DISCHARGE SUMMARY

Name	Baby Of GOGIKAR VAISHNAVI RANI	**UHID**	HNH-00016688
Father/Guardian	Mr VITAL	**Age/Gender**	0 Y 0 M 0 D 13 H/ Male
Address	Kothagudem, Kothagudem, Bhadradri Kothagudem, Telangana, INDIA, 507101		
IP No	IP26-00006886	**Admission Date**	19-07-2026
Ref Doctor	SELF		
Discharge Date	22.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
TERM (37 weeks + 6 days)/AGA/BABY BOY	

History: Baby Of GOGIKAR VAISHNAVI RANI is a term (37 weeks + 6 days) baby boy, delivered to a primi mother by spontaneous vaginal delivery on 19.07.2026 at 09:09 pm with birth weight of 2.6 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done . Fetal presentation was Vertex.

Maternal History: Mrs. GOGIKAR VAISHNAVI RANI 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 O positive. Baby's blood group is O positive.

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

Name	Baby Of GOGIKAR VAISHNAVI RANI	UHID	HNH-00016688
IP No	IP26-00006886	Admission Date	19-07-2026

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 : 2.60 kgs.
Weight at discharge : 2.460 kgs.
Head Circumference : 34 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Serum bilirubin at 48 hours of life was 9.3 mg/dl with indirect fraction of 9.2 mg/dl.

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

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	20.07.2026
OPV	Given	20.07.2026
HEPATITIS B	Given	20.07.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Bilateral normal outer hair cells functioning.

Newborn screening advanced : Sent on 21.07.2026 report awaited.

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

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

Name	Baby Of GOGIKAR VAISHNAVI RANI	**UHID**	HNH-00016688
IP No	IP26-00006886	**Admission Date**	19-07-2026

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

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds.
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 : Report to collect on followup.**
2. **Serum Bilirubin to be done / decided on followup.**

Review consultation with Dr. SPANDANA PASUPULETI on (25.07.2026) Saturday at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

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**

Name	Baby Of GOGIKAR VAISHNAVI RANI	**UHID**	HNH-00016688
IP No	IP26-00006886	**Admission Date**	19-07-2026

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 2 D (M)
Dr. SPANDANA PASUPULETI

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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	3			
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	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Extras	6			
	Total No. of Pages	25			

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

Signature and Date : 27/03/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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 : IP26-00006886 **Admit Date** : 19-Jul-2026 **Admit Time** : 10:24 PM **UHID** : HNH-00016688

Patient Details :

Patient Name	: Baby Of GOGIKAR VAISHNAVI RANI	**Age**	: 0 D
Guardian	: Mr VITAL	**DOB**	: 19-07-2026 09:09 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kothagudem Kothagudem Bhadradri Kothagudem Telangana INDIA 507101	**Phone No**	: 9959004221
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VITAL **Relationship** : Father

Contact Address : Kothagudem Kothagudem Bhadradri Kothagudem Telangana INDIA 507101 **Phone No** : 9959004221

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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

CONSENT FOR FORMULA FEEDS

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Patient Name : ..... HNH-00016688 IP26-00006886 Baby Of GOGIKAR VAISHNAVI RANI 19-07-2026 0 Y 0 M 0 D 1 H (M) Dr. SPANDANA PASUPULETI ..... 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 : Vital Lalaji

Relationship with Patient: father

Date & Time : 20/7/26

Witness :

Signature : .....

Name : Akila

Date & Time : 20/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Spandana

Date & Time : 20/07/26

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016688 IP26-00006886 Baby Of GOGIKAR VAISHNAVI RANI 19-07-2026 0 Y 0 M 0 D 1 H (M) Dr. SPANDANA PASUPULETI	19/7/26 @ 10:20pm	20/7/26 3am
	Transfer Ordered by Dr. Varun.	Reason for Transfer Observation
From Unit Pre & Post	To Unit Floor.	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
Akhila	Dr. Varun

Patient & Clinical Records Received by : Divya @ 3am

Date & Time of Patient Received : 20/7/26

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-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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NEWBORN MONITORING FORM

Date of Birth : 19/7/26
Time of Birth : 9:09 P.M
Mode of Delivery : EL. LSCS
Birth Weight : 2.60 kg
Head Circumference :
Length :
Red Reflex :

