INH-00016342 IP26-00006737
Baby Of DAMINI
14-07-2026 0 Y 0 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
9	General consent for treatment	1.			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
		6			
	Total No. of Pages				

Signature and Date : 06/7/2026

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

(PTO)

210
D-C

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DISCHARGE SUMMARY

Name	Baby B/O DAMINI	**UHID**	HNH-00016342
Father/Guardian	Mr D.SRAVAN	**Age/Gender**	0 Y 0 M 0 D 2 H/ Female
Address	2-1-176, yellambanda,kphb, Kphb, Hyderabad, Telangana, INDIA, 500072		
IP No	IP26-00006737	**Admission Date**	04-07-2026
Ref Doctor	SELF		
Discharge Date	06.07.2026		

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

DIAGNOSIS	ICD CODE
TERM (40 weeks)/AGA/BABY GIRL	

History: Baby B/O DAMINI is a term (40 weeks) baby girl, delivered to a G2A1 mother by elective LSCS on 04.07.2026 at 08:15 am with birth weight of 2.5 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Name	Baby B/O DAMINI	UHID	HNH-00016342
IP No	IP26-00006737	Admission Date	04-07-2026

Maternal History: Mrs. B/O DAMINI is a 28 years old G2A1 mother.
G1 - Spontaneous Miscarriage at 5-6 weeks
G2 - Present Pregnancy, Spontaneous conception, Oligohydramnios noted.
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/Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.
Mother's Blood group is B positive. Baby's blood group is B positive.

Examination: Baby was euthermic (36.5 *C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 2.5 kgs.
Weight at discharge : 2.400 kgs.
Head Circumference : 32 cms.
Length : 40 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

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

Name	Baby B/O DAMINI	**UHID**	HNH-00016342
IP No	IP26-00006737	**Admission Date**	04-07-2026

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	05.07.2026
OPV	Given	05.07.2026
HEPATITIS B	Given	05.07.2026

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

Serum bilirubin : report awaited.

Newborn screening advanced / Newborn screening-4: Sent on 06.07.2026, report awaited.

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

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

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

Advice:
Keep the baby clean & warm

Name	Baby B/O DAMINI	UHID	HNH-00016342
IP No	IP26-00006737	Admission Date	04-07-2026

Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

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

Review consultation with Dr. SINDHURA MUNUKUNTLA on (09.07.2026) Thursday 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

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Name	Baby B/O DAMINI	**UHID**	HNH-00016342
IP No	IP26-00006737	**Admission Date**	04-07-2026

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED * HYDERABAD

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006737 **Admit Date** : 04-Jul-2026 **Admit Time** : 10:14 AM **UHID** : HNH-00016342

Patient Details :

Patient Name	: Baby Of DAMINI	**Age**	: 0 D
Guardian	: Mr D.SRAVAN	**DOB**	: 04-07-2026 08:15 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2-1-176, yellambanda,kphb Kphb Hyderabad Telangana INDIA 500072	**Phone No**	: 9515879554/ 9505060467
		E-mail	: na@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 D.SRAVAN **Relationship** : Father

Contact Address : 2-1-176, yellambanda,kphb Kphb Hyderabad Telangana INDIA 500072 **Phone No** : 9515879554 / 9505060467

P. Sajeev

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

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

CONSENT FOR FORMULA FEEDS

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Patient Name : ..... INH-00016342 Baby Of DAMINI 4-07-2026 Mr. SINDHURA MUNUKUNTLA IP26-00006737 0 Y 0 M 1 D (F) ..... Age : ..... Gender : ☐ Male ☐ Female

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

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

Patient Attendant :

Signature : .....

Name : P. Sanjeev Kumar

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : Priyanka

Date & Time : 5/2/26 @ 4 Am

Doctor (who is taking the consent) :

Signature : .....

Name : PRANAV

Date & Time : 5/2/26

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Damini Age : 28y Father's Name : ..... Age : .....

Date of Birth : 04/07/26 Date of Admission : 04/07/26 UHID No.: .....

