

### **DISCHARGE SUMMARY**

|                        |                                                                                                                    |                       |                         |
|------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <b>Name</b>            | Baby Of BHEEMA SAMPREETHI                                                                                          | <b>UHID</b>           | HNH-00016486            |
| <b>Father/Guardian</b> | Mr NALLA SHIVA KUMAR                                                                                               | <b>Age/Gender</b>     | 0 Y 0 M 0 D 0 H/ Female |
| <b>Address</b>         | Flat no 305, prithvi apartments, chikadpally, Hyderabad, Chikkadapalli Market, Hyderabad, Telangana, INDIA, 500020 |                       |                         |
| <b>IP No</b>           | IP26-00006809                                                                                                      | <b>Admission Date</b> | 10-07-2026              |
| <b>Ref Doctor</b>      | Self.                                                                                                              |                       |                         |
| <b>Discharge Date</b>  | 12.07.2026                                                                                                         |                       |                         |

**Consultant:**  
**Dr. DILNAAZ FAROOQUI**  
MBBS DNB  
56763

| <b>DIAGNOSIS</b>                                        | <b>ICD CODE</b> |
|---------------------------------------------------------|-----------------|
| TERM ( 37 weeks )/SGA/BABY GIRL/SINGLE UMBILICAL ARTERY |                 |

**History:** Baby Of BHEEMA SAMPREETHI is a term ( 37 weeks) baby girl, delivered to a G2P1L0 mother by normal vaginal delivery on 10.07.2026 at 04:06 pm with birth weight of 1.94 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.

|              |                           |                       |              |
|--------------|---------------------------|-----------------------|--------------|
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| <b>IP No</b> | IP26-00006809             | <b>Admission Date</b> | 10-07-2026   |

**Maternal History:** Mrs. BHEEMA SAMPREETHI is a 27 years old G2P1L0 mother.

G1 - 2024 - SVD at 28 weeks (Ind: PROM), H/o cerclage at 22 weeks i/v/o short cervix with funnelling, Male, 1.12kg, admitted in NICU, Infant death at 2 month due to sepsis & pneumonia

G2 - 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°F), euvoletic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

**Anthropometry:**

Weight at birth : 1.94 kgs.  
Weight at discharge : 1.88 kgs.  
Head Circumference : 31 cms.  
Length : 43 cms.

**Investigations:** Enclosed reports.

**Management:**

|              |                              |                       |              |
|--------------|------------------------------|-----------------------|--------------|
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### Course during hospital:

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

Transcutaneous bilirubin at 28 hours of life was 10.5 mg/dl.

**Unconjugated Hyperbilirubinemia:** Baby was noted to have yellowish discoloration of skin on day 2 of life. Transcutaneous bilirubin at 28 hours of life was 10.5 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds + measured feeds. Phototherapy was stopped.

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

**Vaccination:** Baby was given following vaccination:

| <b>Vaccine Name</b> | <b>Status</b> | <b>Date</b> |
|---------------------|---------------|-------------|
| BCG                 | Given         | 11.07.2026  |
| OPV                 | Given         | 11.07.2026  |
| HEPATITIS B         | Given         | 11.07.2026  |

**TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:** To be done on follow up.

**Newborn screening advanced / Newborn screening-4:** To be done on

|              |                              |                       |              |
|--------------|------------------------------|-----------------------|--------------|
| <b>Name</b>  | Baby Of BHEEMA<br>SAMPREETHI | <b>UHID</b>           | HHH-00016486 |
| <b>IP No</b> | IP26-00006809                | <b>Admission Date</b> | 10-07-2026   |

follow up.

**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. Baby has single umbilical artery and hence advised USG Abdomen after 48hours of life.

**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.

DOMSTAL syrup(1ml/1mg), 0.4ml, orally 4 times/day ( before feed), for 3 days.

MUPISONE ointment, locally at umbilical cord site, 3 times/day, after cord falls.

**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 be done on followup.

|              |                           |                       |              |
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3. Serum Bilirubin to be done on followup.
4. 2d Echo to be done on follow up.
5. USG Abdomen after 48 hours of life on follow-up.

Review consultation with Dr.SPANDANA PASUPULETI on Monday(13.07.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

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 / Vikramপুরi / 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](http://www.rainbowhospitals.in)**



|              |                              |                       |              |
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*A. J. Chavhan*

**Registrar/Resident/C.M.O**

**Dr. DILNAAZ FAROOQUI**  
MBBS DNB  
56763



## ADMISSION SHEET

### Registration Details :



Admission No : IP26-00006809      Admit Date : 10-Jul-2026      Admit Time : 04:47 PM      UHID : HNH-00016486

### Patient Details :

|              |                                                                                                                 |                |                            |
|--------------|-----------------------------------------------------------------------------------------------------------------|----------------|----------------------------|
| Patient Name | : Baby Of BHEEMA SAMPREETHI                                                                                     | Age            | : 0 D                      |
| Guardian     | : Mr NALLA SHIVA KUMAR                                                                                          | DOB            | : 10-07-2026 04:06 PM      |
| Gender       | : Female                                                                                                        | Religion       | :                          |
| Occupation   | :                                                                                                               | Martial Status | :                          |
| Address (H)  | : Flat no 305, prithvi apartments, chikadpally, Hyderabad Chikkadapalli Market Hyderabad Telangana INDIA 500020 | Phone No       | : 9030196832/ 7093130985   |
|              |                                                                                                                 | E-mail         | : shivakumar8059@gmail.com |

