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D.C 310(103)

DISCHARGE SUMMARY

Name	Baby Of NAVYA R	**UHID**	HNH-00016406
Father/Guardian	Mr NIHAL R	**Age/Gender**	0 Y 0 M 0 D 12 H/ Male
Address	1-4-880/30 bob colony, Gandhi Nagar, Hyderabad, Telangana, INDIA, 500080		
IP No	IP26-00006769	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	09.07.2026		

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

DIAGNOSIS	ICD CODE
LATE PRETERM (35 weeks + 5 days)/AGA/BABY BOY	
IDM	

History: Baby Of NAVYA R is a late preterm (35 weeks + 5 days) baby boy, delivered to a primi mother by emergency LSCS on 06.07.2026 at 09:22 pm with birth weight of 2.6 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. NAVYA R is a 31 years old primi mother.
G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Hypothyroidism/ Gestational Diabetes Mellitus. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

Name	Baby Of NAVYA R	UHID	HNH-00016406
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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 : 2.6kgs.
Weight at discharge : 2.420 kgs.
Head Circumference : 35 cms.
Length : 46 cms.

Investigations: Enclosed reports.

THYROID FUNCTION TEST :

TRIIODOTHYRONINE (T3)	145.1	73 - 288	ng/dL	-	Approved from Review Results
THYROXINE (T4)	16.27	5.04 - 18.5	µg/dl	-	Approved from Review Results..
THYROID STIMULATING HORMONE (TSH)	14.57	0.7 - 15.2			

Management:
Course during hospital:

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

Serum bilirubin at 48 hours of life was 9.5 mg/dl with indirect fraction of 9.4 mg/dl.

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

2D echo was done in view of IDM, which was normal.

Vaccination: Baby was given following vaccination:

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

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Parents not willing.

Newborn screening advanced / Newborn sreening-4 : Parents not willing

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.

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. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
2. **Newborn screening advanced / Newborn sreening-4 : To be done on follow up.**

Review consultation with Dr. SINDHURA MUNUKUNTLA on (10.07.2026) Friday at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If

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breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

HNH-00016406
Baby Of NAVYA R
08-07-2026 0Y0M3D (M)
Dr. SINDHURA MUNUKUNTLA
IP26-00006769

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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	5			
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	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	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			
	Extras	6			
	Total No. of Pages	80			

Signature and Date : 9/2/26

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

(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 : IP26-00006769 **Admit Date** : 06-Jul-2026 **Admit Time** : 10:15 PM **UHID** : HNH-00016406

Patient Details :

Patient Name	: Baby Of NAVYA R	**Age**	: 0 D
Guardian	: Mr NIHAL R	**DOB**	: 06-07-2026 09:22 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-4-880/30 bob colony Gandhi Nagar Hyderabad Telangana INDIA 500080	**Phone No**	: 9494441555/ 7702787216
		E-mail	: navyanayani24@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 NIHAL R **Relationship** : Father

Contact Address : 1-4-880/30 bob colony Gandhi Nagar Hyderabad Telangana INDIA 500080 **Phone No** : 9494441555

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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Baby Of NAVYA R
08-07-2026 0Y0M0D1H (M)
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NEWBORN MONITORING FORM

Date of Birth	: 6/7/2026	~~New Born Screening~~ SBR (Father).	:
Time of Birth	: 9:22pm	TFT ←	:
Mode of Delivery	: Emlscs	OAE ←	:
Birth Weight	: 2.6kgs	Mother's Blood Group	: O+ve
Head Circumference	: 35cm	Baby's Blood Group	: O+VC
Length	: 46cm	Anomaly Scan	:
Red Reflex	:	Vaccination	: BCG, OPV, HEP-B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
6/7/26	2.6kgs	DBF	1	98.1F	
~~7/7/26~~	~~2.460kgs~~ 46	DBF	-	36c	Sujatha
7/7/26	2.460kgs	DBF	1	36.5°C	
8/7/26	2.380kgs	DBF+FF	(1)	36.3°C	
9/7/26	2.420kgs	~~DBF+FF~~	(1)	36.3C	