New Born Screening : willing
TFT : willing
OAE : willing
Mother's Blood Group : O+VE
Baby's Blood Group : O+VE
Anomaly Scan :
Vaccination 20/7/26 : BCG Hep B 1 given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
19/7/26	2.60kg	DBF	—	36°C	
20/7/26	2.560kgs	DBF	-	36°C	Sujatha
21/7/26	2.480kg	DBF+FF	—	36°C	
22/7/26	2.460kg	DBF	—	36°C	

Date	Time	Investigation	Result	Order No.	Signature
19/7/26	10:20PM	Blood group		12095	[signature]
21/7/26	9pm	SBR			
		NBS		12231	[signature]
22/7/26	9AM	OAE		5877	[signature]
		OAE checked by [illegible] @ 9AM			

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Gorika Vaishnavi Rani 27y Age : ..... Father's Name : ..... Age : .....

Date of Birth : 19/07/26 Date of Admission : 19/07/26 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 : BCo Gorika Vaishnavi Rani

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 19/07/26 Time of Birth : 09:09 PM

Place of Birth : RCH Ishanagubhagan

Mother's Blood Group : O+ve

Birth Weight (gms) : 2600 gm Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37w+6d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 30/10/2025 EDD : 06/08/2026

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : ..... AN Steroids Drugs / Doses : @ 36+3w (2 doses)

Last Scans Details : 10/07/26 - SLIUF / p/: Ant hyd APB - 18.7 GFW - 2.5 kg / Oligohan - (N) 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 : 16 hrs ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

primi

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Swathi HY Hospital : RCH Himayathnagar ☑ Inborn ☐ Outborn

Duration of Labour	CTG : ☐ Normal ☐ Suspicious ☐ Pathological
First stage (> 18 hours sig)	MSL : ....
Second stage (> 2 hours after dilation)	Resuscitaion : ☐ Yes ☐ No
LSCS : ☐ Elective ☐ Emergency Indication :	Cord ABG : ....
Specify the reason :	Placenta : (weight, surface, No. of cotyledons, calcifications,
Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal	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	1	2	
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	1	1	
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	2	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	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 :

Term (37wk 6d) / Male / CIAB / B.wt 2600gm /
AGA / @ EmLSCS

Baby boy delivered at 19/07/26 9:09 PM

↓

Baby cried immediately after birth

↓

Delayed cord clamping done

↓

Routine NBS care given

↓

Shifted to mother side

Investigation details in previous Hospital :

—

Feeding History :

—

Past H...

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : Euthermic HR : 135/min RR : 45/min NIBP : ..... CFT : .....

Color of the extremities : Pink

Jaundice : (-) Pallor : (-) SpO2 : 99% @ RA

Anthropometry : Birth Weight : 2600 gm Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

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 :
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 :
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :
HERNIAL ORIFICES	
TRUNK and SPINE :	
SKIN LESIONS :	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :

Caput Succedaneum (+)

NAD

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 : 135/min BP : ..... Precordial Activity : .....

Femoral Pulses : B/L felt Murmurs : .....

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

Abdomen :

Hernia orifice : .....

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

Palpation : ..... Umbilical Cord : 2VA + 1UV

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

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

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

N.A.D

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

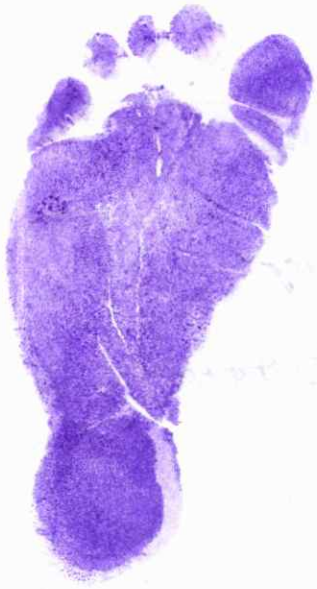
HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

Any Congenital Anomalies : No congenital Anomalies

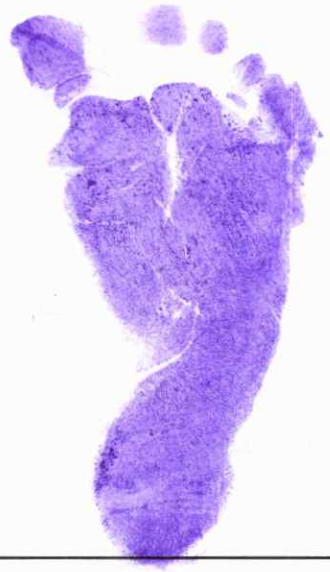
Diagnosis : Term/37 wks+6d/ /Male/ B.wt: 2600gms/ AGA/ GIAB / Anemia / Caput

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Sinhath

Name : D. Sinhath

Date & Time : 19/07/26

Consultant :

Signature :

Name : Dr Tejasvi

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Adv.

