 2/7/26

I ______________________ S/o, D/o, W/o ______________________ hereby

declare that our patient Mr. / Ms. ______________ who is related to me as ______________ is

getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on ______________

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

Moderate preterm (32+4 wks) / Male / Birth wt 2280 gm / Cat ATB / NVD / RDS

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

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

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

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

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

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

Patient Attendant :

Signature : S. Srk

Name : J. Shekar

Relationship with Patient: Uncle

Date & Time : 2/7/26 at 6pm

Witness :

Signature : Laxmi

Name : Laxmi

Date & Time : 2/7/26 at 6pm

Doctor (who is taking the consent) :

Signature : Sushanth

Name : Dr. Sushanth

Date & Time : 02/07/26 at 6PM

Docu. No. RCH / FRM / CLINICAL / 012

Rainbow Children's Hospital | BirthRight

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Ms Dharani Jothy Gender: ☑ Male ☐ Female

UHID No : CHAH-0001632 Department : NICU Date : 02/07/26

I ..... S/D/W/O .....

Here by give consent for procedure of :

For my patient, Named : Ms Dharani Jothy

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

NIV (Non Invasive Ventilation)

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

Risks - Hypoxia / Aspiration / Stasis

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 : J. Sri

Name : J. Sharan

Relationship with Patient: Uncle

Date & Time : 2/7/26 at 6pm

Witness :

Signature : Lavanya

Name : Lavanya

Date & Time : 2/7/26 at 6pm

Doctor (who is taking the consent) :

Signature : Sivakanth

Name : Dr. Sivakanth

Date & Time : 02/07/26 at 6 p.m.

Hospital

Birthright

ACTIVITY RECORD FOR BILLING

Name: ---------

UHID No : ------

Date of Admiss

HHH-000016312 IP26-00008719
Baby BHAVANI JETLING
03-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

---- Consultant : ---------- Dept : ----------

---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	5pm	DT	NICU	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No	Sign
2/7/26	CBP CRP	10806	
	Blood c/s Blood grouping		L[illegible]
2/7/26	ABG RBS (92mg/dl)	10807	
2/7/26	VBG (POA)	10810	
2/7/26	X-ray chest	7915	
2/7/26	ABG RBS (108mg/dl)	10819	[illegible]
2/7/26	RBS (126)mg/dl (85)mg/dl	10823	
3/7/26	RBS (109 mg/dl)	10801	[illegible]
3/7/26	RBS (115 mg/dl)	10829	
3/7/26	ABG	10840	Dh
3/7/26	ABG	0842	Dh
3/7/26	CBP, CRP, SBE,		
	Calcium, urea	10852	Dh
	Creatinine, electrolyte		
	SBR	0853	
	Cross checked done by Dhaya 3/7/26 @ 1pm		
3/7/26	ABG		
	ABG, RBS ( )		

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No	Signature
2/7/26	Invasive monitor				
	CPAP		3/7/26 @	3/7/26 10854	
	oxygen	5:08 pm	4pm		
	syringe pump			10[illegible]	L[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No	Signature
2/7/26	IV placement	(1)	10113	
3/7/26	IV placement	(1)	10321	
	Cross clucked done by Dhaya 3/7/26 @ 11pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Baby of Manasa

Baby BHAVAN JETLING

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RBS CHART

Date	Time	RBS (mg/dl)	RR %	Signature
2/7/26	5:59pm	97mg/dl	I/F	
2/7/26	7pm	103mg/dl	"	
2/7/26	11pm	126 mg/dl	"	
3/7/26	1Am	115 mg/dl	"	
3/7/26	6Am	109 mg/dl	"	
3/7/26	6pm			

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/03/21 5:30 PM	c/b/c Dr. [illegible] / Dr. Spandana	
	Moderate preterm (33 wk [illegible]) / Male / B.wt. 2380 gm	
	NVD / AGA / CIAB / ROS	
	Baby on NIV	
	PEEP: 7 / PIP: 18 / FiO2: 21%	
	paired air	
	O/E: Vitals Euthermia	
	HR: 140/min	
	RR: 60/min	
	BP: 59/26 (37)	
	SpO2: 97% @ NIV	
	Acrocyanosis ⊕	
	S/E: RS: BCAE ⊕	
	Subcostal & Infracostal retractions ⊕	Adv
		- NIV to continue / IV fluids
		- CBP, CRP, Blood C/S
		- Chest x-ray
		- Inj Ampicillin
		- Inj Gentamycin
		- Inj Caffeine Citrate loading dose
		- RBS monitoring
		- Monitor vitals and inform SOS
		Dr. Spandana (for [illegible])