Date	Time	Investigation	Result	Order No.	Signature
6/7/26		Blood group		11131	Anusha
6/7/26	9:40 PM	GRBS - 0th day	52 mg/dl	11139	
7/7/26	12:30 AM	GRBS - 3rd day	64 mg/dl	11140	
6/7/26	9.22 PM	ABG		11141	
7/7/26	3 AM	GRBS - 6th day	77 mg/dl	self	Sujatha
7/7/26	9:30 AM	GRBS 12th.	60 mg/dl	self	
7/7/26	3:30 pm.	GRBS 13th.	53 mg/dl	self	
7/7/26.	9:30 pm	GRBS. 24th.	55 mg/dl	self	
8/7/26	9:30 Am	GRBS. 30th.	51 mg/dl	self	
8/7/26	9:30 pm	GRBS. 45th.	84 mg/dl	self	
8/7/26	7 PM	2D-Echo	—	8210	
8/7/26	9 pm	SBR TFT	H286	A11286	
			Cross checked done by Anusha		

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Navya Age : 31yrs Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Sindhura 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 Navya.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 6/7/26 Time of Birth : 9:22pm

Place of Birth : RCH.

Mother's Blood Group : O+ve

Birth Weight (gms) : 2.6kg Length (cms) : 46.cm.

OFC (cms) : 35cm.

Estimated Gesth Age : 35+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 22/10/25 EDD : 29/7/26.

Conception : Spontaneous or with Rx. : Spontaneous

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

Last Scans Details : SL WP | 32+2 | EFW - 1.873 | AC - 15'%. AFI. - 18.7cm.

..... 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 : .....

GDM on O+ve.

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

Hypothyroidism

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 : 1 hr ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

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Dr. SINDHURA MUNUKUNTLA

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : ..... 2 loops of Cord around neck

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
1	2	
2	2	
1	2	
1	2	
2	1	
	2	
TOTAL 7/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

LPT (35+5) | male | CIAB | 2.6kg | maternal Hypothyroid
3DM | Emerg LSCS

H

baby cried immediately after birth

↓

Cord Clamped & Cut

↓

Inj. Vit-K given

↓

Vitals - Stable,
Activity - Good

↓

Shifted to mother side.

Investigation details in previous Hospital :

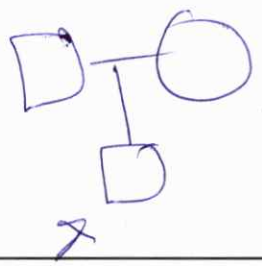
—

Feeding History :

—

—

Family History :



Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition :

LPT (35+5) | AGA | 2.6kg | M | CAB.

VITALS : Temperature : ..... HR : 142 RR : 48 NIBP : ..... CFT : .....

Color of the extremities : Acyanotic

Jaundice : (—) Pallor : (—) SpO2 : 97%

Anthropometry : Birth Weight : 2.6kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : (✓) SGA : ..... LGA : .....

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Dr. SINDHURA MUNUKUNTLA

HEAD TO TOE EXAMINATION

HE	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Yet to be done Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : No cleft palate Gums : Lips : (N) Tongue : (N)	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A+IV. Discharge :	
GENITILIA :	Labia / Hymen : Testicles/penis : (N) Male genitalia, scrotum insitu. Anus :	
HERNIAL ORIFICES	(N)	
TRUNK and SPINE :	(N)	
SKIN LESIONS :	(N)	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

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Baby Of NAVYA R
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Dr. SINDHURA MUNUKUNTLA

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 : 142 BP : .....

Femoral Pulses : N

Other Peripheral Pulses : .....

Precordial Activity : N

Murmurs : N

Signs of Cardiac Failure : N

Abdomen :

Shape : .....