Medications :
- DBF / Ab Sucking 2nd hourly
- MB cream care
- Vaccination (BCG, HepB, OPV)
- Baby blood grouping
- S.BR, MBS, OAE @ 48 HOL

Plan during ward follow up :

[signature]

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

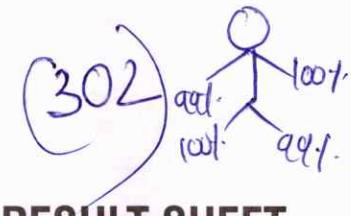
Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI



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

RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

RCH / FRM / CLINICAL / 124

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

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

Date: 19/7/26 Time:	11Pm	2AM	6AM	
Doctor/Nurse/Family Concern?				
Temperature (°F) 104				
103				
102				
101				
100				
99				
98				
97	*	*		
96				
95				
94		36c	36c	
Heart Rate (bpm) and Blood Pressure (mmHg) * 190				
180				
170				
160				
150				
140				
130	*			
120				
110				
100				
90				
80				
70				
60				
50				
Note: BP does not score in early warning scoring				
Heart Rate (Number)	BSshmt	145b/m	148b/m	
Resp. Rate (bpm) (Over 1 Minute) * 70				
60				
50	*	*	*	
40				
30				
20				
10				
Resp Rate (Number)	55b/mt	48b/m	45b/m	
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	99%	
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
	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-00016588 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

:H / FRM / CLINICAL / 124

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

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

Date: 26/7/26 Time:	10 AM	2 PM	6PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						

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

98.6°F | 98.6°F | 98.4°F | 99.2°F | 98.6°F | 97.8°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	140 bpm	142 bpm	136 bpm	140 bpm	138 bpm	142 bpm

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

Resp Rate (Number)	40 bpm	42 bpm	140 bpm	40 bpm	30 bpm	40 bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%	100%	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						

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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* 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.
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- 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

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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-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 6 H (M) CLINICAL / 124
Dr. SPANDANA PASUPULETI

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

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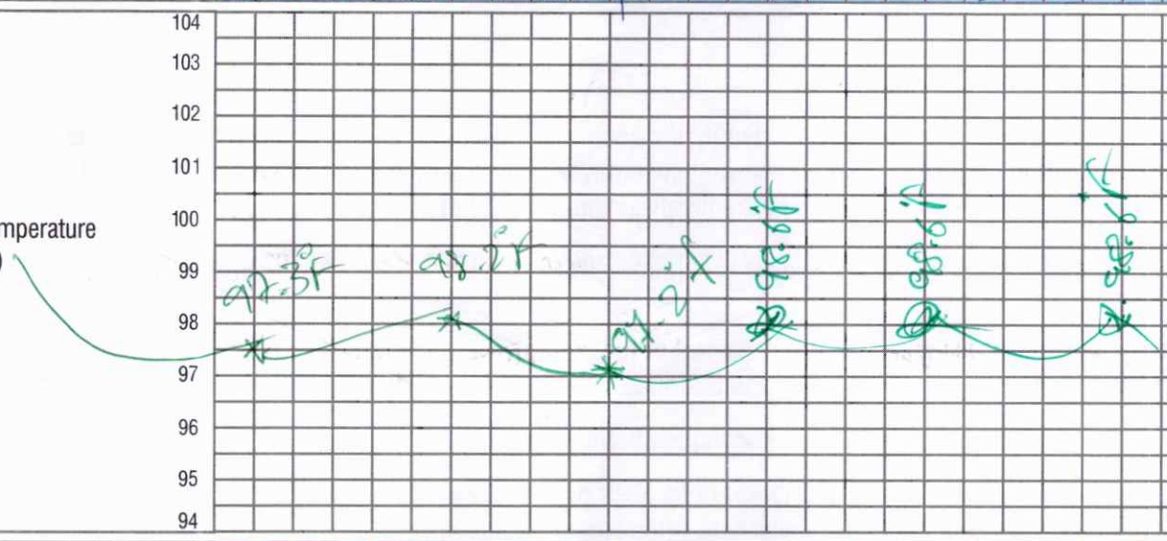
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/7/26 Time:	10Am	2pm	6 pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?						