Noted by Sis Laxmi 2/3/21 5:30 pm

Baby [illegible]
13-07-2025 [illegible]
Dr. [illegible]

Baby of Bhavani

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/25 18:27pm	Dr. Spandana	3 wks - NICU
	Breathing difficulty on	(NIV) - 12 hours ↓
	3 days.	CPAP - 24 hours ↓
	Blood gases / clinical condition	CVTA
		CXR - normal
	HR / Ap. stable.	
	Started on Abx - for infection - precaution	
	on IV fluids - NPO.	
	CRP/CRP/RC - report awaiting	
	will start feeds tomorrow	
	tomorrow evening. Blood test - CRP/CRP - (NP1).	
	33 wks - (NCG) - brain scan.	
	NICU - 10 days - IWR	
	Stay.	J. [signature]
	P. [signature]	

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

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/26	S/B Dr. Sangita	
12:20 AM	D Mod preterm (33 wk 1 d) / Male (2.380 kg)	
	RDS / CIAB	
	on NIV	Plan
	Baby findings:	
		- CF IV Fluid D10%
	HR - 144/m	@ 5.8 ml/h
	SpO2 - 79%	+ Calcium gluconate
	CVS - S1S2 ⊕	- CF CAFFEINE
	CRT < 3 sec	
	RS - B/L AE ⊕	- CF AMPICILLIN
		GENTAMICIN
	P/A - soft	
	CNS:-	- NIV
	Spont. movements ⊕	PEEP - 7
		Pinsp - 18
		Rate - 60
		FiO2 - 41%
	(signature)	

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

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

HNH-00016212 IP25-00006719
Baby BHAVANI JETLING
13-07-2025 5 Y 5 M 9 D 1 H (M)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/25	S/B Dr. Saughan	
7:35 Am	△ Mod. preterm (33 wk 1 d) / Male / 1.38 kg	
	RDS / CTAB	
		Plan
	Euthermic	— IV fluid D10%
	HR – 136/min	@ 5.8 ml/h
	SpO₂ – 100 %	
	on NIV	— CAFFEINE
	CVS – S₁S₂ ⊕	— AMPICILLIN
	CRT < 3 s	GENTAMICIN
	M – 3 ℓℓ – AF ⊕	
		NIV
	P/A Soft	PEEP – 7
		Pinsp – 18
	CTA good	Rate – 60
		FiO₂ – 21 %
	Passed urine	
	Not passed stool.	
	[signature]	

(P.T.O)

HIGH-00018312 IP26-00008719
Baby Of BHAVANI JETLING
02-07-2026 SYSMSD18H (M)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 10:20am	Counselling	
	NIV → yesterday	
	RD 1	CO_2 TT → 0.4 pH L Lact ↑
	Steroid → single dose	
	Stabilized →	CO_2 → 35 pH → > 7.2 Lact → N
	Start feeding	
	NIV → 2 pressure support	
	CPAP → 1 pressure support	
	4-6 hours	repeat blood gas. 2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		by
	Weaning off the CPAP evening	
	feeding → OG tube	
	2ml → 4ml → 6ml	
	Tomorrow morning →	Spoon feeding ✓ 2W
	evening →	Mother feeding
	Blood reports →	24hrs → RBS CBP
		Antibiotic ← Neo. stop