### Admission Details :

Bed Type : BASINET      Bed No : CRDL-HNPDA-415-1      Ward Name : 4F -OT  
Room No : CRDL-HNPDA-415-1      Admission Type : First Visit

### Contact Details :

Name : Mr NALLA SHIVA KUMAR      Relationship : Father  
Contact Address :      Phone No : 9030196832 / 7093130985

  
Signature

### Doctor Details :

Doctor Name : Dr. DILNAAZ FAROOQUI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : Self.      Phone No :  
Co-Consultant :

### Payment Details :

Deposit Amount : 20000.00  
Payment Mode : Cash      Payor Name : SELFPAY

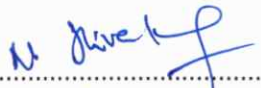


# CONSENT FOR FORMULA FEEDS

Patient N HN-00015486 IP26-00006809  
Baby Of BHEEMA SAMPREETHI  
10-07-2026 0 Y 0 M 0 D 3 H (F) Age : ..... Gender : ☐ Male ☐ Female  
Dr. DILNAAZ FAROOQUI  
UHID No  Reg. 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 : Kalra Shiva Kumar  
Relationship with Patient : father  
Date & Time : 10/7/26

## Witness :

Signature :   
Name : Mounika  
Date & Time : 10/7/26

## Doctor (who is taking the consent) :

Signature :   
Name : Amul  
Date & Time : 10/7/26

## 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 రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

# PATIENT TRANSFER FORM

|                                                                                                                                                                                                                                   |                              |                                                                                                                                                                            |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Patient Name & UHID No.<br>HNH-00016486 IP26-00006809<br>Baby Of BHEEMA SAMPREETHI<br>10-07-2026 0 Y 0 M 0 D 1 H (F)<br>Dr. DILNAAZ FAROOQUI<br> |                              | Date & Time of Admission<br>10/7/26 @ 7:30pm                                                                                                                               | Date & Time of Transfer Order<br>10/7/26 @ 7:30pm |
|                                                                                                                                                                                                                                   |                              | Transfer Ordered by<br>Dr. Paipunya,                                                                                                                                       | Reason for Transfer<br>observation                |
| From Unit<br>pre & post                                                                                                                                                                                                           | To Unit<br>floor             | Information to Attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                            |                                                   |
| Number of Sheets in Clinical File<br>20                                                                                                                                                                                           | Number of Imaging Films<br>✓ | Personal belongings including clinical documents. If any handed over to attendant<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>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 <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                             |                              |                                                                                                                                                                            |                                                   |
| Name & Signature of Person who is Transferring<br>Sis. Mounika.                                                                                                                                                                   |                              | Name of Person Ordered Transfer<br>Dr. Anusha.                                                                                                                             |                                                   |
| Patient & Clinical Records Received by : maheshwari                                                                                                                                                                               |                              |                                                                                                                                                                            |                                                   |
| Date & Time of Patient Received : 10/7/26 @ 8:10pm                                                                                                                                                                                |                              |                                                                                                                                                                            |                                                   |

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

given ~~11/7/20~~



[illegible]





## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Bheema Sampreethi Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr. Dilnaz 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 Bheema Sampreethi Mother's Blood Group : O' Positive  
 Gender : ☐ M ☒ F Blood Group : ..... Birth Weight (gms) : 1.940kg Length (cms) : .....  
 Date of Birth : 10/7/26 Time of Birth : 4:06pm OFC (cms) : .....  
 Place of Birth : ..... Estimated Gesth Age : 37+1.wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27 yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 14/10/25 EDD : 30/7/26

Conception : Spontaneous or with Rx : .....

Booked at what GA. : 32w AN Steroids Drugs / Doses : .....

Last Scans Details : LVP @ 32w / CBW - 1.925kg / AFB - 10.7cm

TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

IUGR - when detected : .....

Doppler ( Increased Resistance / ADEF / REDF /

Redistribution 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 Hypothyroidism : 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 : .....



### PAST OBSTETRIC HISTORY

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

| Sl. No. | Age | GA wks | B. W | Gender | Significant             | Details |
|---------|-----|--------|------|--------|-------------------------|---------|
| 1       |     | 20 24  |      | Male   | Death @ 2 months of age |         |
|         |     |        |      |        |                         |         |
|         |     |        |      |        |                         |         |

### PERINATAL HISTORY

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

#### Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

NVD

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☒ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitation : ☐ Yes ☒ No

Cord ABG : .....

