DISCHARGE SUMMARY

Name	Baby Of M.AKHILA	**UHID**	HNH-00016335
Father/Guardian	Mr B.SAMPATH	**Age/Gender**	0 Y 0 M 1 D/ Male
Address	old safil guda, neredmet deendayal nagar, Neredmet, Hyderabad, Telangana, INDIA, 500056		
IP No	IP26-00006732	**Admission Date**	03-07-2026
Ref Doctor	Self.		
Discharge Date	06.07.2026		

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

DIAGNOSIS	ICD CODE
TERM (37 weeks + 6 days)/AGA/BABY BOY/~ PROM 12hr/B/L CTEV/B/L HYDROCELE	

History: Baby Of M.AKHILA is a term (37 weeks + 6 days) baby boy, delivered to a primi mother by emergency LSCS on 03.07.2026 at 02:16Pm with birth weight of 3.040 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby weak cried after birth. Apgar scores were 5/10 at 1 min, 8/10 at 5 min, 9/10 at 10 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex. In view of mild respiratory distress DR CPAP given for 5 mins , and distress improved shifted mother side .

Maternal History: Mrs. M.AKHILA is a 27 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. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is A positive. Baby's blood group is A positive.

Examination: Baby was euthermic (36.5*C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal

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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.
Started DR. CPAP given for 10 minutes in view of respiratory distress and grunting.

Anthropometry:
Weight at birth : 3.040 kgs.
Weight at discharge : 2.860 kgs.
Head Circumference : 34 cms.
Length : 45 cms.

Investigations: Enclosed reports.

Ultrasound abdomen was normal.

Ultrasound spine was normal

Ultrasound scrotum shows
* Bilateral mild hydroceles

2D echo shows:
* Situs solitus levocardia.
* Small PDA with left to right shunt.
* PFO L< R shunt
* Good biventricular function.
* Left arch, no COA.

Management:
Course during hospital:
In view of PROM for 12 hours , CBP CRP done reports are normal .

Serum bilirubin at 48 hours of life was 11.2 mg/dl with indirect fraction of 11.1 mg/dl.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk / measured feeds were started. Baby tolerated the feeds well.

In view B/L CTEV orthopedic consultation done advised to followup after discharge for serial casting

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In view ? B/L hydrocele on examination , USG scrotum was done which is suggestive of bilateral mild hydrocoele
To rule out other anomalies 2d echo, usg abdomen and usg spine done , showed normal

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	04.07.2026
OPV	Given	04.07.2026
HEPATITIS B	Given	04.07.2026

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. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to**

Name	Baby Of M.AKHILA	**UHID**	HNH-00016335
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be done on followup.

Review consultation with Dr. SINDHURA MUNUKUNTLA on (07.07.2026) Tuesday at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review with Orthpedic surgeon in view of B/L CTEV (DR Subhash at his clinic)

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 2 D (M)
Dr. SINDHURA MUNUKUNTLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	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	4			
7	Nursing plan of care and handover sheets	1			
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				
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	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	4			
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				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	6			
	Total No. of Pages	30			

Signature and Date :

5/7/26

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 : IP26-00006732 **Admit Date** : 03-Jul-2026 **Admit Time** : 04:08 PM **UHID** : HNH-00016335

Patient Details :

Patient Name	: Baby Of M.AKHILA	**Age**	: 0 D
Guardian	: Mr B.SAMPATH	**DOB**	: 03-07-2026 02:16 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: old safil guda, neredmet deendayal nagar Neredmet Hyderabad Telangana INDIA 500056	**Phone No**	: 8186800401/ 8008417993
		E-mail	: 8186800401@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-414-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-414-1 **Admission Type** : First Visit

Contact Details :

Name : Mr B.SAMPATH **Relationship** : Father

Contact Address : old safil guda, neredmet deendayal nagar Neredmet Hyderabad Telangana INDIA 500056 **Phone No** : 8886954848

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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

CONSENT FOR FORMULA FEEDS

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Patient Name : .. HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA
..... Age : ..... Gender : ☐ Male ☐ Female

UHID 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 : .....