Dr. Tejas

Dr. Bhavani

RH25-00015312 IP25-00008714
Baby SHAVANI JETLING
03-07-2026 [illegible] (M)
Dr. S TEJASwini REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	d/w Dr. Tejaswini	
11am	mod preterm [33+4]	2.380kg / RDS.
	on cpap: FiO_2 : 21%	
	PEEP: 8.	
	- not passed	
	meconium yet	
	- urine ✓	Plan
		1) OG feeds - 2ml / 2nd h
	vitals :	↑ 2ml after every
	HR : 136 bpm	feed.
	RR : 56 cpm	2) NP1 - today.
	SpO_2 : 100%.	3) ct. cpap
	RS : BDE (+)	4) ct. ampi
	P/A : soft	genta
		5) ct. caffine.
		Noted by Jyothi
		3/7/26 @ 11 Am

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7	o/c/o D Boss	
2:30pm	D2 / Mod PT (35+1 → 33+4)	/ NVD / 2.38 kg / RDS
	Boy	
	On CPAP c 6cm PEEP 21% FiO2	Rx 1) CPAP - off trial
	Tolerating 4ml / Q2h	2) OG feed - 4ml / Q2h the 2nd hourly feed
	Vitals	3) Tfnn NP, & Blood c/s
	HR - 139/min	4) Inj. Ampicillin
	SpO2 - 97%	Gentamycin
	RR - 32/min	Caffeine
	BP - 53/38 (44)	
		5) TF - 90ml/kg
	R-S - B/L AE +	IVF - 6.9ml/h
	P/A - soft	Trophic feed - 18ml
	Passed only urine	6) Monitor vitals
	Not passed Meconium	
		Noted by laxmi prasanna 3/7/26 @ 4pm

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

REGULAR PRESCRIPTIONS

Weight: 2.840 kg

DRUG: Inj. [illegible]	Date + Time: [illegible]
Dose: [illegible] mg	Route: IV
Frequency: [illegible]	Start Date: [illegible]
Name & Signature of the Doctor Starting the Drugs: [signature]	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	

DRUG: Inj. GENTAMICIN	Date + Time: [illegible]
Dose: [illegible] mg	Route: IV
Frequency: [illegible]	Start Date: [illegible]
Name & Signature of the Doctor Starting the Drugs: [signature]	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	

DRUG: Inj. CAFFEINE	Date + Time: [illegible]
Dose: [illegible] mg	Route: IV
Frequency: [illegible]	Start Date: 02/06
Name & Signature of the Doctor Starting the Drugs: [signature]	
Additional Instructions: (Start after 12 hours of loading dose)	
Daily Doctor's Endorsement by a Sign	

DRUG: Inj. [illegible]	Date + Time: [illegible]
Dose: 12 mg	Route: IV
Frequency: [illegible]	Start Date: 3/7
Name & Signature of the Doctor Starting the Drugs: [signature]	
Additional Instructions: 5 mg/kg	
Daily Doctor's Endorsement by a Sign	

Verified by Dr Dhakshayani

Weight: 2.380 kg

DRUG	Date + Time
Route	Start Date
Name & Signature of the Doctor	
Additional Instructions	

VARIABLE DOSE	Date + Time
DRUG	
Route	Start Date
Name & Signature of the Doctor	
Additional Instructions	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
01/07	5 PM	Inj. CAFFEINE CITRATE (Loading dose)	4.5 mg	IV	[signature]	[signature]

Baby [illegible] (M)
Dr. [illegible] REDDY

Weight 2.3 kg Ward ....

I.V. FLUIDS CHART

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
02/07	5PM	IVF - 10% Dextrose + 7ml Ca gluconate (Calcium gluconate)	IV	5.8	[signature]	[signature] [signature]	3/7		[signature] [signature]
3/7	4PM	TVR 90ml/kg 10% D + 7ml CALCIUM GLUCONATE	IV	6.9	[signature]	SY [signature]			

[illegible]
Baby [illegible]
[illegible]
[illegible]