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

### NEONATAL RESCUSTITATION DETAILS

#### APGAR SCORE

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

| SIGN                | 0            | 1                         | 2                        |
|---------------------|--------------|---------------------------|--------------------------|
| COLOUR              | Blue or Pale | Acrocyanotic              | Completely Pink          |
| HEART RATE          | Absent       | < 100 Minutes             | > Minutes                |
| REFLEX IRRITABILITY | No Response  | Grimace                   | Cry or Active Withdrawal |
| MUSCLE TONE         | Limp         | Some Flexion              | Active Motion            |
| RESPIRATION         | Absent       | Weak Cry; Hypoventilation | Good, Crying             |

TOTAL

| 1 Minute | 5 Minutes | 10 Minutes |
|----------|-----------|------------|
| 1        | 2         |            |
| 2        | 2         |            |
| 2        | 2         |            |
| 1        | 1         |            |
| 2        | 2         |            |
| 8/10     | 9/10      |            |

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

Comments :

### POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

T (37+1) / SGA / CIAB / F / Single umbilical artery



Baby Cried immediately after birth



Cord Clamped & Cut



2y. Vitamin K given



Vitals - Stable.



Shifted to mother side.

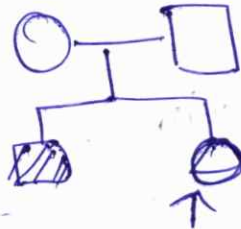
Investigation details in previous Hospital :

Feeding History :





Family History :



Socio Economic History :

### GENERAL EXAMINATION ON ADMISSION

General Disposition :

Term(37+2) / SGA / CIAB / 1.940kg / Single Umbilical Arteries

VITALS : Temperature : 36°F HR : 142 RR : 38 NIBP : CFT :

Color of the extremities : Acrocyanotic

Jaundice : Pallor : SpO2 : 98%

Anthropometry : Birth Weight : 1.940kg 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 : *yet to be done*  
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 : *1A + 1V*  
Discharge :

**GENITALIA :**

Labia / Hymen : *(N) Female genitalia*  
Testicles/penis :  
Anus : *Patech*

**HERNIAL ORIFICES****TRUNK and SPINE :****SKIN LESIONS :****EXTREMITIES :**

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







## SYSTEMIC EXAMINATION

### Respiratory System :

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 42 SCR / ICR / See - Saw breathing : .....

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

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

Settings : .....

Spo2 : 98% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

### Cardiovascular System :

HR : 142 BP : ..... Precordial Activity : .....

Femoral Pulses : 10 F Murmurs : .....

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

### Abdomen :

Shape : ..... Hernia orifice : .....

Palpation : Soft, no organs Anal Patency : patent

Palpable masses : ..... Umbilical Cord : 1A + 1V.

Abdominal girth : ..... First urine passed : passed

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

### Nerves :

### Motor System :

Passive Tone : ..... 10

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

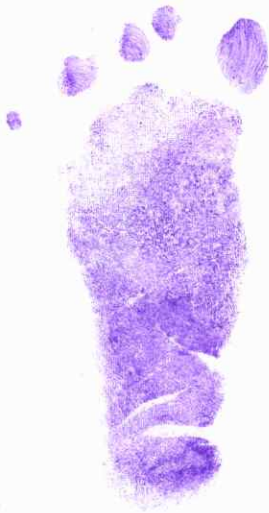


Diagnosis :

Term (37+1) / SGA / CIAB / Female / Single umbilical Artery

### FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr. Naipye

Date & Time : 10/7

Consultant :

Signature :

Name : Dr. Dilnaaz

Date & Time : 11/7/26 10 am

Dilnaaz Farooqui  
Consultant Pediatrician  
Reg. No: 27476

### PLEASE FILL UP THE FOLLOWING DETAILS

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





## AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

- DBF 2<sup>nd</sup> hourly for burping
- At Birth Vaccination, BCG, OPV, Hep-B

- USG Abdomen & Pelvis at 48 Hrs

- SBRN  
NBS } 48 Hrs  
OAG }

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

- GRBS monitoring  
0, 3, 6, 12, 18,  
24, 36, 48.

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                   | Doctor's Order                    |
|-------------|----------------------------------|-----------------------------------|
| 10/7        | C/S 113 Dr. Dilnaaz              |                                   |
| 5:00pm      | T/SGA/1.940kg/Single umbilical A |                                   |
|             | Eutonic                          | Plan                              |
|             | C/T/A - Good                     | - 2D Echo                         |
|             | Vitals - stable                  | USG Abd & Pely } 48 Hrs follow up |
|             | Urine - passed                   | - SBR } 48 Hrs                    |
|             | Stool - not passed               | NBS                               |
|             | PLS / NAD                        | OAE                               |
|             | PLA                              | - DBF 2nd. hourly for biopsy      |
|             |                                  | - GRBS monitoring as advised      |
|             |                                  | <i>Dilnaaz</i>                    |
|             |                                  | N.B. maheshwari                   |
|             |                                  | 10/7/26 @ 10/1-                   |

Dr. Dilnaaz Farooqui  
 Consultant Pediatrician  
 Reg. No. 21476





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes             | Doctor's Order             |
|-------------|----------------------------|----------------------------|
| 11/7/26     | c/s/by Dr Anush / Dr vawn  |                            |
|             | Tu /SGA /1.94kg /IVA       |                            |
|             |                            | - No abdominal distension. |
|             | T.Wt - 1.88 kg             | - Epinephrine working      |
|             | wt loss - 3% within 24 hrs | ? Green colored            |
|             | vital stable.              | 2 DEMO<br>USG Abd + RUQ    |
|             | et/A Good.                 | DBF + RR Adeq j/fh during  |
|             | s/e NAD                    | - GRBC Monitors            |
|             | U - ✓                      | - vaccination - pending    |
|             | S - ✓                      | check 4 lim spots          |
|             | Al.                        | noted by sr. Sandhya       |
|             |                            | 11/7/26                    |
|             |                            | @ 7:30 am                  |