Palpation : No organomegaly

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : N

Anal Patency : Patent

Umbilical Cord : 2A+1V

First urine passed : Passed

Meconium passed : ✓

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

..... N

.....

.....

Motor System :

Passive Tone : .....

Active Tone : N

Neonatal Reflexes : .....

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

Moro's : P

ATNR : P

DTR : P

Skull and Spine : N

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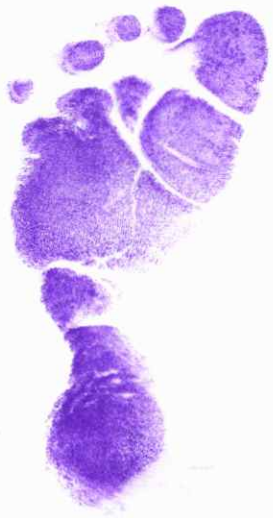
A .....

.....

Diagnosis : LPT (35+5) / AGA / 2.6 kg / IDM / mat Hypothyroidism
Emergency LSCS.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Naipunya

Date & Time : 6/7/26

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.

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 :

- DBF 2nd hourly for burping - GRBS Monitoring
- At birth vaccination - Hep-B, BCG, OPV
  0, 3, 6, 12, 18, 24, 36, 48 hours
- SBR, NBS, OAE } 48 HOL

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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08-07-2026 0Y0M0D1H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/8 7:00AM	C/S/13 Dr. Naipunya / Dr. prerna V	
	LPT (35+5) / AGA / 2.6kg / IDM / Mother Hypothyroid (+) EMERG LSCS	
	Hunger Cry (+)	Plan
	C/T/A - Good.	- DBF 2nd hourly fly burping.
	R/S / NAD	- Vaccination today
	P/A /	- GRBS Monitoring as advised
	T.wt - : 2.460kg	- SBR, NBS, OAE } 48 HOL.
	wt-loss : 5.3%	- Monitor vitals
		Neo

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 10:10 AM	S/B Dr. Sindhura	
	D Late preterm (35wk+5d) / AGA / 2.6 kg	
	IDM / Maternal Hypothyroidism	
	for LSCS / cord around neck	
	Euthermic	Plan
	CVS - S1S2 (N)	- cf DBF +
	RS - BLL - AE (N)	+ Burping 2nd hourly
		Add formula feed
	P/A - soft	- Warm hold
	CTA good	
	T. wt - 2.460 kg	- Vaccination today { BCG, Hep-B, OPV
	wt loss - 5.4% (140g)	- GRBS monitoring as advised
	Head, Neck, Chest } (N)	
		- 2D-Echo @48HOL
	Palate (N)	
		- Red Reflex - B/L - present
	No prenatal teeth	
	Anal orifice (N)	- SBR
	Limbs (N)	NBS } @ 9PM
	Spine - (N)	OAE } on 8/7/26
	Femoral pulses - palpable	
	Genitalia - B/L - testes palpable	
	(LP) testes - retractile	
	Dr. Sindhura Munukuntla, Consultant Paediatrician, Reg. No: 66970	[signatures]

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

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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 12:58PM	BCG OPV Hep B Given	
7/7/26 2:30PM	C/s/b Dr. Varun Δ - Late PT (35+5) / AGA / 2.6kgs / IDM / Untreated hypothyroid. - Pink - Euthermic. Cry, Tone, Activity – Good. O/E - WNL.	[Plan] - Warm care. - DBF @ 2H + FF. - SBR, NBS, OAE – 8/7/26 @ 9pm. - 2D echo @ 48HOL. - GRBS monitoring as per orders.

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

(P.T.O)

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0Y0M0D1H (M)
Dr. SINDHURA MUNUKUNTLA

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 7pm	c/s/by Dr Sindhu M	
	T: / AGA / Male.	
	vital stable	
		Plan
	S/E BLAE (+) NVBS (+).	— Wac Ca
		— EBF Qds / lb buy
		— Monit vital.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	
		N.B maheshwari @ 5:25 pm 7/7/26.