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: PT /33 wks

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

		2/7/26 N	2/7/26 M	3/7 MG	3/7/26 E2		
BACKGROUND	Area / Shift Time	2/7/26 N	2/7/26 M	3/7 MG	3/7/26 E2		
	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:	36.6°c	36.6°c	36.6°c	36.5°c		
	Res:	50bpm	50bpm	56bpm	42bpm		
	SpO_2:	97%	96%	99%	100%		
	Pulse:	152bpm	151bpm	160bpm	126bpm		
	BP:	54/42	—	57/42	56/[illegible]		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	—	—		
Recommendations	Safety Needs:	—	—	—	Yes		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—		
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—		
	Post Operative Procedure Special Orders:	—	—	—	—		
	Handed Over By Name :	Laxmi	Saipriya	Dhana	prasanna		
	Signature :	[illegible]	[illegible]	[illegible]	[illegible]		
	Date:	2/7/26	3/7/26	3/7	3/7/26		
	Time:	8pm	8Am	2pm	8pm		
	Taken Over By Name :	Saipriya	Dhana	prasanna			
	Signature :	[illegible]	[illegible]	[illegible]			
	Date:	2/7/26	3/7	3/7/26			
	Time:	8pm	8AM	2pm			

HNH-00016312 IP26-00006719

HNH-00016312 IP26-00006719
Baby BHAVANI JETLING
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight

BRADEN 'Q' SCALE

				Date:	[illegible]	[illegible]	[illegible]	[illegible]
				Time:	[illegible]	[illegible]	[illegible]	[illegible]
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 though slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
'Activity The degree of physical activity'	**1. Bedfast:** Confined to bed	**2. Chairfast:** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes, linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%, hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%, hemoglobin may be < 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%, normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	[illegible]	[illegible]
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

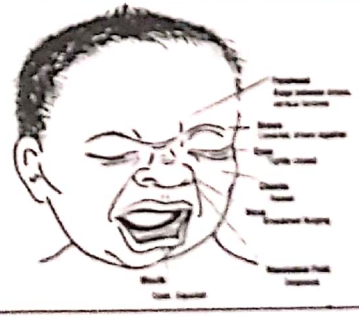
Docu. No. : RCH /FRM / CLINICAL / 119

HNH-00016312 IP26-00006719
Baby BHAVANI JETLING
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

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

Docu.No: RCH /FRM/CLINICAL/094

NPASS: Neonatal Pain, Agitation & Sedation Scale

HIN4-00018312 IP26-00006719
Baby BHAVANI JETLING
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

CHECKLIST FOR THROMBOPHLEBITIS

2/7/26 3/12/26

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		0	0	0	0					
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		0	0	Abs	0					
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	Abs	0					
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	0	Abs	0					
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	0	Abs	0					
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	0	Abs	0					
		Signature of the Nurse				R							

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 .....

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-0001631 2 (P26-00006719
Baby BHAVANI JETLING
02-07-2026 0 Y 5 M 5 D 1 H (M)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date 2/7/26

	CRITERIA MET / NOT MET Yes No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier		✓	✓	
Tubing Correctly Placed (Position & Leak)		✓	✓	
Excess Fainout (Afferent Tubing) Drained		✗	✗	
Excess Rainout (Efferent Tubing) Drained		✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil		✗	✓	
Gas Bubbling Continuously		✗	✗	
Water Level at Desired Level in Bubble Chamber		✗	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Lavanya	Saiprasanna	
Signature of the Nurse:				
Date & Time:		2/7/26	2/7/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Patient sticker

Rainbow Children's Hospital | BirthRight

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date

	CRITERIA MET / NOT MET		Yes No	Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER				
Blended Air - Oxygen Gas Supply	✓			
Flow Between 5 - 7 Litres / Min	✓			
Humidifier Temperature Correct (36.5-37.5°C)	✓			
Humidifier Water Level Correct	✓			
Proper Oxygen Tubing From Blender to Humidifier	✓			
Tubing Correctly Placed (Position & Leak)	✓			
Excess Fallout (Afferent Tubing) Drained	✗			
Excess Fallout (Efferent Tubing) Drained	✗			
Temperature Probe away from Heat / Cover with Aluminium Foil	✓			
Gas Bubbling Continuously	✗			
Water Level at Desired Level in Bubble Chamber	✗			
INTERFACE				
Nasal Prong / Mask Correct Size	✓			
Nasal Prong/ Mask Correctly Placed	✓			
Hat Fits Snugly	✓			
Moustache Suitable and Effective	✓			
Nasal Bridge Intact	✓			
Septum Intact	✓			
POSITION				
Head Position Correct	✓			
Head Roll - Correct Size and Position	✓			
MONITORING/ SUCTIONING				
SpO2 Probe Monitoring	✓			
Oro Nasal Suctioning Documentation	✓			
OG Tube in SITU	✓			
Baby Comfortable	✓			
Chest Retractions	✓			
Name of the Nurse:	[illegible]			
Signature of the Nurse:	[signature]			
Date & Time:	3/2/26			

*If CPAP is being given through Dragger ventilator then make sure that it should be set at 5 litres/min & PIP to be set between 12-15 cm.