Relationship with Patient: Mother

Date & Time : 4/7/26 @ 3am

Witness :

Signature : .....

Name : Sunanda

Date & Time : 4/7/26 @ 3am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Pranav

Date & Time : 4/7/26 @ 3am

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0Y0M0D2H (M)
Dr. SINDHURA MUNUKUNTLA

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CROSS CONSULTATION FORM

Doctor Name: ~~R. Subash MS (Ortho)~~ Dr. Sindhura. Date: 03/07/26 Time: 6:00pm

Diagnosis: Dilated idiopathic CMPV (congenital tricuspid regurgitation).

Hospital: .....

.....

Referred for: ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

- Spine - (N)
- No scoliosis
- bil UL - (N)
- bil hip / knee - (N)
- bil CMPV +
  Pirani score - 3.5/3.5

Plan: weekly Serial casts (POP) - Ponseti technique.
soon after discharge.

- Review SOS.
- To follow radiation advice

3/7/26.

Consultant :

Name: Dr. Subhash Seen Signature: ..... Date & Time: 3/7/26

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03-07-2026 0Y0M0D2H (M)
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NEWBORN MONITORING FORM

Date of Birth	: 3/7/26.	New Born Screening	: Not willing
Time of Birth	: 8:16 PM.	TFT	:
Mode of Delivery	: EM-LSCS	OAE	:
Birth Weight	: 3040.	Mother's Blood Group	: A+ve
Head Circumference	: —	Baby's Blood Group	: A+ve
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
3/7/26	3040	DBF	1	98.6F	Anu
4/7/26	2.940	DBF+FF	1	98.6°F	S
5/7/26	2.860	DBF+FF	(1)	36°C	S

Date	Time	Investigation	Result	Order No.	Signature
3|	1:39pm	SBR		1022	(S)

crosschecked done by supriya

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ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00016335 IP26-00006732 _____

Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

UHID No. : ____ ___Consultant: _____ Dept : _____

Date of Admissio ___Date of Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. subashn (orthopedic)	3/7/26	10469	Anbu
2				
3		Cross checked done by Sunanda		
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/7	Blood grouping	10875	Asha
3/7	ABG	10886	
4/7	CBP, CRP	10899	
4/7/26	Ultrasound Abdomen	7983	
	Ultrasound scrotum		
	Ultrasound Spin		
4/7/26	2D ECHO	8002	
	Cross checked done by Sunanda		
5/7/26	~~SOB~~	2022	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

INH-00016335 IP26-00006732
Baby Of M.AKHILA
13-07-2026 0Y0M0D5H (M)
Dr. SINDHURA MUNUKUNTLA

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

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

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

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

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

BIRTH INFORMATION

Name : B/o Akhila

Gender : ☑ M ☐ F Blood Group : ....

Date of Birth : 3/7/26 Time of Birth : 2:16pm

Place of Birth : RCH HMNR

Mother's Blood Group : A +ve

Birth Weight (gms) : 3.040 kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37+6 wk

Current Obstetric History : (Booked) / Unbooked Case) primi

Maternal Age : .... Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 12/10/25 EDD : 18/7/26.

Conception : (Spontaneous) or with Rx. : ....

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

Last Scans Details : 19/6 - SLIUF / Cephalic / Pl: Ant high / AFI 13.4cm / AC-39% / Doppler (N)

(C/B/L foetal Talipes) 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 : ....

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Dr. SINDHURA MUNUKUNTLA

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink			
HEART RATE	Absent	< 100 Minutes	> Minutes			
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal			
MUSCLE TONE	Limp	Some Flexion	Active Motion			
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying			
			TOTAL	5/10	8/10	9/10.