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

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

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

BIRTH INFORMATION

Name : BG Damini

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 04/07/26 Time of Birth : 8:15AM

Place of Birth : RCH, Hanamakonda

Mother's Blood Group : B+ve

Birth Weight (gms) : 2.5kg Length (cms) : 46cm

OFC (cms) : 32cm

Estimated Gesth Age : 40 w

Current Obstetric History : (Booked / Unbooked Case)

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

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : ..... AN Steroids Drugs / Doses : No

Last Scans Details : 29/05/26 @ SLIUF 34w+5d Cephalic AFI-15.5 EFW-2269gm / Doppler - normal

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

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PAST OBSTETRIC HISTORY

G : 2 P : .... A : 1 L : ....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1			Spontaneous		miscarriage	@ 5-6 W

PERINATAL HISTORY

Treating Obstetrician : Dr. Y. Tadisa Rani Hospital : .... ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 40 Weeks : ....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	2	
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	1	1	
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	1	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	2	2	
			TOTAL	7/10	8/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term (40W) / female / TS. wt: 2.5kg / CIAR / ELCSU / Oligohydramnios

Female baby born by EL. CSEC @ 04/07/26 8:15 AM

↓

Baby cried immediately after birth

↓

Delayed cord clamping done

↓

Inj Vit-K given

↓

Routine NB care given

↓

Shifted to mother side

Investigation details in previous Hospital :

-

Feeding History :

-

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 154/min ... RR : 50/min ... NIBP : ..... CFT : .....

Color of the extremities : pink

Jaundice : ⊖ Pallor : ⊖ SpO2 : 97% @ RA

Anthropometry : Birth Weight : 2.5 kg ... Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

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

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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System :

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

Femoral Pulses : ..... Murmurs : .....

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

Abdomen : Hernia orifice : .....

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

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

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

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

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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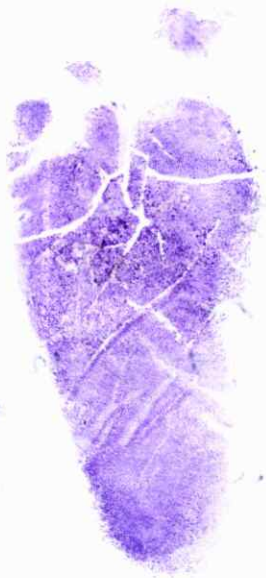
Any Congenital Anomaly .....

.....

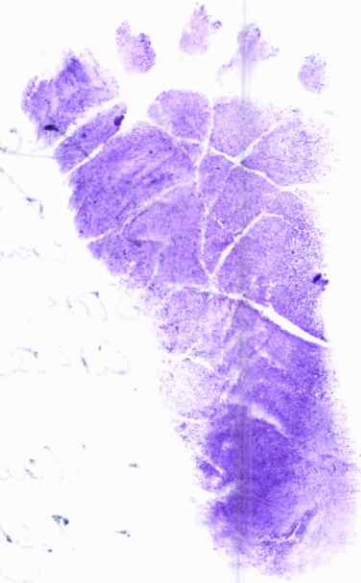
Diagnosis : TCLM (40wks) / Female / B.wt. 2.5kgs / SGA / CIAP / 6d LOL

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Sindhu

Name : Dr. Sindhu

Date & Time : 04/07/26

Consultant :

Signature : .....

Name : Dr. Sindhu M

Date & Time : 4/7/26

PLEASE FILL UP THE FOLLOWING DETAILS

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

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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Adv

Medications :
- DBF & A burping 2 rel hourly
- NB warm care
- SBR, GRBS, OAE @ 48 HOL
- GRBS monitoring (1, 2, 4, 6, 12, 24, 36, 48 HOL)
- Vaccination to be done
- Baby blood grouping

Plan during ward follow up :

Feeding Plan at the time of shifting : feeding time 8:50 to 8:55 Am

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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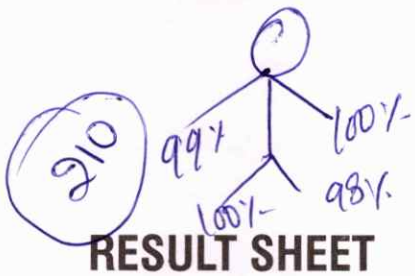
NEWBORN MONITORING FORM