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

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Lactation Care plan	
7/7/26	- well formed Breast with Short Nipple's - Sucking Observed - primi, LPTerm - Colostrum seen - Baby is not sucking continuously, starting to suck with strong stimulation	
	Advice:- - use Nipple shield - DBF & f/b Burping - warm Care - Damand feeding do not exceed 2½ hours as per early hunger cues - Aim for deep latch as demonstrated in cradle hold / cross cradle - Explained suck & latch for (2) sessions - monitor output & weight	
		Sathwika.G Dietitian & Lactation 7/7/26

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 8am	S/B Dr. Nameera / Dr. Archana.	
	CPT (35+5 wks) / AGA / 2.6 kgs / IDM / mat Hypothyroidism	
	Sm. LSCS	
	F. wt - 2.380 kgs	Plan M / 0 the
	% wt loss - 8.4%	1) warm care B / 0 the
	Sthenic / pink	2) DBF exy and help
	C/T/A good	f/b burping
	hemodynamically stable	3) monitor GRBS till
	CVS - S1S2 (N)	48 hours as
	RS - clear	advised
	urine ✓	4) SBR
	stool ✓	MBS } @ 9pm.
	4 limb SpO2 ✓	OAE } 8/7/2026
	Red reflex ✓	5) monitor vitals
	Vaccination	
		Nae (Dr Nameera)
		N.B. Anusha

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

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	C/S/B · Dr. Sindhura.	
8 AM	LPT (3545) / AGA / 2·6 / NORM	
	Urine ✓	Plan →
	Stool ✓	SBR, NBS, OAE @ 9 AM
	O/E → Euthomic Pink	2D Echo today
	S/E → CVS Tone Activity Good	Sindhura Munukuntla-M
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	N/B Supriya @ 8 AM

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Sneyhan	
8/7/26		
9 PM	Δ Late prefer (35wk+5d) / AGA / 2.6kg / M / CIAB	
	Baby Further	– DBT + Drugs 2nd h
	CVS S1, S2 ⊕	
	RS – B/L = AE ⊕	– SBR
		NBS } @ 9 PM tonight
	P/A – Soft	OAE
	CRT < 3 sec	
		– Warm care

Dr. B. Sap

N. B. maheshwari

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

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0Y0M2D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/L - Dr. Sinhcuffy / Dr. Vaney	
09/07/26 8AM	Late preterm (35wks 5d) / Alive / 2.6kg / Male / CS/AGA	
		T.wt - 2.420 kg (↑ 40gm) (6.9% wt loss)
	= Bulharni	
	- Cry / Tone / activity - good	
	- Vitals stable	
	Hydration - good	
	S/ BC NAD	Adv
		- DAF f/b bagging exclusively
		- NB warm care
		[signature]
		Dr. B Amrutha

HNH-00016406 IP26-00006769
Baby Of NAVYA R
..07-2026 0Y0M2D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 10AM	C/S/B. Dr. Sindhu Late PT (35+5) / AGA / 2.6 / male / CIAB O/E - Baby euthermic SBR- 9.5 { AAP: Not in phototherapy range. P/E NAD Cry Tone Good. Activity	Plan - Discharge - F/W tomm - Avoid bathing upto cord falls off Dr. Sindhura Munukuntla Consultant Neonatologist Reg. No: 83970

CONSENT FOR FORMULA FEEDS

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

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. SINDHURA MUNUKUNTLA

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

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

Patient Attendant :

Signature : .....

Name : Navya

Relationship with Patient: Mother

Date & Time : 7/7/26 @ 10 pm.

Witness :

Signature : .....