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



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

Note: BP does not score in early warning scoring

Heart Rate (Number)	138bpm	140bpm	148bpm	142bpm	143bpm	140bpm

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

Resp Rate (Number)	38bpm	40bpm	40bpm	39bpm	40bpm	42bpm

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

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: 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 :**						
19/7	08:00 pm					NA	0	NA	0	0	0	①
	09:00 pm		DBF									
	10:00 pm											
	11:00 pm		DBF									
	12:00 am											
	01:00 am		DBF									
Total Intake : 70ml						**Total Output :** U – M –						
20/7	02:00 am											
	03:00 am		DBF FF									
	04:00 am				NA			NA				
	05:00 am		DBF FF				L				0	①
	06:00 am											
	07:00 am		DBF FF									
Total Intake : 70ml						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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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							
20/7	08:00 am									✓		
	09:00 am	DBF+FF	DBF+FF									
	10:00 am	0									0	
	11:00 am	1	DBF+FF		NA		✓			✓		
	12:00 pm											
	01:00 pm		DBF+FF									
Total Intake : Taken						**Total Output :** U- 2 M-1						
20/7	02:00 pm	1									1	
	03:00 pm		DBF+FF							✓		
	04:00 pm	0									0	
	05:00 pm		DBF+FF		NA		✓			✓		
	06:00 pm	1									1	
	07:00 pm		DBF+FF							✓		
Total Intake : Taken						**Total Output :**						
20/7/26	08:00 pm											
	09:00 pm	1	DBF+FF								1	
	10:00 pm									✓		
	11:00 pm	0	DBF+FF		N/A		—			—	0	D
	12:00 am	1								✓	1	
	01:00 am		DBF+FF									
Total Intake : Taken						**Total Output :** U — M —						
21/7/26	02:00 am											
	03:00 am	1	DBF+FF								1	
	04:00 am											
	05:00 am	0	DBF+FF		N/A		✓			2	0	D
	06:00 am	1								✓	1	
	07:00 am		DBF+FF									
Total Intake :						**Total Output :** U — M —						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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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							
21/7/26	08:00 am											
	09:00 am		DBF									
	10:00 am	0									0	
	11:00 am		DBF									
	12:00 pm											
	01:00 pm		DBF									
Total Intake :						Total Output :						
21/7/26	02:00 pm											
	03:00 pm		DBF									
	04:00 pm										0	
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						Total Output : U-2 M-1						
21/7/26	08:00 pm											
	09:00 pm		DBF									
	10:00 pm	0									0	
	11:00 pm		DBF									
	12:00 am											
	01:00 am		DBF									
Total Intake : Take						Total Output : U-2 M-1						
22/7/26	02:00 am											
	03:00 am		DBF									
	04:00 am											
	05:00 am	0	DBF								0	
	06:00 am											
	07:00 am		DBF									
Total Intake : Take						Total Output : U-2 M-3						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

Patient Sticker

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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											
	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-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

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	8Pm | 8Am	-> Assess the Baby condition -> monitor the vitals & record -> OBST and hrly & bursting -> maintain flowchart correct.	8Pm | 8Am	-> Assessed the baby condition -> Monitored the vitals recorded -> OBST and hrly & bursting -> maintained I/O chart recorded	Baby is stable	maintain I/O chart record.	Akhila @

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0Y0M0D6H (M)
Dr. SPANDANA PASUPULETI

Patient Stic

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: 20/7/26

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 general Condition Check vitals 2nd hourly I/O chart Maintain Administer medication	8AM 2PM	Assessed Baby general Condition Check vitals recorded I/O chart maintained Administered medication	pt is stable	Rechecked vitals	Monitored
Afternoon	2pm 8pm	→Assess the Baby condition. →monitor the vitals. →plan vaccination. →DBF+FF give every 2nd hourly.	2pm 8pm	→Assessed the Baby condition. →Monitored the vitals. →planned vaccination done Today. →DBF+FF given every 2nd hourly.	→Baby is stable Now.	→Reassessed the vitals.	Mahalakshmi
Night	8PM 8AM	→Assesse the baby condition →Monitor vitals →Maintain I/O chart →DBF+FF 2nd hourly	8PM 8AM	→Assessed the baby condition →Monitored vitals recored →Monitored vitals →Maintained I/O chart →DBF+FF 2nd hourly	→baby is stable now →SBR, NBS, DAE T/M 9 PM	→Rechecked vitals	