## PROGRESS NOTES AND DOCTOR'S ORDER

Date  
& Time

Progress Notes

Doctor's Order

11/7/26  
 10 am

c/s/hy Dr Dilnaaz

Tu 1sgA / 1.94 L / 5UA

Plan

— d/s today (4 moth in d/s)  
 — USG Abd KUB. ] us to 2nd echo

— BCG, HepB, OPV — to give

— sample - Hb

— If further green vomit  
 do usg Abd KUB today.

MBG: +ve  
 BCG: +ve

BCG, OPV, HepB

given

11/07/26

Dilnaaz

Dilnaaz Farooqui  
 Infant Pediatrician  
 Reg. No: 27476





| Date & Time         | Progress Notes                                                                                                                                                                                             | Doctor's Order                                                                                                                                              |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/7/26<br>10:45 AM | <p>S/B <u>Dr. Aniket</u></p> <p>T/C/AB/SGA (1.94 kgs) /<br/>Single Umbilical Artery</p> <p>Iceless ↓↓<br/>Euthermic<br/>Feeding well orally<br/>C<br/>T<br/>A } good.</p> <p><u>ole</u> vitally stable</p> | <p><u>Adv</u></p> <p>(S) SBR<br/>2D-ECHO<br/>USG Abd-RUB } at follow-up<br/>eff. cm.</p> <p>- Warm case<br/>- Discharge</p> <p><u>Infected by death</u></p> |



### Patient Sticker



### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

HNH-00016486 IP26-00006809  
Baby Of BHEEMA SAMPREETHI  
10-07-2026 0 Y 0 M 0 D 1 H (F)  
Dr. DILNAAZ FAROOQUI



208

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

  
**BirthRight™**  
BY RAINBOW HOSPITALS  
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    |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |
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|                 |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |

Culture and Sensitivities : .....

.....

.....

.....

Radiology :      USG : .....

                    X-Ray : .....

                    ECHO : .....

                    CT : .....

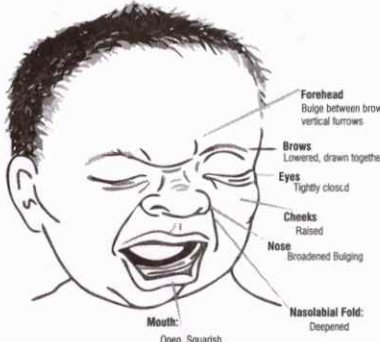
                    MRI : .....

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





## NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

| Assessment Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sedation                                                |                                                             | Normal                                        | Pain / Agitation                                                                           |                                                                                                                                                            | Date                                   | Date | Date | Date | Date | Date | Date | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------|------|------|------|------|------|------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -2                                                      | -1                                                          | 0                                             | 1                                                                                          | 2                                                                                                                                                          | 10/7/26                                |      |      |      |      |      |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                             |                                               |                                                                                            |                                                                                                                                                            | Time                                   | Time | Time | Time | Time | Time | Time | Time |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                             |                                               |                                                                                            |                                                                                                                                                            | 11:48                                  |      |      |      |      |      |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Procedure →                                             |                                                             |                                               |                                                                                            |                                                                                                                                                            |                                        |      |      |      |      |      |      |      |
| <b>Crying Irritability</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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                                                                                                         |                                        |      |      |      |      |      |      |      |
| <b>Behavior State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No arousal to any stimuli<br>No spontaneous movement    | Arouses minimally to stimuli<br>Little spontaneous movement | Appropriate for gestational age               | Restless, squirming<br>Awakens frequently                                                  | Arching, kicking constantly awake or<br>Arouses minimally / no movement (not sedated)                                                                      |                                        |      |      |      |      |      |      |      |
| <b>Facial Expression</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mouth is lax<br>No expression                           | Minimal expression with stimuli                             | Relaxed Appropriate                           | Any pain expression intermittent                                                           | Any pain expression continual                                                                                                                              |                                        |      |      |      |      |      |      |      |
| <b>Extremities Tone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No grasp reflex<br>Flaccid tone                         | Weak grasp reflex<br>decreased muscle tone                  | Relaxed hands and feet<br>Normal Tone         | Intermittent clenched toes, fists or finger splay<br>Body is not tense                     | Continual clenched toes, fists, or finger splay<br>Body is tense                                                                                           |                                        |      |      |      |      |      |      |      |
| <b>Vital Signs HR RR, BP, SaO<sub>2</sub></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No variability with stimuli<br>Hypoventilation or apnea | Less than 10% variability from baseline with stimuli        | Within baseline or normal for gestational age | Increase 10-20% from baseline<br>SaO <sub>2</sub> 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline,<br>SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator |                                        |      |      |      |      |      |      |      |
|  <p><b>Premature Pain Assessment: Scoring</b><br/>           +3 if less than 28 weeks gestation age / Corrected Age<br/>           +2 if 28 - 31 weeks gestation age / Corrected Age<br/>           +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p><b>Intervention</b><br/>           Deep Sedation: Score = -10 to -5<br/>           Light Sedation: Score = -5 to -2<br/>           Pain Score less than or equal to 3 – No Intervention<br/>           Pain Score greater than 3 – Intervention</p> |                                                         |                                                             |                                               |                                                                                            |                                                                                                                                                            | <b>Gestational Age / Corrected Age</b> |      |      |      |      |      |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                             |                                               |                                                                                            |                                                                                                                                                            | <b>Total Pain / Agitation Score</b>    |      |      |      |      |      |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                             |                                               |                                                                                            |                                                                                                                                                            | <b>Intervention</b>                    |      |      |      |      |      |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                             |                                               |                                                                                            |                                                                                                                                                            | <b>Effectiveness</b>                   |      |      |      |      |      |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                             |                                               |                                                                                            |                                                                                                                                                            | <b>Signature</b>                       |      |      |      |      |      |      |      |