PATIENT TRANSFER FORM

Rainbow Children's Hospital | BirthRight

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
[redacted]	2/7/26 @ 9:35pm	2/7/26 @ 4:55pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Sushant	RD
From Unit	**To Unit**	**Information to Attendant**
LDR	(NICU)	Yes ✓ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Nil	Nil	Yes ☐ No ✓
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita Mandal	Dr. Sushant

Patient & Clinical Records Received by : Soumi 2/7/26 5pm

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

Tsk. Thavamani

PATIENT STICKER

DATE 02/07/21

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1	Palate	Normal		
2	Pre natal teeth	No.		
3	Anal opening	✓		
4	Genitalia	Male Genitalia		
5	Spine	Normal		
6	Red reflex	yet to check		
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe nilaufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO: 040-48673000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby Of BHAVANI JETLING	Age :	0 Y 0 M 0 D 1 H
IP No:	IP26-00006719	Sex:	Male
Consultant:	Dr. S TEJASWI REDDY	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 may 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:.....) J. Shekar

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: J. Shekar
Relationship: Uncle
Date:
Time:

Patient Address:
1-7-131/14/a, srk nagar Musheerabad Ndso Hyderabad Telangana INDIA 500020

Witness Name:

Witness Signature:

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 /pain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs 720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in www.rainbowhospitals.in

DECLARATIL... ... T ATTENDANT
(TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)

Rainbow Children's Hospital | BirthRight

Date 02-07-26

I have attended the financial counselling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate /Arogya Bhadrata Scheme

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, Instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: B/o Bharani Jetling ..... Date & Time of Admission: 02/07/26 – 4:30 PM

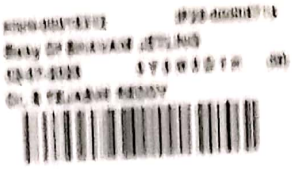
Name of the Parent / Guardian: G. Rakesh ..... Mobile Number: 7659081907

Parent Aadhaar Card Number: .....

Signature & Relation

G. Rakesh

Docu. No. : RCHBH /FRM / GENERAL / 476



Rainbow Children's Hospital | BirthRight | 25

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. Gadapa Rakesh (Father/ Mother/ Other_____) of Master/ Baby/ Baby of/ Mrs. / Ms. Bhavani Jeeling was bought to your hospital on Emergency basis on 02-02-26 at 5:08 PM approximate charges deposit details were explained by the front office executive on duty.

As I have cashless insurance so I have to pay 20 k 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

G. Rakesh

Signature

Name:- Gadapa Rakesh

Ph. No.:- 7659081907

HNH-00016312 IP26-00006719
Baby Of BHAVANI JETLING
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

NSELLING SHEET

Rainbow C... 5-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar , Hyderabad- 500029

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS

	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY ✓	✓
				INVESTIGATION ✓	
DOCTORS CHARGES				CROSS CONSULTATION ✓	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
				CONSUMABLES ✓	
			2,500	BLOOD PRODUCTS ✓	VISITING HOURS 04:00pm TO 05:00pm.
				OXYGEN ✓	
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP ✓	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
				EQUIPMENT ✓	
DIET CHARGES				PROCEDURE ✓	✓ OUTSIDE FOOD AND MEDICATION NOT ALLOWED
				NEBULISATION ✓	
TOTAL				MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	

PATIENT NAME	Baby of Bhavani Jetling	AGE/SEX	male 1 Hr.
UHID	HNH - 00016312	INSURANCE NAME	volo Health Insurance (CL194)

G. Rakesh

ATTENDENT SIGNATURE

CAUTION DEPOSIT	20k

COUNSELLING PERSON SIGNATURE

If Insurance is not added do the baby Attender willing to go cash Tariff as explained.