Name : Maheshwari

Date & Time : 7/7/26 @ 11:30 pm.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Nameen Banu

Date & Time : 7/7/2026

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016406 IP26-00006769 Baby Of NAVYA R 08-07-2026 0 Y 0 M 0 D 1 H (M) Dr. SINDHURA MUNUKUNTLA	06/07/2026 @ 10:15 PM	07/07/2026
	Transfer Ordered by Dr. Sindhura	Reason for Transfer Observation
From Unit pre & post	To Unit	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films ABG	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anusha	Dr. Sindhura

Patient & Clinical Records Received by : Maheshwari

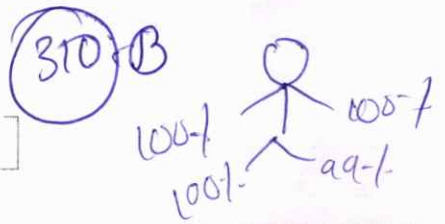
Date & Time of Patient Received : 7/7/26 9:10 Am.

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0Y0M0D1H (M)
Dr. SINDHURA MUNUKUNTLA

310 B



310.

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SINDHURA MUNUKUNTLA

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/2 Time:	10 PM	12 AM	2 AM	6 AM	10 AM	2 PM
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	98	98	98	98	98	
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	130	130	130	130	130	
Heart Rate (Number)	136	141	139	142		
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	40	50	40	40		
Resp Rate (Number)	40	48	36	40		
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	98%	98	99%	98		
Conscious Level — Normal						
Conscious Level — Altered						
GCS *	9					
TOTAL SCORE		0	0	0		
Number of shaded boxes	0	0				
Pain Score	0	0	0	0		
Observer's Initials	[signature]	[signature]	[signature]	[signature]		

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-50016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0 Y 0 M 0 D 16 H (M)
Dr. SINDHURA MUNUKUNTLA

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
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ARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7 Time:	10Am	2pm.	6pm	10pm	2Am	6Am	
Doctor/Nurse/Family Concern?							

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.1°F 97.4°F 98°F 98.1°F 98.3°F 98.6°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)	136bpm	120bpm	140bpm	120bpm	120bpm	120bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	40bpm	40bpm	42bpm	40bpm	40bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	100%	99%	100%	RA	100%	100%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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.
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	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

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0 Y 0 M 2 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient

CLINICAL / 124

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

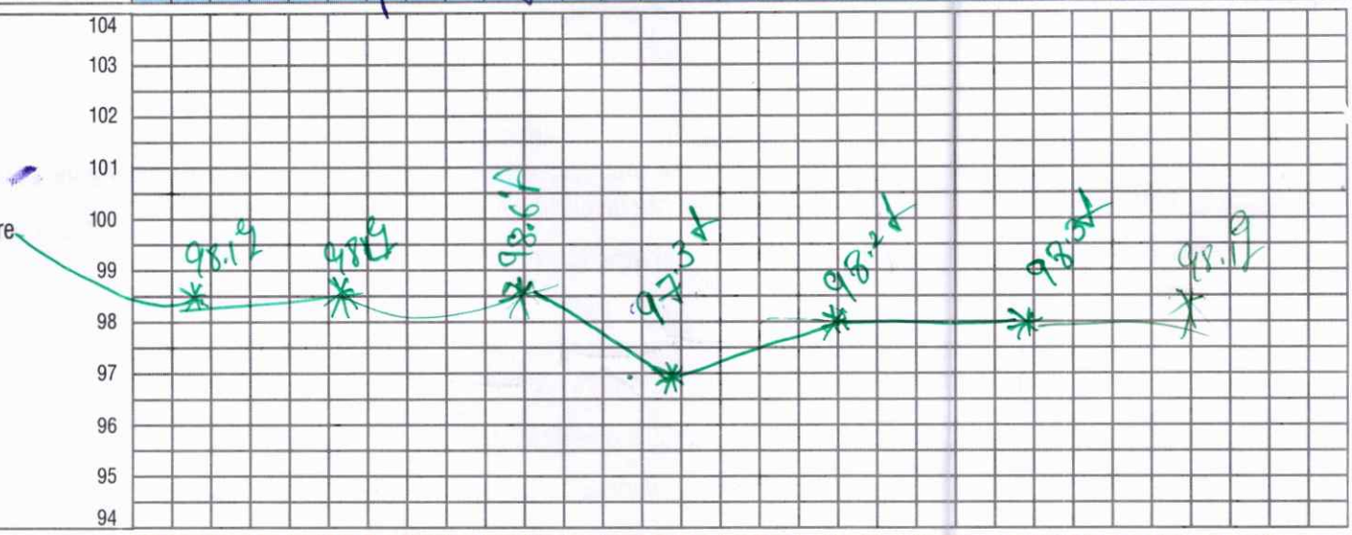
Rainbow® Children's Hospital
It takes a lot to treat the little.