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0Y0M0D6H (M)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
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Date: 21/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess Baby condition → monitor the vitals → maintain I/O chart → DBF+ff every 2nd hourly	8am to 2pm	→ Assessed Baby condition → monitored the vitals → maintained I/O chart → DBF+ff every 2nd hourly → sample @ 4pm	Baby is stable	Re-checked vitals	AY
Afternoon	2pm to 8pm	→ Assess the baby condition → Monitor vitals → DBf+ff every 2nd hrly → maintain I/o chart	2pm to 8pm	→ Assessed the baby condition. → monitored vitals → DBf+ff 2nd hrly → maintained I/o chart	Baby is stable	Rechecked vitals	DG
Night	8pm to 8am	- Assess the Baby Condition - monitor Vitals - maintain I/O Chart - DBF+ff every 2nd Hourly	8pm to 8am	- Assessed the Baby Condition - monitor vitals - maintain I/O Chart - DBf+ff every 2nd Hourly	Baby is Stable	Rechecked vitals	Manisha

NURSING CARE RECORD

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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-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 19/7/26	20/7/26	20/7/26	21/7/26
					Time : D1		N1	D1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	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.	3	3	3	3
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	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	2	3	3	3
					TOTAL SCORE	20	21	21	21
					Evaluator's Name				

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

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

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

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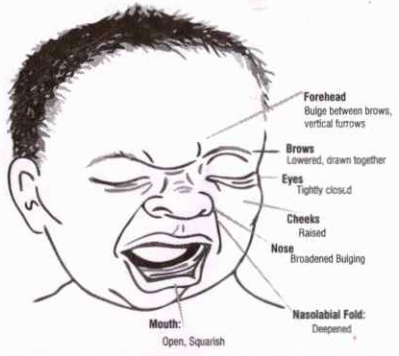
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

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	M6	E2	N1	M6	N1			
					Procedure ➡					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	0	0	0	0	0	0			
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0	0			
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0			
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0	0			
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	6	2	0			
					Gestational Age / Corrected Age	BW 4	34+ weeks	37+ weeks	37, 1 week	37+4 wks	38+4 weeks			
					Total Pain / Agitation Score	0	0	0	8	0	0			
					Intervention	0	0	0	0	2	0			
					Effectiveness	0	0	0	0	2	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 / [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-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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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	19/7/26 N1	20/7/26 M6	20/7/26 E2	20/7/26 N1	21/7 M6	21/7/26 Evng
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	97.1°F	96.8°F	98.1°F	97.2°F	96.5°F	97.3°F
Res:	52bmt	42b/m	40b/m	40b/m	42b/m	45b/m
SpO_2:	99%	100%	100%	99%	99%	99%
Pulse:	150bmt	148b/m	140b/m	132b/m	143b/m	145b/m
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	1	—	—	—

Recommendations

Safety Needs:	Yes	Yes	Yes.	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Akhila	Mounika	Yashwanth	Divya	Anusha	Sandhya
Signature :						
Date:	20/7/26	20/7/26	20/7/26	20/7/26	21/7/26	21/7/26
Time:	8AM	2pm	8pm	8AM	2PM	8pm
Taken Over By Name :	Mounika	Mahi		Anusha	Sandhya	Sunanda
Signature :						
Date:	20/7/26	20/7/26		21/7/26	21/7/26	21/7/26
Time:	8PM	2pm		8AM	2pm	8pm

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NB						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
BACKGROUND	Area / Shift Time	21/7/26 N					
	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:	98.6°F					
	Res:	40b/m					
	SpO_2:	99%					
	Pulse:	140b/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 :		Sumanda					
Signature :							
Date:		22/7/26					
Time:		8am					
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/O/S - Dr. Santhali / Dr. Vaany	
20/07/26 8AM	Term (37w+5d) / Male / LSCS / B. wt: 2600gm / Em LSCS	
	Baby euthermic	T. wt: 2560gm
	Cry / Tone / Activity good	(wt. loss 1.5%)
	Perfused warm / pink	
	Vitals stable	
	S/E: NAD	Adv
		- DBF + PF 2 hourly of NS baging
		- NTB warm care
		- Vaccination to be done
		- Samples @ 48 HOL Santhali
20/7/2026	C/s by Dr Tejam	
11am	Baby euthermic	Rx
	Vitals stable	→ Vaccination today (BCG, OPV, HepB)
	taking feeds well	
		→ DBF + FF every 2nd hrly
		Dr S. TEJASWI REDDY Registration No: 94068