## NPASS: Neonatal Pain, Agitation & Sedation Scale

|                                   | Sedation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pain / Agitation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>How to use</b>                 | <ul style="list-style-type: none"> <li>Observe the infant for a minute before selecting a score for each behavior.</li> <li>Stimulate the infant and observe and select a score for each behavior.</li> <li>Select only one numeric value (Highest) per behavior.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Observe the infant for a minute before selecting a score for each behavior.</li> <li>Select only one numeric value per behavior.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Scoring/<br/>Documentation</b> | <ul style="list-style-type: none"> <li>Sedation scores are negative scores only</li> <li>Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age)</li> <li>NPASS Sedation total score has a range from 0 to -10 possible.</li> <li>Document total NPASS Sedation score in the medical record.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>Pain/Agitation scores are positive scores only</li> <li>Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria.</li> <li>Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score.</li> <li>NPASS Pain/Agitation total score has a range from 0 to 13 possible.</li> <li>Document the total NPASS Pain/Agitation score in the medical record</li> </ul>          |
| <b>Interpretation</b>             | <ul style="list-style-type: none"> <li>Desired levels of sedation vary according to the situation.</li> <li>Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> <li>"Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> <li>Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea</li> </ul> </li> <li>"Light sedation": goal score of -5 to -2</li> </ul> </li> <li>Reassess patient per frequency in local sedation policy</li> <li>A negative score without the administration of opioids/ sedatives may indicate: <ul style="list-style-type: none"> <li>The premature infant's response to prolonged or persistent pain/stress</li> <li>Neurologic depression, sepsis, or other pathology</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Does not provide pain intensity rating.</li> <li>Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> <li>Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).</li> <li>Reassess patient per frequency of local pain policy.</li> <li>If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.</li> </ul> </li> </ul> |





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

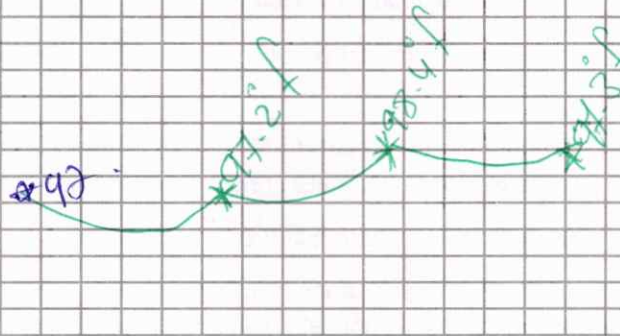
10/7  
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 6 10pm 2am 6am

Doctor/Nurse/Family Concern?

Temperature  
(°F)

104  
103  
102  
101  
100  
99  
98  
97  
96  
95  
94



Heart Rate  
(bpm)

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

and

Blood Pressure  
(mmHg) \*

Note:

BP does not score  
in early  
warning scoring

Heart Rate (Number)

120 115b/m 113b/m 114b/m

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

70  
60  
50  
40  
30  
20  
10

Resp Rate (Number)

20 30b/m 39b/m 38b/m

Resp Mod/ Severe  
Distress None / Mild

Receiving O<sub>2</sub>(l/min)  
O<sub>2</sub>Saturations (%)

ay 99% 99% 99%

Conscious Level Normal  
Altered

GCS \*

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0 0 0 0  
0 0 0 0  
✓ ✓ ✓ ✓

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.

# 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 <b>EARLY WARNING SCORE &gt; 3</b> |      |                     | 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 | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| S | <b>SITUATION :</b> 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 | <b>BACK GROUND :</b> 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 | <b>ASSESSMENT :</b> 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 | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |