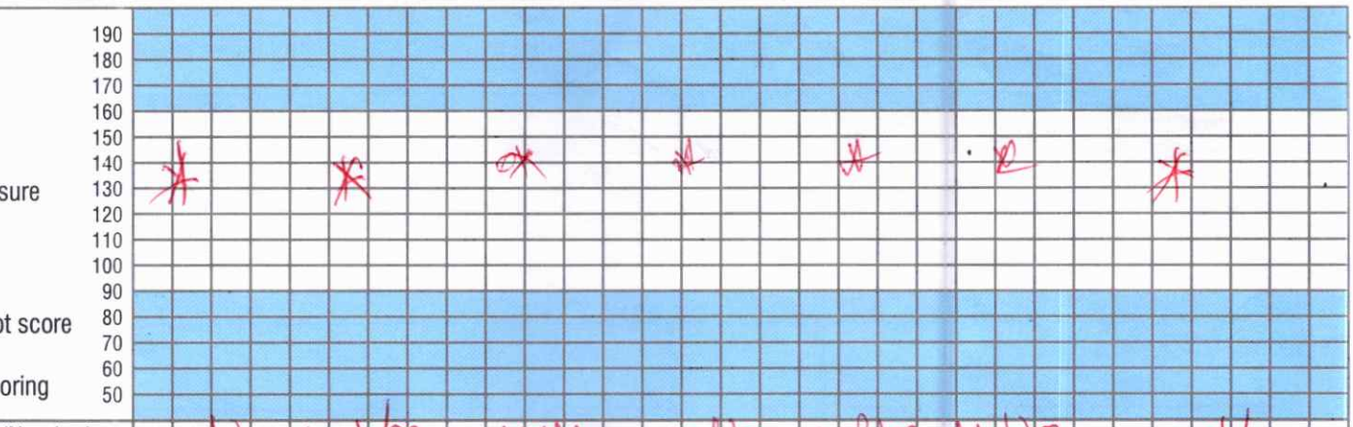
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/7/26 Time: 10AM 2PM 6 PM 10PM 2AM 6AM 9AM

Doctor/Nurse/Family Concern?





Heart Rate (Number)	140bpm	140bpm	140bpm	138bpm	140bpm	140bpm	140bpm

Resp Rate (Number)	40bpm	40bpm	40bpm	42bpm	42bpm	38bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	100%	99%
Conscious Level: Normal / Altered							
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SINDHURA MUNUKUNTLA