B/o Bhav[illegible]

Analysis time: [illegible]
Sample type: Arterial

Blood gas
pH
pCO_2
pO_2

Hematocrit
Hct

Electrolyte / metabolite

Derived

Notations
1010 Below reportable range
1023 Above reportable range
1035 Below reference range

Patient / sample information
$FO_2(I)$ 21 %
Baro 710 mmHg

Operator ANONYMOUS
Analyzer serial no. 607427
SE lot 611012
SE serial no. 5177513
SP lot 6011175
SP serial no. 6011175010
Sample no. 6971
Sequence no. 81169
Software version 1.5.0
Printed 2026-07-07 18:27:01

10807

POCT Done

Analysis time: 2026-07-07 16:08:00
Sample type: Capillary

Blood gas
pH
pCO_2
pO_2

Hematocrit
Hct 54 % 45-55

Electrolyte / metabolite

Derived

Notations
1010 Below reportable range
1023 Above reportable range

Patient / sample information
First name: B/o bhavani
$FO_2(I)$ 21 %
Baro 710 mmHg

Operator ANONYMOUS
Analyzer serial no. 607427
SE lot 611012
SE serial no. 5177513
SP lot 6011175
SP serial no. 6011175010
Sample no. 6988
Sequence no. 81779
Software version 1.5.0
Printed 2026-07-07 16:08:02

CPAP
FiO_2 :- 21%
PEEP: 6.0
PIP: - 18

Analysis time: [illegible]
Sample type: Capillary

10812

Blood gas
pH
pCO_2
pO_2

Hematocrit
Hct

Electrolyte / metabolite

Derived

Notations
1010 Below reportable range
1023 Above reportable range

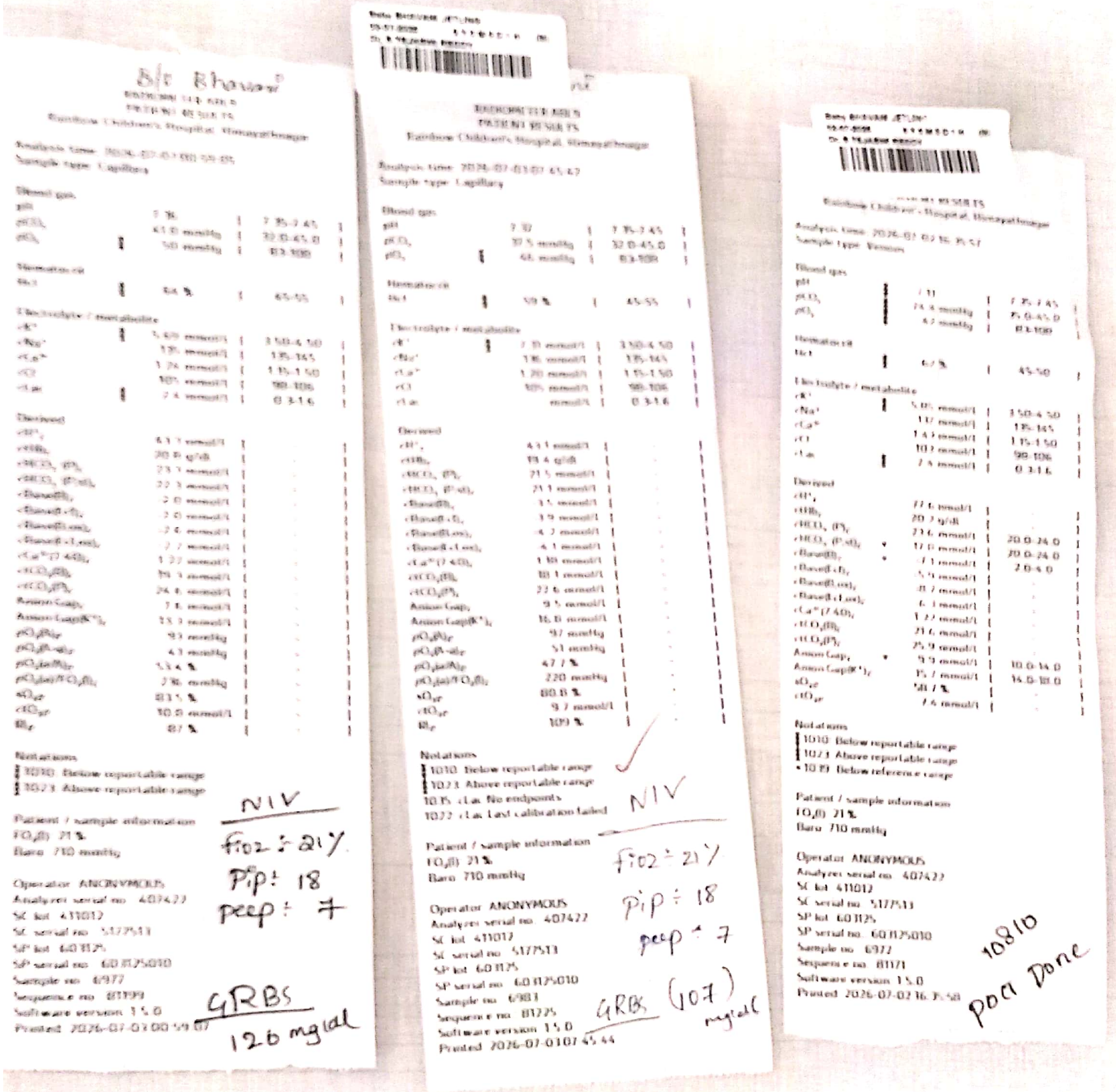
Patient / sample information
$FO_2(I)$ 21 %
Baro 710 mmHg