## 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.

| Date                 | Time     | Nature of Fluid | Intake |     |     | Output                 |           |       |          |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |  |
|----------------------|----------|-----------------|--------|-----|-----|------------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
|                      |          |                 | Mouth  | I.V | N.G | NG                     | Diarrhoea | Vomit | Drainage | Urine |                                 |             |  |
| 10/7/26              | 08:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 09:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 10:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 11:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 12:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 01:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      |          |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
| Total Intake :       |          |                 |        |     |     | Total Output :         |           |       |          |       |                                 |             |  |
| 10/7/26              | 02:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 03:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 04:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 05:00 pm | D               | DBF    |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 06:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 07:00 pm |                 | DBF    |     |     |                        |           |       |          |       |                                 |             |  |
| Total Intake :       |          |                 |        |     |     | Total Output :         |           |       |          |       |                                 |             |  |
| 10/7/26              | 08:00 pm |                 | DRFHF  |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 09:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 10:00 pm |                 | DBF    |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 11:00 pm |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 12:00 am |                 | DRFHF  |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 01:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
| Total Intake :       |          |                 |        |     |     | Total Output : 4-2 m-1 |           |       |          |       |                                 |             |  |
| 11/7/26              | 02:00 am |                 | DRFHF  |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 03:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 04:00 am |                 | DBF    |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 05:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 06:00 am |                 | DRFHF  |     |     |                        |           |       |          |       |                                 |             |  |
|                      | 07:00 am |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
|                      |          |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
| Total Intake :       |          |                 |        |     |     | Total Output : 4-2 m-1 |           |       |          |       |                                 |             |  |
| Total 24 hrs. Intake |          |                 |        |     |     |                        |           |       |          |       |                                 |             |  |
| Total 24 hrs. Output |          |                 |        |     |     |                        |           |       |          |       |                                 |             |  |

HNH-00016488 IP26-00006809  
 Baby Of BHEEMA SAMPREETHI  
 10-07-2026 0 Y 0 M 0 D 1 H (F)  
 Dr. DILNAAZ FAROOQUI

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## FLUID CHART

Sheet No. : .....

1. 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                |           |       |          |       | IV Site                 |             |
|-----------------------------|----------|-----------------|-------|-----|-----|-----------------------|-----------|-------|----------|-------|-------------------------|-------------|
| Date                        | Time     | Nature of Fluid | Route |     |     | NG                    | Diarrhoea | Vomit | Drainage | Urine | 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 |                 |       |     |     |                       |           |       |          |       |                         |             |
| <b>Total Intake :</b>       |          |                 |       |     |     | <b>Total Output :</b> |           |       |          |       |                         |             |
|                             | 02:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 03:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 04:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 05:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 06:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 07:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
| <b>Total Intake :</b>       |          |                 |       |     |     | <b>Total Output :</b> |           |       |          |       |                         |             |
|                             | 08:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 09:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 10:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 11:00 pm |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 12:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 01:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
| <b>Total Intake :</b>       |          |                 |       |     |     | <b>Total Output :</b> |           |       |          |       |                         |             |
|                             | 02:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 03:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 04:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 05:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 06:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
|                             | 07:00 am |                 |       |     |     |                       |           |       |          |       |                         |             |
| <b>Total Intake :</b>       |          |                 |       |     |     | <b>Total Output :</b> |           |       |          |       |                         |             |
| <b>Total 24 hrs. Intake</b> |          |                 |       |     |     |                       |           |       |          |       |                         |             |
| <b>Total 24 hrs. Output</b> |          |                 |       |     |     |                       |           |       |          |       |                         |             |



# NURSING CARE RECORD

Date: 10/6/25

**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 | 2pm  | → Assess the baby condition<br>→ monitor vitals                                             | 2pm  | → assessed the pt condition<br>→ monitored vitals                                          | now pt is ok   | Re-check vitals  | nee                    |
| Night     | 8pm  | → Assess the baby general condition<br>→ monitor vitals<br>→ D/BF + ff every 2 hrs and body | 8pm  | → assessed the patient condition<br>→ monitored vitals<br>→ D/BF + ff every 2 hrs and body | Baby is stable | Rechecked vitals |                        |



HNH-00016486 IP26-00006809  
 Baby Of BHEEMA SAMPREETHI  
 10-07-2026 0 Y 0 M 0 D 3 H (F)  
 Dr. DILNAAZ FAROOQUI



# 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: 11/7/26

## 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   |      |                                                                                |      |                                                                                       |                 |                     |                        |
| Afternoon |      |                                                                                |      |                                                                                       |                 |                     |                        |
| Night     | 8pm  | Assess the baby condition. Monitor vitals. Maintain I/O chart. Give warm care. | 8pm  | Assessed the baby condition. Monitored vitals. Maintained I/O chart. Given warm care. | Baby is stable. | Monitor vitals.     | Sy                     |
|           | 8am  | 2nd hourly give feed.                                                          | 8am  | 2nd hourly give feed.                                                                 | Vitals norm.    | Maintain I/O chart. | G.                     |