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

Comments :

Asyms.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Primi c 37+6 wk c PROM - 3AM (~11 hour) / Em LSCS (i/v/o CPD)

Baby delivered via LSCS
↓
- weakness.
- cyanosis, SpO2
↓
Routine care Given.
↓.
started DR CPAP - Given for 10 - min. i/v/o Resp distress & Grunting
↓.
distress Improved
↓
shifted to mother side

Investigation details in previous Hospital :

—

—

Feeding History :

Family History :

—

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Acrocyanosis

VITALS : Temperature : @ 36.5 HR : 153 RR : 56 NIBP : CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 95% RA

Anthropometry : Birth Weight : 3.040 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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Baby Of M.AKHILA
13-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SINDHURA MUNUKUNTLA

HEAD TO TOE EXAMINATION

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System :

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

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SINDHURA MUNUKUNTLA

Diagnosis : Term / AGA / Male / ~~CTA~~ delayed transition / PROM (11 hour) / B/L CTEV / B/L cong. hydrocele.

FOOT PRINTS

Left Side :	Right Side :

Resident Doctor :

Signature : [signature]

Name : Anuhe.

Date & Time : 3/2/26 3pm

Consultant :

Signature :

Name : Dr. Sindhura

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No. 69970

Date & Time : 3/2/26 3pm

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.

INH-00016335 IP26-00006732
Baby Of M.AKHILA
13-07-2026 0Y0M0D5H (M)
Dr. SINDHURA MUNUKUNTLA

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 : – CBP, CRP after 12 hours. (2AM).
– Send cord B/G /T
– DBF Only f/b burping
– vaccinate BCG, OPV, Hep B.
– USG Abd, 2D Echo – after 48 HOL
USG Scrotum
– pead ortho Opinion i/v/o B/L CTEV.

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/S - D. Sindhura	
03/07/26 6PM	Term / AGA / Male / delayed transitory / PROM (11hrs) / B/L CTEV / B/L Hydrocele	
	Baby Bathing	
	Cry / Tone / Activity - good Status - Stable	
	S/E - NAD	
		Adv - OBR f/b keeping 2nd hourly - NB cream care - following with orthopedic USG scrotum + Spine - USG Abdomen } after 48HOL 2D Echo. - Vaccination to be done - Sample @ 48HOL
	USG scrotum USG Abdomen USG Spine } @ 48HOL 2D Echo	
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 SINDHURA-M

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

IP26-00006732
INH-00016335
Baby Of M.AKHILA (M)
0 Y 0 M 0 D 5 H
13-07-2026
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7AM	C/S/I b Dr. Varun / Dr. Sudha R.	
	Term / AGA / MCh / PROM (>11hrs) / B/t CTEV / B/L hydrocele.	
		MBG / A+ve BBG /
	- Pink, euthermic.	
	Cry, Tone, Activity] Good.	Plan Warm care. DBF Q2H. To check red reflex. Trace CUP. Vaccination today.
CRP -5	O/E - vitals stable.	
	~~Vaccine~~	
	4 limb SPO2 ✓	USG Abdomen USG spine 2D echo USG scrotum } @48HOL.
	T.W - 2940 (↓100). B.W - 3040 % - 3.2%	
		SBR / NBS / OAE @ 48HOL.
		NB Sunanda @ 7am

INH-00016335 IP26-00006732
Baby Of M.AKHILA
13-07-2026 0Y0M0D5H (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9:50 AM	c/s/by. Dr. Sindhura.	
	Term/AGA/Male/~PROM 11hr/B/L CTEV/ B/L hydrocele	
	3.2% wt loss.	B/G/T - (T) A +ve.
	vital stable.	Plan.
		- Warm Care
	S/E NAD	- DBF Only if b bump.
		- USG Abd, USG spine, USG scrotum } today. 2D Echo.
	B/L Red reflex - B/L present.	- Samples - Tm.
		- 1 form SOS.
		- Vaccinate pending.
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg No: 63970
		N.P. Maheshwari

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

(P.T.O)