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

FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 16 H (M)
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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/7/26	08:00 am						✓			✓		
	09:00 am		DBF+									
	10:00 am	0	FF		NA				NA		0	
	11:00 am						✓			✓		
	12:00 pm		DBF+FF									
	01:00 pm											
Total Intake :						**Total Output :**						
7/7/26	02:00 pm											
	03:00 pm		DBF+FF									
	04:00 pm									✓		
	05:00 pm	0	DBF+FF		NA				NA		0	
	06:00 pm											
	07:00 pm		DBF+FF									
Total Intake :						**Total Output :**						
9/7	08:00 pm		DBF									
	09:00 pm		FF									
	10:00 pm	0					✓					
	11:00 pm		DBF+ FF		NA				NA		0	
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
8/7	02:00 am		DBF FF									
	03:00 am											
	04:00 am		DBF FF									
	05:00 am	0			NA		✓		NA			
	06:00 am		DBF+ FF									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 1 H (M)
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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/2/26	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 :		Taken				**Total Output :**						
8/2/26	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 :		Taken				**Total Output :**				V-2	m-2	
8/1	08:00 pm		DBF+FF									
	09:00 pm											
	10:00 pm		DBF+FF									
	11:00 pm											
	12:00 am		DBF+FF									
	01:00 am											
Total Intake :		Taken				**Total Output :**				m-1	U-1	
9/1	02:00 am											
	03:00 am		DBF+FF									
	04:00 am											
	05:00 am											
	06:00 am		DBF									
	07:00 am		FF									
Total Intake :		Taken				**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 2 D (M)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/2/26	08:00 am	1										
	09:00 am											
	10:00 am	2									0	
	11:00 am											
	12:00 pm											
	01:00 pm										1	
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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Date: 6/7/2026

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				NA			
Afternoon							
Night	8pm 8Am	→ Assess the baby condition → Check the vitals → f/o chest Retraction → Plan for DBF	8pm 8Am	→ Assessed baby condition → Checked Vitals → Marked f/o chest → 2nd baby DBF	Vitals is Normal	pt is stable	Anusha

HNH-00016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0Y0M0D4H (M)
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NURSING CARE RECORD

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

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	→Assess the pt condition. →plan to give vaccination. → monitor the vitals → DBF+FF give 2nd hourly.	8Am 2pm.	→Assessed the pt condition. →planned to given vaccination. →Monitored the vitals. → DBF+FF given 2nd hourly	→Baby is stable Now.	→Reassessed the vitals	
Afternoon				Duty			
Night	8pm to 8Am	⇒Assess the pt condition ⇒ monitor vitals & record ⇒ Maintain I&O chart ⇒ DBF+FF 2nd hrly	8pm to 8Am	⇒Assessed the pt condition ⇒ monitored vitals & record ⇒ Maintained I&O chart ⇒ DBF+FF 2nd hrly	⇒ Pt is stable	⇒ Rechecked vitals	

HNH-00016406
Baby Of NAVYA R
08-07-2026
Dr. SINDHURA MUNUKUNTLA
IP26-00006769
0 Y 0 M 2 D
(M)

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	- Assess the Baby Condition - monitor vitals & Chart - DBF+HF 2nd hrly give		→ Assessed the Baby Condition - monitored vitals & Plotted - DBF+HF 2nd hrly given	Baby is stable	Rechecked V/S	
Afternoon	2pm 8pm	- Assess the Baby Condition - monitor vitals - Maintain I/O Chart - Medicine Given as per drug chart	2pm 8pm	- Assessed the Baby Condition - monitored vitals - Medicine Given as per drug chart	Baby is stable	Rechecked vitals	
Night	8pm to 8am	→ Assess the pt condition → Monitor vitals & record → Maintain the chart → Administer medications as per drug chart	8pm to 8am	→ Assessed the pt condition → Monitor vital & record → Maintained chart → Administered medicine as per drug chart	→ Baby is stable	→ Rechecked vitals	

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0 Y 0 M 3 D (M)
Dr. SINDHURA MUNUKUNTLA

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							
Afternoon							
Night							

HNH-00016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0Y0M0D1H (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 6/7/26	7/7	8/7	8/7
					Time : M	M	M	M.
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	3	3	3
					TOTAL SCORE	26	26	26
					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

