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DISCHARGE SUMMARY

Name	Baby Of SYEDA HAAJER	**UHID**	HNH-00016750
Father/Guardian	Mr SHAIK IRFAN AHMED	**Age/Gender**	0 Y 0 M 0 D 1 H/ Male
Address	12-11-953 warasigoud near akauser, Sitaphal Mandi, Hyderabad, Telangana, INDIA, 500061		
IP No	IP26-00006920	**Admission Date**	22-07-2026
Ref Doctor	Self.		
Discharge Date	24.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
TERM (39 weeks)/AGA/BABY BOY/NVD/ HYDROCELE WITH HYPOSPADIAS	

History: Baby Of SYEDA HAAJER is a term (39 weeks) baby boy, delivered to a primi mother by spontaneous vaginal delivery on 22.07.2026 at 03:16 pm with birth weight of 3.84 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 10/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed

Name	Baby Of SYEDA HAAJER	UHID	HNH-00016750
IP No	IP26-00006920	Admission Date	22-07-2026

cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. SYEDA HAAJER is a 24 years old primi mothers.
G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Prolonged Rupture Of Membranes present for 8 hours.
No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Fever.

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

Examination: Baby was euthermic (36.5*C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal 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 : 3.84 kgs.
Weight at discharge : 3.760 kgs.
Head Circumference : 37 cms.
Length : 49 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Name	Baby Of SYEDA HAAJER	**UHID**	HNH-00016750
IP No	IP26-00006920	**Admission Date**	22-07-2026

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

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	23.07.2026
OPV	Given	23.07.2026
HEPATITIS B	Given	23.07.2026

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

Newborn screening advanced / Newborn sreening-4 : To be done on 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.

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

Advice:
Keep the baby clean & warm

Name	Baby Of SYEDA HAAJER	UHID	HNH-00016750
IP No	IP26-00006920	Admission Date	22-07-2026

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 to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done / decided on followup.**

Review consultation with Dr. SPANDANA PASUPULETI on Friday (24.07.2026) 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.

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Name	Baby Of SYEDA HAAJER	**UHID**	HNH-00016750
IP No	IP26-00006920	**Admission Date**	22-07-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. SPANDANA PASUPULETI

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : 23/07/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006920 **Admit Date** : 22-Jul-2026 **Admit Time** : 03:50 PM **UHID** : HNH-00016750

Patient Details :

Patient Name	: Baby Of SYEDA HAAJER	**Age**	: 0 D
Guardian	: Mr SHAIK IRFAN AHMED	**DOB**	: 22-07-2026 03:16 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 12-11-953 warasigoud near akauser Sitaphal Mandi Hyderabad Telangana INDIA 500061	**Phone No**	: 8099222619/ 8374210859
		E-mail	: syedahaajer6980@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-413-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-413-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SHAIK IRFAN AHMED **Relationship** : Father

Contact Address : 12-11-953 warasigoud near akauser Sitaphal Mandi Hyderabad Telangana INDIA 500061 **Phone No** : 8099222619

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

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

CONSENT FOR FORMULA FEEDS

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HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. SPANDANA PASUPULETI

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

UHID No : ..... Jo. : ..... 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 : Haajer

Name : Dr. Syeda Haajer

Relationship with Patient: Mother

Date & Time : 23/7/26

Witness :

Signature : Swetha

Name : Swetha

Date & Time : 23/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

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 తెయిన్స్పో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు ప్రట్టించ్చుటకు 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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016750 IP26-00006920 Baby Of SYEDA HAAJER 22-07-2026 0Y0M0D0H (M) Dr. SPANDANA PASUPULETI	22/7/2026 @	22/7/2026 6:50Pm
	Transfer Ordered by Dr. Spandana	Reason for Transfer observation
From Unit PICR - II	To Unit 214	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	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
Divya	Dr. Spandana.