UHID-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0Y0M1D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 2:00pm	CW13 Dr. Naipuya	
	T/AGA/male/CAB/PROM/ B/L CTEV/. B/L Hydrocele.	
	Euthermic	Plan
	C/T/A - Good	- DBF 2nd hourly
	Vitals - stable	then burping
	R/S/ P/A/ NAD	- (T) USG Abd USG Spine USG Scrotum report
		- SBR, NBS, OAE } S/A 2:00pm
		[signature]

INH-00016335 IP26-00006732
Baby Of M.AKHILA
3-07-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 8:30AM	C/S/B Dr. Pranav / Dr. Thanmi	
	FT / 37+6 wk / LSCS / AGA / 3.04 kg / Male / PROM - 11 hr / B/L CTEV	B/L Hydrocele
	T. Wt - 2.940 kg (100g)	M/ A+
	Wt loss - (3.2%).	B/ A+
		Plan
	On DBF + FF	1) Warm Care
	Baby Euthermic	2) DBF / Ebm / Expressing O2 H + FF
	Cry, Tone, Activity — Good	3) SBR/NBS - @ 2pm; OAE - T/m
		4) R/v - 2D echo on F/Up
	Passed urine, Meconium	5) Monitor Vitals; If D/C - F/Up Tuesday
		NB Supervision
		Pranav

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 2 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 10AM	c/s/B Dr. Spandana	
	Wt Loss - 3.2%	
	Baby Euthermic	Plan
	on DBF + FF	1) SBR, NBS } C 2pm
	Cry, Tone, Activity } Good	2) DBF 2/6 burping + FF
		3) Monitor VHL
	Passed Urine & Stool	4) R/V 2D echo on F/Up
		If D/C F/Up Tuesday
	Small milky Vomit	
[signature]	Dr. Spandana Pasupuleti, Consultant Neonatologist and Pediatrician, Reg. No: 30925	NBC [signature]

ANH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Lactation Care plan	
4/7/26 6:30pm	- well formed Breast with short Nipples - primi, Term - Sucking observed - baby refusing the DBF continuously.	
	Advice:-	
	- Direct Breast feeding & f/b Burping - Aim for deep latch as demonstrated in football position - make baby to suck 15-20 mints on each side. - Demand feeding not to exceed 2½ hours as per early hunger cues. - Counsalled mother importance of DBF to encourage orally. every 2nd hrly. - can use Nipple Shield (sos)	

Sathwika.G
Dietician & Lactation
4/7/26.

INH-00016335 IP26-00006732
Baby Of M.AKHILA
3-07-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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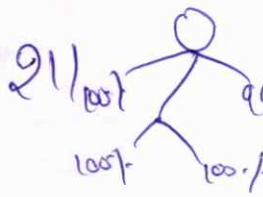
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 6pm	c/s/B Dr. Sindhura Mm	
	FT / AGA / Male / 3.06 kg /	B/L CTEV / PROM (Cults)
		B/L Hydrocele
	Wt loss - 3.24.	MBS / AX
		BBS / An
	Baby Euthermic	
	Cry]	Plan
	Tone] Good	1) Warm Care
	Activity]	2) DBF / 16 burping
		3) SBR
	R.S - B/L AE ⊕	NBS] T/m 2pm
	P/A - Soft	OAE
		4) Monitor Vitals
		5) Check
		Hepatomegaly
		before discharge
		6) Review c 2D echo
		on F/up. on Tuesday.
		[signature]
		Dr. Sindhura Munukuntla / Consultant Pediatrician / Reg. No: 66970 [stamp]