Date of Birth	: 04/07/2026	New Born Screening	: willing
Time of Birth	: 8:15 AM	TFT	:
Mode of Delivery	: EL LSCS	OAE	:
Birth Weight	: 2.5kgs	Mother's Blood Group	: B+ve.
Head Circumference	: 32 cm	Baby's Blood Group	: B+ve
Length	: 40 cm	Anomaly Scan	:
Red Reflex	:	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
4/07/2026	2.5kgs	DBF	→	98.1°F	
5/7/26	2.340kg	DBF+FF	①	98.1°F	
6/7/26	2.400kg	DBF+FF	①	98.0°F	

Date	Time	Investigation	Result	Order No.	Signature
4/7		Blood group		10915	
4/7	9:30 AM	GRBS 2nd	59 mg/dl	10944	Akash
4/7	10:30 AM	GRBS 3rd	79 mg/dl	10945	
4/7	12:30 PM	GRBS 4th	80 mg/dl	10946	
					Cross checked by Sujatha 4/7/26 @ 3PM
4/7	3:30 pm.	GRBS 6th	82 mg/dl	10976	Nadh
4/7	9:30 PM	GRBS 12th	88 mg/dl	0982	
5/7	9:30 AM	GRBS	73 mg/dl	1006	
		Cross checked done by Sunanda			
5/7/26.	9:30 pm 36th	GRBS.	108 mg/dl	11064	
6/7/26		SBR / NBS		11072	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6/7/26	5/7/26	Dr Sindhu Manuprakash (Lactapp)		10904	
		Cross checked by Mahesh @ 1:40 PM			
6/7/26	[illegible]	RBS 101 mg/dl		11091	

HNH-00016342 IP26-00006737
Baby B/O DAMINI
04-07-2026 0Y0M0D2H (F)
Dr. SINDHURA MUNUKUNTLA



(B+ve)

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016342 IP26-00006737
Baby B/O DAMINI
04-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/7 Time: 7pm | 11pm | 3pm | 6pm | 10pm | 2 Am | 6 Am

Doctor/Nurse/Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94
97F | 98.6F | 98.6F | 98.6F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 136 BP | 134bm | 140bm | 142bm | 144bm | 143bm

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

Resp Rate (Number): 42 36 | 40 | 41bm | 43bm | 45bm | 40bm

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

INH-00016342 IP26-00006737
Baby Of DAMINI
14-07-2026 0 Y 0 M 0 D 15 H (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

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

Temperature (°F): 98.2F | 97.5F | 97.1F | 98.5F | 99.0F | 99.0F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	135b/m	140b/m	136b/m	132b/m	134b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	30b/m	33b/m	40b/m	35b/m	36b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%	100%	99%	99%
Conscious Level: Normal / Altered					
GCS *		0			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

HNH-00016342
Baby B/O DAMINI
IP26-00006737
04-07-2026
0 Y 0 M 0 D 2 H (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		DBF									
	09:00 am											
	10:00 am											
	11:00 am		DBF									
	12:00 pm											
	01:00 pm		DBF									
Total Intake : Taken						Total Output : Pafled						
	02:00 pm		DBF									
	03:00 pm											
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						Total Output :						
4/7	08:00 pm											
	09:00 pm		DBF									
	10:00 pm											
	11:00 pm		DBF									
	12:00 am											
	01:00 am		DBF									
Total Intake : Taken						Total Output : U-2						
5/7	02:00 am		DBF+HF									
	03:00 am											
	04:00 am		DBF+HF									
	05:00 am											
	06:00 am		DBF+HF									
	07:00 am											
Total Intake : Taken						Total Output : U-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