# BRADEN 'Q' SCALE

|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Date :                  | 10/12/2026 | 11/12/2026 |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------|------------|-------|
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Time :                  | 8:20       | 10:30      | 11:15 |
| Mobility                                                                                                                                                                     | <b>1. Completely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.                                                                                                                                                                                                                    | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.                                                                                                                                                                                                                   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or extremity position independently.                                                                                                                                                                               | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.                                                                                                                                                                                          | 4                       | 4          | 4          |       |
| "Activity The degree of physical activity"                                                                                                                                   | <b>1. Bedfast :</b><br>Confined to bed                                                                                                                                                                                                                                                                                                   | <b>2. Chairfast :</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."                                                                                                                                                                                                         | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.                                                                                                                        | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.                                                                                                    | 4                       | 4          | 3          |       |
| Sensory Perception                                                                                                                                                           | <b>1. Completely limited:</b><br>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.                                                                                                                  | <b>2. Very limited:</b><br>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.                                                                                                                               | <b>3. Slightly limited:</b><br>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.                                                           | <b>4. No impairment:</b><br>Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.                                                                                                                                    | 4                       | 4          | 4          |       |
| Moisture Degree to which skin is exposed to moisture                                                                                                                         | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.                                                                                                                                                                   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.                                                                                                                                                                                                                                                 | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.                                                                                                                                                                                             | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.                                                                                                                                                                   | 4                       | 4          | 4          |       |
| <b>FRICTION-SHEAR</b><br><b>Friction</b> Occurs when Skin moves against support surfaces<br><b>Shear</b> Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.                                                                                                                                                                                                        | <b>2. Problem:</b><br>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.                                                                                                                    | <b>3. Potential problem:</b><br>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.            | <b>4. No apparent problem:</b><br>Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."                         | 4                       | 4          | 4          |       |
| Nutritional Usual food intake pattern                                                                                                                                        | <b>1. Very Poor:</b><br>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. | <b>2. Inadequate:</b><br>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. | <b>3. Adequate:</b><br>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. | <b>4. Excellent:</b><br>Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. | 4                       | 4          | 4          |       |
| Tissue Perfusion & Oxygenation                                                                                                                                               | <b>1. Extremely compromised:</b><br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.                                                                                                                                                                                   | <b>2. Compromised:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.                                                                                                                                                                                                | <b>3. Adequate:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.                                                                                                                                        | <b>4. Excellent:</b><br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.                                                                                                                                                                               | 4                       | 4          | 3          |       |
| <b>Severe Risk : less than 9   High Risk : 10-12   Moderate Risk : 13-14   Mild Risk : 15-18   Not at Risk: 19-23</b>                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        |                         |            |            |       |
| <b>Docu. No. : RCH / FRM / CLINICAL / 119</b>                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        |                         |            |            |       |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>TOTAL SCORE</b>      | 28         | 28         | 27    |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>Evaluator's Name</b> | RO         | S          | E     |

| Risk Score  | Category      | Action                                                                                                                                                                                                                                                                                                                                       | <b>Support Surfaces</b><br>(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       | <ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul> | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| 13-14       | Moderate Risk | <ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>                                                                                                                                                               | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| 10-12       | High Risk     | <ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>                                                                                                                    | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| Less than 9 | Severe Risk   | <ul style="list-style-type: none"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>                                                                                                                            | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |



## NURSING SHIFT HAND OVER FORM - WARD

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

| SITUATION                                |                                                           | Diagnosis:                                                          |                                                                     | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                                     |                                                                     |                                                                     |  |
|------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--|
| BACKGROUND                               | Area                                                      | 10/7/26                                                             |                                                                     | 10/7/26                                                                                                                                        |                                                                     | 11/7/26                                                             |                                                                     |  |
|                                          | Shift Time                                                | 5:30 PM                                                             |                                                                     | 8 AM                                                                                                                                           |                                                                     | 4 PM                                                                |                                                                     |  |
| BACKGROUND                               | Medical Condition<br>(Any special condition to be noted): |                                                                     |                                                                     |                                                                                                                                                |                                                                     |                                                                     |                                                                     |  |
|                                          |                                                           |                                                                     |                                                                     |                                                                                                                                                |                                                                     |                                                                     |                                                                     |  |
| ASSESSMENT                               | Allergy:                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|                                          | Tubes/Drains/Catheter:                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|                                          | Vital Signs:                                              | Temp:                                                               | 97.5                                                                | 97.5                                                                                                                                           | 98.2                                                                | 98.5                                                                |                                                                     |  |
|                                          |                                                           | Res:                                                                | 30                                                                  | 30                                                                                                                                             | 30                                                                  | 20                                                                  |                                                                     |  |
|                                          |                                                           | SpO <sub>2</sub> :                                                  | 99                                                                  | 99                                                                                                                                             | 98                                                                  | 98                                                                  |                                                                     |  |
|                                          |                                                           | Pulse:                                                              | 136                                                                 | 136                                                                                                                                            | 140                                                                 | 138                                                                 |                                                                     |  |
|                                          |                                                           | BP:                                                                 | -                                                                   | -                                                                                                                                              | -                                                                   | -                                                                   |                                                                     |  |
|                                          | Fall Risk Score:                                          | -                                                                   | -                                                                   | -                                                                                                                                              | -                                                                   |                                                                     |                                                                     |  |
| Pain Score:                              | -                                                         | -                                                                   | -                                                                   | -                                                                                                                                              |                                                                     |                                                                     |                                                                     |  |
| Recommendations                          | Safety Needs:                                             | -                                                                   | -                                                                   | -                                                                                                                                              | -                                                                   |                                                                     |                                                                     |  |
|                                          | Physiotherapy                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|                                          | Others Specify:                                           | -                                                                   | -                                                                   | -                                                                                                                                              | -                                                                   |                                                                     |                                                                     |  |
|                                          | Special Diet:                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|                                          | Other Special Orders / Medications:                       | -                                                                   | -                                                                   | -                                                                                                                                              | -                                                                   |                                                                     |                                                                     |  |
| Post Operative Procedure Special Orders: |                                                           | -                                                                   | -                                                                   | -                                                                                                                                              | -                                                                   |                                                                     |                                                                     |  |
| Handed Over By Name :                    |                                                           | Mou                                                                 |                                                                     | Sundhya                                                                                                                                        |                                                                     | Srin                                                                |                                                                     |  |
| Signature :                              |                                                           | [Signature]                                                         |                                                                     | [Signature]                                                                                                                                    |                                                                     | [Signature]                                                         |                                                                     |  |
| Date:                                    |                                                           | 10/7/26                                                             |                                                                     | 11/7/26                                                                                                                                        |                                                                     | 12/7/26                                                             |                                                                     |  |
| Time:                                    |                                                           | 8 PM                                                                |                                                                     | 8 AM                                                                                                                                           |                                                                     | 8 PM                                                                |                                                                     |  |
| Taken Over By Name :                     |                                                           | Sundhya                                                             |                                                                     | Srin                                                                                                                                           |                                                                     | Srin                                                                |                                                                     |  |
| Signature :                              |                                                           | [Signature]                                                         |                                                                     | [Signature]                                                                                                                                    |                                                                     | [Signature]                                                         |                                                                     |  |
| Date:                                    |                                                           | 10/7/26                                                             |                                                                     | 11/7/26                                                                                                                                        |                                                                     | 12/7/26                                                             |                                                                     |  |
| Time:                                    |                                                           | 8 PM                                                                |                                                                     | 8 AM                                                                                                                                           |                                                                     | 8 AM                                                                |                                                                     |  |