INH-00016335 IP26-00006732
Baby Of M.AKHILA
3-07-2026 0Y0M0D5H (M)
Dr. SINDHURA MUNUKUNTLA



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RESULT SHEET

Date	3/7/26					
Time						
Hb	16.6					
PCV	45.4					
RBC	4.50					
WBC	21.71					
N/L	60.0/27.9					
Platelets	211					
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-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7/26 Time:	2:30pm	5pm	7pm	10pm	2	6	
Doctor/Nurse/Family Concern?					Ano	Ano	
Temperature (°F)	98.6F	98F	98.1F	98.6F	98.6F	97.6F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	138	140.	x	x	x	x	
Heart Rate (Number)			136/bm	139/bm	142/bm	140/bm	
Resp. Rate (bpm) (Over 1 Minute) *	40	40	x	x	x	x	
Resp Rate (Number)	40	40	40/bm	40/bm	42/bm	43/bm	
Resp Distress: Mod/ Severe / None / Mild	-	-					
Receiving O_2(l/min) O_2Saturations (%)			100%	100%	100%	100%	
Conscious Level: Normal / Altered							
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	
Observer's Initials			A	B	B	B	

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0Y0M0D2H (M)
Dr. SINDHURA MUNUKUNTLA

Patien

/ 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: 9/7/26

Time:	8AM	2pm	6 pm	10 pm	2 Am	6 Am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	97.5°F	98.1°F	98.2°F	98.6°F	98.6°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	plotted	plotted	plotted	plotted	plotted	plotted
Heart Rate (Number)	136 b/m	138 b/m	140 b/m	140 b/m	143 b/m	140 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	plotted	plotted	plotted	plotted	plotted	
Resp Rate (Number)	39 b/m	40 b/m	40 b/m	40 b/m	42 b/m	40 b/m
Resp Distress — Mod/ Severe / None / Mild						
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	99%	99%	99%	99%	100%
Conscious Level — Normal / Altered						
GCS *						
TOTAL SCORE — Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient

CLINICAL / 124

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

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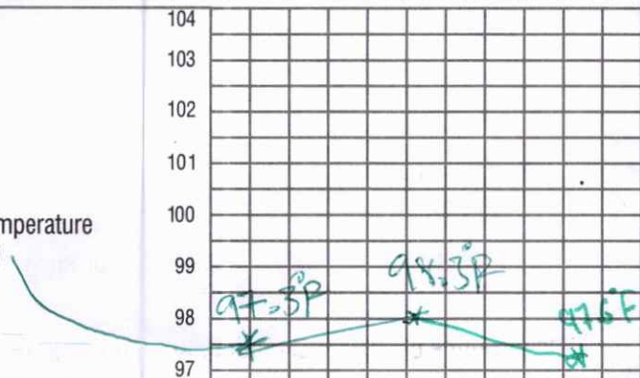
EARLY WARNING SCORE: CHILDREN'S UNIT

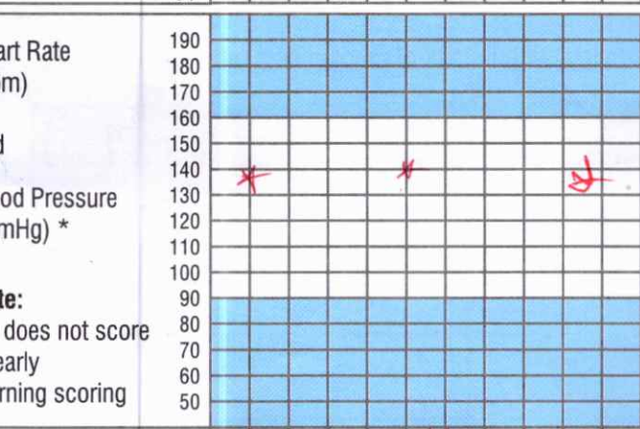
Date: 5/7/26 Time:	10Am	2Pm	6pm
Doctor/Nurse/Family Concern?			

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	135b/m	100b/m	136b/m.