INH-00016342 IP26-00006737
Baby Of DAMINI
4-07-2026 0 Y 0 M 0 D 15 H (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/7/26	08:00 am											
	09:00 am		DBF									
	10:00 am	0	FF		NA			NB				
	11:00 am											
	12:00 pm		DBF + FF									
	01:00 pm											
Total Intake :										**Total Output :** U-2 M-1		
5/7/26	02:00 pm											
	03:00 pm		DBF+FF									
	04:00 pm											
	05:00 pm	0			NA			NA				
	06:00 pm		DBF FF									
	07:00 pm											
Total Intake :										**Total Output :**		
5/7/26	08:00 pm		DBF FF									
	09:00 pm											
	10:00 pm	0	DBF		NA			NA				
	11:00 am		FF									
	12:00 am											
	01:00 am		DBF									
Total Intake :										**Total Output :**		
6/7/26	02:00 am											
	03:00 am		DBF + FF									
	04:00 am	0										
	05:00 am		DBF + FF		NA			NA				
	06:00 am											
	07:00 am											
Total Intake :										**Total Output :**		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016342 IP26-00006737
Baby B/O DAMINI
04-07-2026 0Y0M0D2H (F)
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NURSING CARE RECORD

Date: 4/2/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	→ Assess the baby condition → Check the vitals → I/O chart Maintain → Plan for DBF	8am 2pm	→ Assessed baby condition → Checked vitals → Maintained Record → 2nd hrly DBF	Vitals is Normal	baby is Stable	
Afternoon	2pm 8pm	⇒ Assess the baby Condition ⇒ Check the vital & recorded ⇒ I/O Chart maintain ⇒ 2nd hourly DBF ⇒	8Am 8pm	⇒ Assess the baby condition ⇒ Check the vital sign ⇒ maintain I/O Chart. ⇒ 2nd hourly DBF	vital's is Stable	baby is Stable	
Night	8pm 6pm	- Assess the condition - Monitor vitals - Maintain I/O Chart - DBF every 2nd Hourly	8pm 8Am	- Assessed the condition - Monitored vitals - Maintain I/O Chart - DBF every 2nd Hourly	Baby is Stable	Re-checked vitals	

Patient Sticker

-00016342 IP26-00006737
Baby Of DAMINI
4-07-2026 0Y0M0D15H (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 5/7/26

Goals

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

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

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Baby B/O DAMINI
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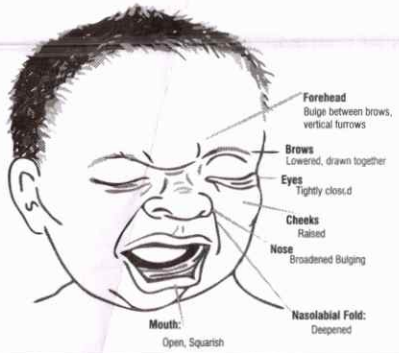
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						4/7	4/7	4/7	5/7	5/7	5/7			
	-2	-1	0	1	2	Time M	Time E	Time N	Time M6	Time 6	Time N	Time	Time	Time
					Procedure →					—	—			
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	—	—	.	—	—	—			
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	—	—	—	—	—	—			
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual			.		—	—			
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	—	—	—	—	—	—			
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	—	—	.	—	—	—			
					Gestational Age / Corrected Age	40	40	—	—	40wks	—			
					Total Pain / Agitation Score	0	0	—	—	—	—			
					Intervention	0	0	.	—	—	—			
					Effectiveness	0	0	.	—	—	—			
					Signature									



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016342 IP26-00006737
Baby B/O DAMINI
04-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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					Date : 4/7	4/7	4/7	5/7
					Time : M6	E2	N1	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	23	25	28	28
				Evaluator's Name				