Patient & Clinical Records Received by : Divya 22/7/26 @ 6:50pm

Date & Time of Patient Received :

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

Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

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NEWBORN MONITORING FORM

Date of Birth	: 22/07/2026	New Born Screening	:
Time of Birth	: 3:16PM	TFT	:
Mode of Delivery	: NVD	OAE	:
Birth Weight	: 3.84 kgs	Mother's Blood Group	: O+ve
Head Circumference	: 32cm	Baby's Blood Group	:
Length	: 49cm	Anomaly Scan	:
Red Reflex	:	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
22/7/2026	3.84 kgs	DBF	(1)	36.1°C	Anusha
23/7/26	3.760 kg	DBF	(1)	36.2°C	Swetha

Date	Time	Investigation	Result	Order No.	Signature
22/7/2026	5pm	Blood group		12287	
22/7/2026	4:30pm	GRBS -	61 mg/dl	12297	Anusha.
22/7/2026	6:35pm	GRBS -	58 mg/dl	12301	
22/7	9:35pm	GRBS	51 mg/dl	2332	
23/7	1:32AM	GRBS	50 mg/dl	2343	
23/7	3:30AM/PM	GRBS	40 mg/dl	2344	
23/7	5:40AM	GRBS	60 mg/dl	2345	
23/7	3pm	GRBS	59 mg/dl	12381	
			CBG checked done		

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : SYEDA HAJEER Age : 24y Father's Name : ..... Age : .....

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

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

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

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

BIRTH INFORMATION

Name : B/o Syeda Haajer

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 22/7/26 Time of Birth : 3:16 p.m

Place of Birth : RCH-KPHT

Mother's Blood Group : O +ve

Birth Weight (gms) : 3.84 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39 wks

Current Obstetric History : (Booked / Unbooked Case) CRL 29/7/26

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 26/10/25 EDD : 2/8/26

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

Booked at what GA. : 7 week AN Steroids Drugs / Doses : .....

Last Scans Details : 2/7 → SLVF - Cephalic / AFI - 12cm / Dopplers - (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs NT - (N)

Consanguinity : ☐ Yes ☐ No TIFFA - (N)

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 : 8 hrs ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : D. Sruthi 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 : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. SPANDANA PASUPULETI

Boy baby delivered by NVD
↓
C/O PB
↓
DCC done < 2 #
1 V
↓
Routine neonatal care given
↓
Inj VIT - K given
↓
Baby Vigilans
Shift mothership

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Girl
Vigorous

VITALS : Temperature : 36.5°C HR : 156/m RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Pelagra

Jaundice : ..... Pallor : ..... SpO2 : 96%

Anthropometry : Birth Weight : 3200 g Length : ..... HC : ..... Present Weight : .....

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures — AF - Open
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism)

NECK and CLAVICLES :
Range of Motion :
Asymmetry : WNL
Masses :

EYES :
Symmetry :
Red Reflex : To check
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : No cleft
Palate :
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : WNL

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : 2A+W
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : B/L Testis ↓
Anus : Patent

HERNIAL ORIFICES

TRUNK and SPINE : WNL

SKIN LESIONS :

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

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 : 96% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 156/mi BP : ..... Precordial Activity : .....

Femoral Pulses : Felt Murmurs : no

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

Abdomen :

Hernia orifice : .....

Shape : ..... Anal Patency : Patent

Palpation : Soft Umbilical Cord : 2+1

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

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

Nervous System : Higher intellectual functions (Sensorium) : C

State of wakefulness : T/A Good

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 : .....

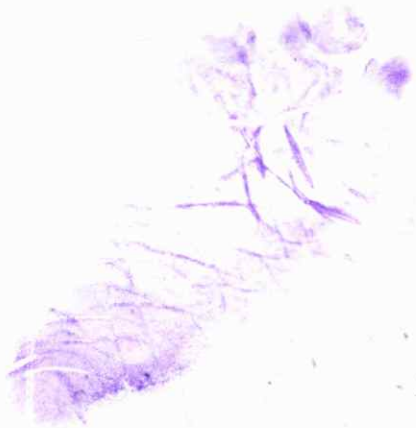
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

? Hypospadias / Hydrocele

Diagnosis : Primi / 39wk / FT / NVD / CIAB / Boy / 3.84 kg / LGA

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : PP

Name : PRANAV

Date & Time : 22/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan

1) Warm Care
2) DBF 2/2 hourly Q 8
3) Vaccination (BCG, OPV, Hep B)
4) GRBS Monitoring 1st HOL (Pre feed) [3rd / 6th / 9th / 12th / 18th / 24th HOL Post feed]