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

(P.T.O)

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BCG, OPV, HepB given	
	[signature] 20/07/26	
20/7 3pm	c/s/B Dr. [illegible]	
	FT/37+6 wk/ Boy/ LSCS/ 2.6 kg/ AGA/ Capt	
	Baby on DBF + FF	
	Baby Euthermic	Plan
	C, T, P } Good	1) DBF f/b topping Q 2h
		2) SBR, NBS, OAE } @ 48 HOL T/m - 9 pm
		3) Monitor vitals
	Passed urine & stool	
		[signature]
		N.B. Maheshwari

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0Y0M0D6H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8am	D/MB Re-[illegible]	
	Term | 2.6kg | AGA	
	T. wt : 80g ↓	
	feeds	
	urine ✓	
	stool ✓	Plan
	O/E	1) warm care
	warm	2) DBF every 2nd h
	HT/A : good	3) SBR
	AF : flat	NBS } @ 48 HOL
	more ⊕	OAE } today @ 9pm
	CRT : <3sec	4) monitor vitals
	vitals : stable.	
	[signature]	

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI (M)
0 Y 0 M 0 D 6 H
19-07-2026
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8:30am	U/B Dr. Spandana	
	T.wt: 809 ↓	
	feeds ✓	
	urine ✓	
	stools ✓	
	O/E	Plan
	euthermic	1) warm care
	MT/A: good	2) DBF every with
	vitals: stable	3/4 hrs supplementing
	S/E - (N)	3) SBR, NBS, OAE] today @ 9pm
		4) plan discharge T/M.
		5) monitor vitals
Dr. Spandana Pasupuleti, Consultant Neonatologist and Pediatrician, Reg. No: 30925		Noted by Divya 21/7/26

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

(P.T.O)

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Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 6 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 2:00pm	CS/LB Dr. Naipuya T/ male / CIAB / EM LSCS.	
		Plan - SBR, NBS, OAE. } today 9:00pm. - DBF 2nd hourly for burping - plan discuss T/M. - monitor v/s Adv/-
		noted by Sr. Sandhya 21/7/26 2 pm

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19-07-2026 0 Y 0 M 0 D 6 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 5 PM.	C/S/O Dr. Tejasvi	
	Term | AGA | Male.	
	- Pink, euthermic.	
	- Cry Tone Activity Good.	Plan - SBR @ 9 pm today. - NBS - DBF @ 2H + FF.
	O/E - vitals stable.	Dr. S. TEJASWI REDDY Registration No. 84068 Dr. Tejasvi
	S/E - WNL.	noted by Sr. Sandhya 21/7/26 5:30

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7 9:00AM.	CLS/13 Dr. Tejaswi Term/AGA/male.	
	Euthenic C/T/A - Good. Vitals - Stable.	Plan - ~~SBR~~ - ~~NBS~~
	SBR - Normal.	- SBR - Normal NBS - To trace - plan D/C today - Monitor vitals.

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

DATE : 19/07/26

a Vaishnavi Rani

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	N. cleft	(N)	
2	Pre natal teeth	No	No	
3	Anal opening	(+)	(+)	
4	Genitalia	Normal male genitalia	(N) male.	
5	Spine	(N)	(N)	
6	Red reflex	Teb to be checked	R/L (N)	
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature

HNH-00016688 IP26-00006886
Baby Of GOGIKAR VAISHNAVI RANI
19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Vaishnavi Rani Mother's Name: .....

Date of Birth: 19/7/26 Time of Birth: 9:09 pm Gender: ☑ Male ☐ Female

Birth Weight: 2.60 Kgs HC: ..... cm Lenght: ..... cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: 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 °C HR: 145 /Min RR: 55 /Min BP: ..... SpO_2: 99%

Pain Score: 0 (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: AKwils Signature: @ Date &Time: 19/7/26 @9pm.

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 GOGIKAR VAISHNAVI RANI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006886**	**Sex:**	**Male**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-412-1**

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.
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: Vital Balaji
Relationship: father
Date: 19-07-2026 Time: 22:30
Witness Name:
Witness Signature:

Patient Address:
Kothagudem Kothagudem Bhadradri Kothagudem Telangana INDIA 507101

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19-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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.

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**