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

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

HNH-00016342 IP26-00006737
Baby S/O DAMINI
04-07-2026 0Y0M0D2H (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NB					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
BACKGROUND	Area / Shift Time	4/7/2026 M6	4/7/26 E2	4/7/26 N1	5/7/26 M6	5/7/26 E2	5/7/26 N1
	Medical Condition (Any special condition to be noted):			-	—	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36.1°C	36.5°C	98.6°F	97.3°F	97.1°F	98.3°F
	Res:	36	38	40/m	42/m	40/m	42/m
	SpO_2:	99%.	98%.	99%.	99%.	99%.	99%.
	Pulse:	142	144	143/m	142/m	140/m	142/m
	BP:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-
	Pain Score:	-	-	'o"	'o'	0/	no
Recommendations	Safety Needs:	-	-	Good	Good	Good	Good
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
	Others Specify:	-	-	-	-	-	-
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	-	-	-	-	-	-
Post Operative Procedure Special Orders:		-	-	-	-	-	-
Handed Over By Name :		Anusha	Sunam	priyanka	Anusha	mahi	Sunanda
Signature :							
Date:		4/7/2026	4/7/26	5/7/26	5/7/26	5/7/26	5/7/26
Time:		2pm	8pm	8AM	8PM	8pm	8am
Taken Over By Name :		Sunam	priyanka	Anusha	mahi	Sunanda	
Signature :							
Date:		4/7/26	4/7/26	5/7/26	5/7/26	5/7/26	
Time:		8PM	8pm	8AM	2pm	8pm	

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016342 IP26-00006737
Baby B/O DAMINI
04-07-2026 0Y0M0D2H (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 11.00AM	C/S/B Dr. Sindhura T (40wks) / SGA / CIAB / M Euthemic. CITIA - Good Oral Cavity - Normal No cleft palate/lip Chest - Normal. B/L red reflex - Normal Spine - Normal (N) male genitalia System - Normal.	P/CON - DBF 2nd hourly thru bupping - SBR, NBS, OAE } 48 HOL - Vaccination today - GRBS monitoring as advised - Monitor vitals - (T) Blood group Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 65970 Noted by Sujatha 4/7/26 @ 3PM

...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 5:30pm	Lactation care plan - Well formed Breast & Nipple's - Colostrum seen - Term, primi Advice :- - Direct Breast feeding & f/b Burping - Aim for deep latch as demonstrated in side lying position - make baby to suck 15 - 20 mints on each side with strong stimulation. - Demand feeding not exceeds 2 1/2 hours as per early hunger cues. - warm care - Counselling part done. C.	Sathwika.G Dietitian & Lactation 4/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 6pm	NICU Dr. Sindhura team / SNA / CNAB	
	- euthemic - c/t/A : saad - RT = plant - urine ✓ - stools ✓ - feeds ✓ OE wtals : stable VE : (N)	Plan 1) EBF every 2 hrly 2) warm care 3) SBR NBS ABT } e/s if not tomorrow 4) examination today 5) d/w Dr. NICU sindhura

Dr. Sindhura
Dr. MUNUKUNTLA
noted by nadia

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Baby Of DAMINI 0 Y 0 M 0 D 15 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 6am	C/S/B Dr. Pranav / Dr. Thanvi	
	FT / 40wk / El. LSCS / C/AB / 2.5kg / SGA / F	
	T. Wt - 2.340 (160g)	M/B+
	Wt loss - 6.4%	B/ B+
		Plan
	Baby on DBF + FF	1) Warm Care
	Baby Euthermic	2) DBF f/b burping Q2H + FF
	Cry, Tone, Activity } Good	3) SBR, NBS, OAE] T/m 8 Am
		4) Vaccination (BCG, OPV, HepB)
		5) GRBS Monitoring
	Passed Urine & Meconium	6) Monitor Vitals
		Pranav
5/7 10Am	C/S/B Dr. Spandana	
	FT / 40wk / LSCS / 2.5kg / SGA	
	Wt loss - 6.4%	
	Erythema Toxicum	Plan
	Baby on DBF + FF	1) Warm Care
	Baby Euthermic	2) SBR/NBS - T/m 8Am
	C, T, A } Good	3) DBF f/b burping Q3H + FF
		4) Vaccination today
		5) Cont rest same