Plan during ward follow up :

5) SBR/NBS/OAE @ 48 HOL
6) Monitor Vitals.
7) 2D echo @ 48 HOL

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

22-07-2026 OYOMODOH (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7 3:30pm	c/s/B Dr. Spandana	
	Primi / FT / 39wk / NVD / CIMB	
		Ph
		1) Warm Cm
	Baby Ertha	2) DBF 1/6 hourly Qn
	Examination - Mild hypospadias Hydrocele	3) SBR NBS OAE 2Decho @ 48 HOL
	Rest Ca	4) Vaccination Today
	Passed Meconium	5) Mantu Vitals
		6) GRBS Monitoring
		Noted by Divya 22/7/26.
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925	
23/7/26 3:40 AM	S/B Dr. Sowmya	
	GRBS - 40 mg/dl	— Give Formula feed 10-15 ml ↓ Recheck GRBS after 30 minutes ↓ 6 hrly
	GRBS Rechecked 67 mg/dl	

Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 8:20 AM	S/B Dr Sreeghen	
	Δ Term/AGA/M/CJAB/NVD	
		Plan
	Baby Euthermic	
		- DBF + Burping 2nd hrly
	CVS - S1S2 (+)	
	RS - B/L - AE (+)	- Warm care
	P/A - soft	- SBR, NBS, DAT, 2D-Echo } @ 3PM on 24/7/26
	CRT ≤ good	
	T. wt - 3760 g	
	80 g wt loss (+)	
	(wt loss - 2%)	
	Urine, Stool } passed.	Noted by [illegible]
		23/7/26 @ 8:30 AM

Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 8:50 AM	S/B Dr. S. Tejaswi	
	D Term / AGA / M / C / IAB / NVD / Hydrocele	
		P/g c̄ Mild Hypospadias
	Euthermic	
		— DBF + PF + Burping 2nd...
	CVS - S1 S2 ⊕	
	RS - BL - AE ⊕	— Warm care
	P/A soft	— SBR
	CT/feed	NBS } @ 48 HOL
		OAE
	T.wt :- 3.760 kg	2D - Echo
	80 gm wt loss ⊕	— Check 4 limb saturation
	Red reflex - B/L - present	
		— Vaccination today
		Noted by Divya 23/7/26
		Dr Tejaswi
		Dr. S. TEJASWI REDDY Registration No: [illegible]
23/07/26 9:50 AM ⊕	BCG	
	OPV	— can be discharged.
	Hep-B given	

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Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 7 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
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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						

(P.T.O)

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-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

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: 22/7 Time: 4PM 6PM 10PM 2AM 6AM

Doctor/Nurse/Family Concern?

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 142 140 136/min 140/min 136/min

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

Resp Rate (Number): 36 39 40/min 38/min 36/min

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 98% 98% 98% 98% 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes: 0 0 0 0 0
Pain Score: 0 0 0 0 0
Observer's Initials: N [illegible] [illegible] [illegible] [illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. SPANDANA PASUPULETI

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/7/26 Time:	10	2
Doctor/Nurse/Family Concern?	Am	Pm
Temperature (°F)	98.8°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring		
Heart Rate (Number)	148 b/m	136 b/m
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	40 b/m	30 b/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%
Conscious Level: Normal / Altered		
GCS *		
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials		

ACTIONS NB: Scores 3 should be recorded overleaf	
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HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
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FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm		DBF									
22/7/26	05:00 pm										0	
	06:00 pm		DBF									dhup
	07:00 pm									✓		
Total Intake : taken						Total Output : U-1 M-						
	08:00 pm											
	09:00 pm		DBF									
22/7	10:00 pm											
	11:00 pm		DBF		NA		NA				0	
	12:00 am											
	01:00 am											
Total Intake : taken						Total Output : U- M						
	02:00 am		DBF									
	03:00 am											
	04:00 am											
	05:00 am		DBF		NA		NA					
23/7	06:00 am										0	
	07:00 am		DBF									
Total Intake : taken						Total Output : U- M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 7 H (M)
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FLUID CHART