Operator ANONYMOUS
Analyzer serial no. 607427
SE lot 611012
SE serial no. 5177513
SP lot 6011175
SP serial no. 6011175010
Sample no. 6971
Sequence no. 81176
Software version 1.5.0
Printed 2026-07-07 19:06:11

NHFO
[illegible]

NIV
FiO_2 - 21%
PIP - 18
PEEP - 7
Res - 103 mg/dl

POCT Done



B/t Bhavani

RADIOMETER ABL9
PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-03 00:59:05
Sample type: Capillary

Blood gas			
pH	7.36		7.35-7.45
pCO_2	43.0 mmHg		32.0-45.0
pO_2	50 mmHg		83-108
Hematocrit			
Hct	64 %		45-55
Electrolyte / metabolite			
cK^+	[illegible] mmol/l		3.50-4.50
cNa^+	135 mmol/l		135-145
cCa^{2+}	1.24 mmol/l		1.15-1.50
cCl^-	105 mmol/l		98-106
cLac	2.4 mmol/l		0.3-1.6
Derived			
cH^+	43.7 mmol/l		
ctHb	20.9 g/dl		
$cHCO_3^-(P)$	23.7 mmol/l		
$cHCO_3^-(P,st)$	22.3 mmol/l		
cBase(B)	-2.0 mmol/l		
cBase(B,ox)	-2.6 mmol/l		
cBase(Ecf,ox)	-2.7 mmol/l		
$cCa^{2+}(7.40)$	1.22 mmol/l		
$ctCO_2(B)$	[illegible] mmol/l		
$ctCO_2(P)$	24.8 mmol/l		
Anion Gap	7.8 mmol/l		
Anion Gap(K^+)	13.3 mmol/l		
$pO_2(A)$	93 mmHg		
$pO_2(A-a)$	43 mmHg		
$pO_2(a/A)$	53.4 %		
$pO_2(a)/FO_2(I)$	238 mmHg		
sO_2	83.5 %		
ctO_2	10.0 mmol/l		
BO_2	87 %		

Notations
1010 Below reportable range
1023 Above reportable range

Patient / sample information
$FO_2(I)$ 21 %
Baro 710 mmHg

Operator ANONYMOUS
Analyzer serial no. 407422
SC lot 411012
SC serial no. 5177513
SP lot 603125
SP serial no. 603125010
Sample no. 6977
Sequence no. 81199
Software version 1.5.0
Printed 2026-07-03 00:59:07