## NURSING SHIFT HAND OVER FORM - WARD

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

|                        |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>SITUATION</b>       | Diagnosis:                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known<br>If Yes Specify: ..... |  |  |  |  |
| <b>BACKGROUND</b>      | Area<br><br>Shift Time                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Medical Condition<br>(Any special condition to be noted):                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
| <b>ASSESSMENT</b>      | Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Tubes/Drains/Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Vital Signs:                                                                                                                                                                           | Temp: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Res: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>SpO <sub>2</sub> : <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Pulse: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>BP: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Fall Risk Score: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Pain Score: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                     |  |  |  |  |
| <b>Recommendations</b> | Safety Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Physiotherapy: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Others Specify: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Special Diet: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Other Special Orders / Medications: | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                     |  |  |  |  |
|                        | Post Operative Procedure Special Orders:                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Handed Over By Name :                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Signature :                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Date:                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Time:                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Taken Over By Name :                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Signature :                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Date:                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |
|                        | Time:                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |  |  |  |  |



HNH-00016486 IP26-00006809  
 Baby Of BHEEMA SAMPREETHI  
 10-07-2026 0 Y 0 M 0 D 1 H (F)  
 Dr. DILNAAZ FAROOQUI



DATE : 10/7/26

## NEWBORN ANOMOLY ASSESSMENT CHECKLIST

| S.NO | ASSESSMENT PARAMETERS                 | CHECKED BY REGISTRAR | CHECKED BY CONSULTANT | REMARKS                      |
|------|---------------------------------------|----------------------|-----------------------|------------------------------|
| 1.   | Palate                                | No cleft Palate      | No cleft Palate       | No cleft palate.             |
| 2    | Pre natal teeth                       | Absent               | Absent.               | Nil.                         |
| 3    | Anal opening                          | Patent               | Patent                | Patent anal orifice          |
| 4    | Genitalia                             | Female Genitalia     | Female Genitalia      | Female genitalia.            |
| 5    | Spine                                 | Normal               | Normal                | Normal                       |
| 6    | Red reflex                            | Yet to be done       | yet to be done        | Red reflex seen in both eyes |
| 7    | 4 limb saturation ( before discharge) | yet to be done       | yet to be done        |                              |

Ped.Registrar signature

Ped.Consultant signature



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Bheema Sampreethi

Mother's Name: .....

Date of Birth: 10/7

Time of Birth: 11:06 P.M.

Gender: ☐ Male ☒ Female

Birth Weight: 2.94 Kgs

HC: ..... cm

Length: ..... 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: 37.2 °C HR: 116 /Min RR: 42 /Min BP: 10/7 SpO<sub>2</sub>: 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: Mouni

Signature: [Signature]

Date & Time: 10/7/20



## GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby Of BHEEMA SAMPREETHI** Age : **0 Y 0 M 0 D 0 H**  
IP No: **IP26-00006809** Sex: **Female**  
Consultant: **Dr. DILNAAZ FAROOQUI** Ward/Bed No: **4F -OT/CRDL-HNPDA-415-1**

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: **Nalla Shiva Kumar**

Relationship: **father.**

Date: **10/07/2016.**

Time: **04:55 PM.**

Witness Name: **Yoseen ali Khan**

Witness Signature: **Yoseen**

Patient Address:

Flat no 305, prithvi apartments,  
chikadpally, Hyderabad Chikkadapalli  
Market Hyderabad Telangana INDIA  
500020





## BILLING POLICY

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

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

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

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

## MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

## RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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