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

Resp Rate (Number)	28b/m	30b/m	31b/m
Resp Distress: None / Mild | Mod/ Severe			
Receiving O_2(l/min) O_2Saturations (%)	100%	99%.	100%
Conscious Level: Normal | Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	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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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)
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HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am					N/A						
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm	—	DBF									
	03:00 pm											
	04:00 pm		DBF									
	05:00 pm				N/A			N/A				
	06:00 pm		DBF									
	07:00 pm											
Total Intake :		Taken				**Total Output :**						
3/7/26	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm				N/A			N/A				
	12:00 am		DBF									
	01:00 am											
Total Intake :		Taken				**Total Output :**						
4/7/26	02:00 am		DBF									
	03:00 am											
	04:00 am		DBF		N/A			N/A				
	05:00 am											
	06:00 am		DBF									
	07:00 am											
Total Intake :		Taken				**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
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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							
4/7	08:00 am											
	09:00 am		FF+DBF									
	10:00 am											
	11:00 am											
	12:00 pm		DBF+ FF									
	01:00 pm											
Total Intake :						**Total Output :**						
4/7/26	02:00 pm		DBF+ FF									
	03:00 pm											
	04:00 pm		DBF+ FF									
	05:00 pm											
	06:00 pm		DBF+ FF									
	07:00 pm											
Total Intake :						**Total Output :**						
4/7/26	08:00 pm											
	09:00 pm		DBF									
	10:00 pm		FF									
	11:00 pm											
	12:00 am		DBF+ FF									
	01:00 am											
Total Intake : Tea						**Total Output :** U-1 m-1						
5/7/26	02:00 am		DBF+ FF									
	03:00 am											
	04:00 am											
	05:00 am		DBF+ FF									
	06:00 am											
	07:00 am											
Total Intake : Tea						**Total Output :** U-1 m-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

MRN-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/7/26	08:00 am											
	09:00 am		DBF, FF									
	10:00 am				NA			NA				
	11:00 am											
	12:00 pm		DBF, FF									
	01:00 pm											
Total Intake : taken						**Total Output :**						
5/7/26	02:00 pm		DBF FF									
	03:00 pm											
	04:00 pm											
	05:00 pm		DBF FF		NA			NA				
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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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											
	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-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0Y0M0D2H (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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					Date : 3/7	3/7	4/7	5/7
					Time : E	N1	12	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	2	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.	2	2	2	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.	2	2	2	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.	2	2	2	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	2	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.	2	2	2	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.	2	2	2	4
				TOTAL SCORE	24	24	24	28
				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

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

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0Y0M0D2H (M)
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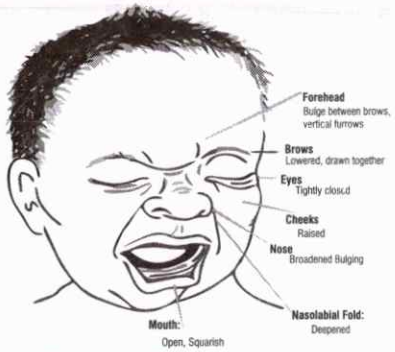
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						3/7	3/7	4/7	5/7					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						E	N1	N1	E2					
					Procedure ➡	0	0	0	0					
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	–	–	–	–					



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

Gestational Age / Corrected Age	37	37	37	37 wks										
Total Pain / Agitation Score				–										
Intervention				–										
Effectiveness				–										
Signature														

Docu.No: RCH /FRM /CLINICAL /094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0Y0M0D2H (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

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				NA			
Afternoon	2pm 8pm	plan for vitals plan for DBF plan for warm care	2pm 8pm	=> Vitals Normal => DBF given => warmcare given	Normal	stable	Asha
Night	8pm to 8am	> Assess the pt. condition > plan for DBF > plan for warm Care	8pm to 8am	=> Vitals Normal => DBF give => warm care give	Pt. is Normal	Pt is stable Stable	

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0Y0M0D2H (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sti

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 4/7/26

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 lo 2Pm	Assess the baby condition. monitor vitals, resp. maintain I/o chart. Provide the comfortable position. 2nd hourly give os Den as doctor order.	8Am lo 2Pm	Assessed the baby condition. monitored vitals, resp. maintained I/o chart. Provided the comfortable position. 2nd hourly given os Den as doctor.	→ pt is stable. → vitals normal.	→ monitor vitals. → maintain I/o chart	[illegible]
Afternoon	2pm 8pm	- Assessed the baby - Monitor V/S - administer Dot [illegible] - Maintain I/O chart	2pm 8pm	→ Assess the baby condition. → Monitor V/S - administer Medicine - Maintain I/O chart	pt is stable	Monitor vitals	[illegible]
Night	8pm 8Am	- Assess the pt condition - monitor vitals - Maintain I/O chart - every DBF+FF 2nd Hourly	8pm 8Am	- Assess the pt condition - monitor vitals - Maintain I/O chart - DBF+FF every 2nd Hourly	Baby is stable	Recheck vitals	[illegible]