NB - Sp[illegible] — 6) If further Vomiting - Dr. [illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 11:50am	BCG	
	OPV	
	Hep-B - Given.	
	Sd/-	
5/7/26 4pm.	c/s/by. Dr Anuche	
	T / 40wk / csw / 2.5kg / (SGA).	
	G.U.I. mng. wt loss.	
	c/i/A Good	
	vital stable	
		← Inlau Cau
	S/E	
		← DBF + FF Only if Bur
	P/A soft	
		← war Ca
	(Rls) B/L AC +	
	NVRS +	
		← Hform SOS
	Sd/-	N.B. Maheshwari

INH-00016342 IP26-00006737
Baby Of DAMINI
14-07-2026 0 Y 0 M 0 D 15 H (F)
Dr. SINDHURA MUNUKUNTLA

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..RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Sindhu M.	
5/2/26 8pm.	TCU / USG / SGA / F	
	wt loss (+)	Plan
	Baby active	DBF + FF Q2h / 1h. (~20ml) Bup
	C/T/A Good	Warm care.
	vital stable	GRBS Monitoring
	S/E NAD.	Monitor vitals.
		Tm mng sample. SBR, (NBS) / 9Am OAE
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	[signature]
		N.B. Maheshwari

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

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Baby Of DAMINI
04-07-2026 0 Y 0 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Sindhura M.	
6/7/26 9.45AM	Term / LSCS / SGA / F.	
	T. wt - 60gm	
	wt loss. T. wt 2.400	
		Plan
	c/T/A good	
		✓ DBF + FF Q2h 3 hrs
	Vital stable	
		✓ Warm Care.
	S/E	
	NAD	✓ GRBS Monitoring.
		✓ Monitor vitals.
		- SBR, NBS, OAE (8AM)
		NB Sunanda
	[signature]	

INH-00016342 IP26-00006737
Baby Of DAMINI
14-07-2026 0 Y 0 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	S/B Dr. Sindhura	
10 AM	wt gain (+)	
	euthermic	Adv -
	Accepting well orally	(S) NBS/OFT, SBR, OAE } now
	U, S } passed	• warm care
	CTA - good	• Plan discharge
	O/E vitally stable	
	S/E WNL.	[signature]
	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 68870	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016342 IP26-00006737
Baby B/O DAMINI
04-07-2026 0Y0M0D2H (F)
Dr. SINDHURA MUNUKUNTLA

S/o Damini

DATE : 04/07/26.

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	Normal	No cleft	
2	Pre natal teeth	No	No	
3	Anal opening	(P)	Patent	
4	Genitalia	Female	Female	
5	Spine	(N)	Normal	
6	Red reflex		(Normal)	
7	4 limb saturation (before discharge)		(N)	

Ped.Registrar signature

Ped.Consultant signature

HNH-00016342 IP26-00006737
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Dhanani Mother's Name: .....

Date of Birth: 4/7/2026 Time of Birth: 8:15Am Gender: ☐ Male ☐ Female

Birth Weight: 2.5 Kgs HC: 32 cm Lenght: 40 cm

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

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

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: B+ve Baby: .....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.5 °C HR: 142 /Min RR: 36 /Min BP: ..... SpO_2: 98

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** 0 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Sindhura Signature: ..... Date &Time: 4/7/2026

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016342 IP26-00006737 Baby B/O DAMINI 04-07-2026 0Y0M0D2H (F) Dr. SINDHURA MUNUKUNTLA	04/07/2026 @ 10:14 AM	04/07/2026 @ 3PM
	Transfer Ordered by DR- ANUSHA	Reason for Transfer observation
From Unit pre & post	To Unit D	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 2	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Madhuri

Date & Time of Patient Received : 4/7/26 @3:39pm

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of DAMINI**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP26-00006737**	**Sex:**	**Female**
Consultant:	**Dr. SINDHURA MUNUKUNTLA**	**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:

Relationship: Father

Date: 4.7.2026 Time: 10.55 AM.

Witness Name:

Witness Signature:

Patient Address:

2-1-176, yellambanda,kphb Kphb
Hyderabad Telangana INDIA 500072

HNH-00016342
Baby Of DAMINI
04-07-2028
Dr. SINDHURA MUNUKUNTLA
IP26-00006737
0Y0M0D2H (F)

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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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