NIV
FiO2: 21%
Pip: 18
peep: 7
GRBS
126 mg/dl

RADIOMETER ABL9
PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-01 07:45:42
Sample type: Capillary

Blood gas			
pH	7.37		7.35-7.45
pCO_2	37.5 mmHg		32.0-45.0
pO_2	46 mmHg		83-108
Hematocrit			
Hct	59 %		45-55
Electrolyte / metabolite			
cK^+	[illegible] mmol/l		3.50-4.50
cNa^+	136 mmol/l		135-145
cCa^{2+}	1.20 mmol/l		1.15-1.50
cCl^-	105 mmol/l		98-106
cLac	mmol/l		0.3-1.6
Derived			
cH^+	43.1 mmol/l		
ctHb	19.4 g/dl		
$cHCO_3^-(P)$	21.5 mmol/l		
$cHCO_3^-(P,st)$	21.1 mmol/l		
cBase(B)	-3.5 mmol/l		
cBase(Ecf)	-3.9 mmol/l		
cBase(B,ox)	-4.2 mmol/l		
cBase(Ecf,ox)	-4.1 mmol/l		
$cCa^{2+}(7.40)$	1.18 mmol/l		
$ctCO_2(B)$	18.1 mmol/l		
$ctCO_2(P)$	22.6 mmol/l		
Anion Gap	9.5 mmol/l		
Anion Gap(K^+)	16.8 mmol/l		
$pO_2(A)$	97 mmHg		
$pO_2(A-a)$	51 mmHg		
$pO_2(a/A)$	47.7 %		
$pO_2(a)/FO_2(I)$	220 mmHg		
sO_2	80.8 %		
ctO_2	9.7 mmol/l		
BO_2	109 %		

Notations
1010 Below reportable range
1023 Above reportable range
1015 cLac No endpoints
1022 cLac Last calibration failed

Patient / sample information
$FO_2(I)$ 21 %
Baro 710 mmHg

Operator ANONYMOUS
Analyzer serial no. 407422
SC lot 411012
SC serial no. 5177513
SP lot 603125
SP serial no. 603125010
Sample no. 6983
Sequence no. 81225
Software version 1.5.0
Printed 2026-07-01 07:45:44

NIV
FiO2 : 21%
Pip : 18
peep : 7
GRBS (107) mg/dl

PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-02 16:35:57
Sample type: Venous

Blood gas			
pH	7.11		7.35-7.45
pCO_2	74.8 mmHg		35.0-45.0
pO_2	47 mmHg		83-108
Hematocrit			
Hct	67 %		45-50
Electrolyte / metabolite			
cK^+	5.05 mmol/l		3.50-4.50
cNa^+	137 mmol/l		135-145
cCa^{2+}	1.43 mmol/l		1.15-1.50
cCl^-	103 mmol/l		98-106
cLac	2.8 mmol/l		0.3-1.6
Derived			
cH^+	77.6 mmol/l		
ctHb	20.7 g/dl		
$cHCO_3^-(P)$	23.6 mmol/l		
$cHCO_3^-(P,st)$	17.0 mmol/l		20.0-24.0
cBase(B)	-7.1 mmol/l		20.0-24.0
cBase(Ecf)	-5.9 mmol/l		2.0-4.0
cBase(B,ox)	-8.7 mmol/l		
cBase(Ecf,ox)	-6.1 mmol/l		
$cCa^{2+}(7.40)$	1.22 mmol/l		
$ctCO_2(B)$	21.6 mmol/l		
$ctCO_2(P)$	25.9 mmol/l		
Anion Gap	9.9 mmol/l		10.0-14.0
Anion Gap(K^+)	15.1 mmol/l		14.0-18.0
sO_2	58.1 %		
ctO_2	7.6 mmol/l		

Notations
1010 Below reportable range
1023 Above reportable range
• 1019 Below reference range

Patient / sample information
$FO_2(I)$ 21 %
Baro 710 mmHg

Operator ANONYMOUS
Analyzer serial no. 407422
SC lot 411012
SC serial no. 5177513
SP lot 603125
SP serial no. 603125010
Sample no. 6972
Sequence no. 81171
Software version 1.5.0
Printed 2026-07-02 16:35:58

10810
pca Done