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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							
23/7/26	08:00 am											
	09:00 am		DBFHH				✓	N/A		✓	0	
	10:00 am				N/A							
	11:00 am		DBFHH									
	12:00 pm									✓		
	01:00 pm		DBFHH									
Total Intake : taken						**Total Output :** V – M –						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-0001675U IP26-0000697U
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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Date: 22/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon	2pm ↓ 8pm	→ Assess the baby condition → Chuse the vital's → I&O chart Maintain → plan for DBF	2pm ↓ 8pm	→ Assessed baby condition → Chuked vital's & Reuse → Maintued I&O chart → 2nd hrly DBF	Vital's is Normal	pt is stable	Anusha
Night	8pm to 8am	→ Asses the pt condition → monitor vital & Reuse → Maintain I&O chart → DBF 2nd hrly	8pm to 8am	→ Asessed the pt condition → monitored vital & Reuse → Maintained I&O chart → DBF 2nd hrly	→ Recheked pt is Stable	→ pt Vital's are checked	

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0 Y 0 M 0 D 7 H (M)
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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 25/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	→Assess the baby condition →monitored vitals & record →maintained I/O chart →DBF-ff 3rd hourly	8am 2 Pm	→Assessed the Baby condition →monitored vitals & recorded →maintained I/O chart →DBF-ff 3rd hourly →Warm care	→Baby's stable	→rechecked Vitals	DH
Afternoon							
Night							

Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

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					Date : 22/7	23/7	23/7/26	
					Time :		NO	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	
"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	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	
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.	3	3	3	
				TOTAL SCORE	23	22	23	
				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-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NB			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	22/7 E	22/7 N	23/7/26 M			
	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°C	98.6°F	98.2°F			
	Res:	46	46	40b/m			
	SpO_2:	98%	98%	99%			
	Pulse:	137	140b/m	142b/m			
	BP:		—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	—	—	—			
Recommendations	Safety Needs:	—	—	—			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—			
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	DBF	DBF	DBF+H			
Post Operative Procedure Special Orders:		—	—	—			
Handed Over By Name :		Aruna	Sarita	Divya D			
Signature :							
Date:		22/7/26	22/7/26	23/7/26			
Time:		8PM	8AM	6AM			
Taken Over By Name :		Sarita	Divya D				
Signature :							
Date:		22/7/26	23/7/26				
Time:		8PM	8AM				

Patient Sticker

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

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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:							

Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

DATE : 22/7/22

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft	None	
2	Pre natal teeth	NO	No	
3	Anal opening	Patent	Patent	
4	Genitalia	Male Hydrocele B/L Testes ↓	Hydrocele Hypospadias	
5	Spine	Normal	(N)	
6	Red reflex	Bothech	BL – present	
7	4 limb saturation (before discharge)	To check	check 4 limb saturation	

Ped.Registrar signature

Ped.Consultant signature

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D7H (M)
Dr. SPANDANA PASUPULETI

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: syeda Haajer Mother's Name: ....

Date of Birth: 22/7/2026 Time of Birth: 3:16pm Gender: ☑ Male ☐ Female

Birth Weight: 3.84kgs Kgs HC: 37cm cm Lenght: 49 cm

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

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

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: ....

Physical Assessment of New Born:

Temp: 36.1 °C HR: 147 /Min RR: 39 /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: Aamyla Signature: [signature] Date &Time: 22/7/2026

Docu. No. : RCH /FRM / CLINICAL / 144

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 SYEDA HAAJER**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP26-00006920**	**Sex:**	**Male**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-413-1**

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: SHAIK IRFAN AHMED
Relationship: FATHER
Date: 22/7/2026 Time: 3:50 PM
Wittness Name:
Wittness Signature: G Rakesh

Patient Address:

12-11-953 warasigoud near akauser
Sitaphal Mandi Hyderabad Telangana
INDIA 500061

HNH-00016750 IP26-00006920
Baby Of SYEDA HAAJER
22-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

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25 Years of being the guiding light Wellbeing Smiles, Shining Bright

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.

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Name & signature of Patient/Attendant (Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
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