BRADEN 'Q' SCALE

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				Date :	8/7/26	8/7		
				Time :	8:2	10:		
	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		
"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		
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		
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		
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."	2	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		
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		
				TOTAL SCORE	28	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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00016406 IP26-00006769
Baby Of NAVYA R
06-07-2026 0Y0M0D1H (M)
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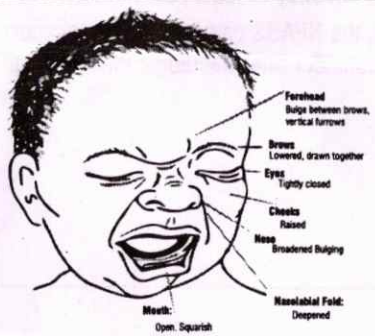
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						N1	N5	N2	M6	E2				
Procedure ➡														
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	-	-	-	-	-				
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	-	-	-	-				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	-	-	-	-				
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	-	-	-	-				
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	-	-	-	-				
Gestational Age / Corrected Age						35+5	35+5	35+5	35+6	-				
Total Pain / Agitation Score						0	0	0	0	0				
Intervention						0	0	0	0	0				
Effectiveness						0	0	0	0	0				
Signature														



Premature Pain Assessment: Scoring

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

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

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

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / 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.

HNH-00016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0Y0M0D1H (M)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NB

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

BACKGROUND

Area / Shift Time	6/7/26 N	7/7 M	7/7 D	8/7 M	8/7 E	
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:	98.1°F	98.1°F	98.6°F	98.1°F	98.6°	
Res:	36	38bpm	36bpm	40bpm	40bpm	
SpO_2:	98%	99%	99%	99%	99%	
Pulse:	141	140bpm	—	140bpm	140bpm	
BP:	—	—	—	—	—	
Fall Risk Score:	-	—	—	—	-	
Pain Score:	-	10	9	6	10	

Recommendations

Safety Needs:	-	Yes	Yes	Yes	Yes	
Physiotherapy	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Others Specify:	-	—	—	—	-	
Special Diet:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	-	—	—	—	-	
Post Operative Procedure Special Orders:	-	—	—	—	—	
Handed Over By Name :	Anusha	mahi	Sweta	mahi	Mounika	
Signature :						
Date:	6/7/26	7/7/26	7/7/26	8/7/26	8/7/26	
Time:	8am	8pm	8AM	2pm	8 pm	
Taken Over By Name :	mahi	Anusha	mahi	Mounika		
Signature :						
Date:	7/7/26	7/7/26	7/7/26	8/7/26		
Time:	8am	8PM	8AM	2pm		

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00016406 IP26-00006769
Baby Of NAVYA R
08-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 6/1/2026 Time of Birth: 9:22 pm Gender: ☐ Male ☐ Female

Birth Weight: 2.6 Kgs HC: 36 cm Lenght: 46 cm

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

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

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: O+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: 36.1 °C HR: 146 /Min RR: 37 /Min BP: ..... SpO_2: 98%

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: ..... Signature: ..... Date &Time: 6/1/2026

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Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SINDHURA MUNUKUNTLA

DATE : 6/7/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft Palate	(N)	
2	Pre natal teeth	Absent	None	
3	Anal opening	Patent	patent	
4	Genitalia	(N) male genitalia	Male extend genitalia	B/L-testes palpable (LH)-testes-retract Hile
5	Spine	Normal	(N)	
6	Red reflex	Yet to be done	(N) B/L	
7	4 limb saturation (before discharge)	Yet to be done.	Normal	

Ped.Registrar signature

Ped.Consultant signature

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of NAVYA R**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006769**	**Sex:**	**Male**
Consultant:	**Dr. SINDHURA MUNUKUNTLA**	**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: Nihal R
Relationship: Husband
Date: Time: 22.25
Witness Name:
Witness Signature:

Patient Address:
1-4-880/30 bob colony Gandhi Nagar
Hyderabad Telangana INDIA 500080

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Baby Of NAVYA R
06-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SINDHURA MUNUKUNTLA

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