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess Baby condition → monitor the vitals → maintain I/O chart → DBF+FF every 2nd hrly	8am to 2pm	→ Assessed Baby condition → monitored vitals → maintained I/O chart → DBF+FF every 2nd hrly given	Baby is stable	Re-checked vitals	AP
Afternoon	2pm to 8pm	→ Assess the baby condition → Monitor the vitals. → maintain I/o chart. → DBF+FF every 2nd hourly.	2pm to 8pm.	→ Assessed the baby condition. → Monitor the vitals. → Maintain I/o chart. → DBF+FF every 2nd hourly.	→ Baby is stable Now	→ Reassessed the vitals	
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: New born

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

BACKGROUND

Area / Shift Time	3/7/26 E	4/7 N1	4/7 M1	4/7 8pm	4/7 N1	5/7 M6
Medical Condition (Any special condition to be noted):	NA	NA	—	NB	—	—

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:	98.7	98.6°F	98.6°F	98.2	98.6°F	98.3°F
Res:	40	37	37/m	48	40/m	42/m
SpO_2:	99%	99%	99%	100	99%	100%
Pulse:	140	145	144	NB	140	142/m
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 :	Anusha/Sunanda	Sunanda	Sunanda	Anusha	priyanka	Anusha
Signature :						
Date:	04/7/26	04/7/26	4/7	4/7	5/7/26	5/7/26
Time:	—	8am	2pm	8pm	8AM	2PM
Taken Over By Name :	Sunanda	Sunanda	Anusha	priyanka	Anusha	Mahi
Signature :						
Date:	3/7	4/7	4/7	4/7/26	5/7/26	5/7/26
Time:	8pm	8AM	8pm	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:							

PATIENT TRANSFER FORM

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

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016335 IP26-00006732 Baby Of M.AKHILA 03-07-2026 0Y0M0D2H (M) Dr. SINDHURA MUNUKUNTLA	3/7/26	3/7/26 7:21pm
	Transfer Ordered by Dr.n sushanth	Reason for Transfer Dr.n Sushanth OBS
From Unit PICU/NICU	To Unit Room 211	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anusha D	Dr.n sushanth

Patient & Clinical Records Received by : Mahesh Mahesh

Date & Time of Patient Received : 3/7/26 @ 7:30pm

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-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 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: Akhila Mother's Name: .....

Date of Birth: 3/7/26. Time of Birth: 2:16pm Gender: ☑ Male ☐ Female

Birth Weight: 3040 'Kgs HC: — cm Lenght: ..... cm

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

Term / Pre-term / Post-term: Term

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: PROM

Physical Assessment of New Born:

Temp: 36.5 °C HR: 140 /Min RR: 40 /Min BP: — SpO_2: 99%

Pain Score: — (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

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

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Anu Signature: ..... Date &Time: 3/7/26

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

DATE : 3/7/26.

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

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

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 M.AKHILA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006732**	**Sex:**	**Male**
Consultant:	**Dr. SINDHURA MUNUKUNTLA**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-414-1**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for 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.
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: M. Ramulu
Relationship: Father
Date: 03/7/2026 Time:

Patient Address:
old safil guda, neredmet deendayal nagar Neredmet Hyderabad Telangana INDIA 500056

Witness Name:

Witness Signature:

HNH-00016335 IP26-00006732
Baby Of M.AKHILA
03-07-2026 0 Y 0 M 0 D 1 H (M)
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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

M. Rambabu M. Sindhura

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**