305-B
FC

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DISCHARGE SUMMARY

Name	Baby Of SHIKHA MANTRI	**UHID**	HNH-00016662
Father/Guardian	Mr SIDDHARTH MANTRI	**Age/Gender**	0 Y 0 M 0 D / Male
Address	H.NO: 1-10-175, STREET NO:08, ASHOK NAGAR, HYDERABAD, Ashok Nagar, Hyderabad, INDIA, 500020		
IP No	IP26-00006877	**Admission Date**	18-07-2026
Ref Doctor	SELF		
Discharge Date	21.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS **ICD CODE**

TERM (37 weeks + 5 days)/AGA/BABY BOY

History: Baby Of SHIKHA MANTRI is a term (37 weeks + 5 days) baby boy, delivered to a primi mother by elective LSCS(Fibroid complicating pregnancy) on 18.07.2026 at 11:02 am with birth weight of 2.920 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

Name	Baby Of SHIKHA MANTRI	**UHID**	HNH-00016662
IP No	IP26-00006877	**Admission Date**	18-07-2026

Vertex.

Maternal History: Mrs. SHIKHA MANTRI is a 30 years old primi mother. G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

Examination: Baby was euthermic (36.5 *C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal 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	: 2.920 kgs.
Weight at discharge	: 2.640 kgs.
Head Circumference	: 35 cms.
Length	: 47 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Serum bilirubin at 48 hours of life was 10.9 mg/dl with indirect fraction of 10.8

Name	Baby Of SHIKHA MANTRI	**UHID**	HNH-00016662
IP No	IP26-00006877	**Admission Date**	18-07-2026

mg/dl.

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

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	19/07/2026
OPV	Given	19/07/2026
HEPATITIS B	Given	19/07/2026

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

Newborn screening advanced / Newborn sreening-4 : Sent on 20.07.2026, 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.

Name	Baby Of SHIKHA MANTRI	UHID	HNH-00016662
IP No	IP26-00006877	Admission Date	18-07-2026

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

Plan:

1. **Newborn screening advanced : Report to collect on followup.**

Review consultation with Dr SPANDANA PASUPULETI on Thursday 23/07/2026 at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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Name	Baby Of SHIKHA MANTRI	UHID	HNH-00016662
IP No	IP26-00006877	Admission Date	18-07-2026

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

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

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2+1			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
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	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)				
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	2			
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 Others	1 5			
	Total No. of Pages	25			

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

Signature and Date : 21/07/26

(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 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 : IP26-00006877 **Admit Date** : 18-Jul-2026 **Admit Time** : 11:49 AM **UHID** : HNH-00016662

Patient Details :

Patient Name	: Baby Of SHIKHA MANTRI	**Age**	: 0 D
Guardian	: Mr SIDDHARTH MANTRI	**DOB**	: 18-07-2026 11:02 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 1-10-175, STREET NO:08, ASHOK NAGAR, HYDERABAD Ashok Nagar Hyderabad INDIA 500020	**Phone No**	: 9848849919/ 9394594084
		E-mail	: MANTRISIDDHARTH@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 SIDDHARTH MANTRI **Relationship** : Father

Contact Address : H.NO: 1-10-175, STREET NO:08, ASHOK NAGAR, HYDERABAD Ashok Nagar Hyderabad INDIA 500020 **Phone No** : 9848849919

Siddharth.

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

CONSENT FOR FORMULA FEEDS

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HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

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

UHID No : ..... it : ..... Date : .....

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

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: .....

Date & Time : 19/7/26 @ 7AM

Witness :

Signature : .....

Name : .....

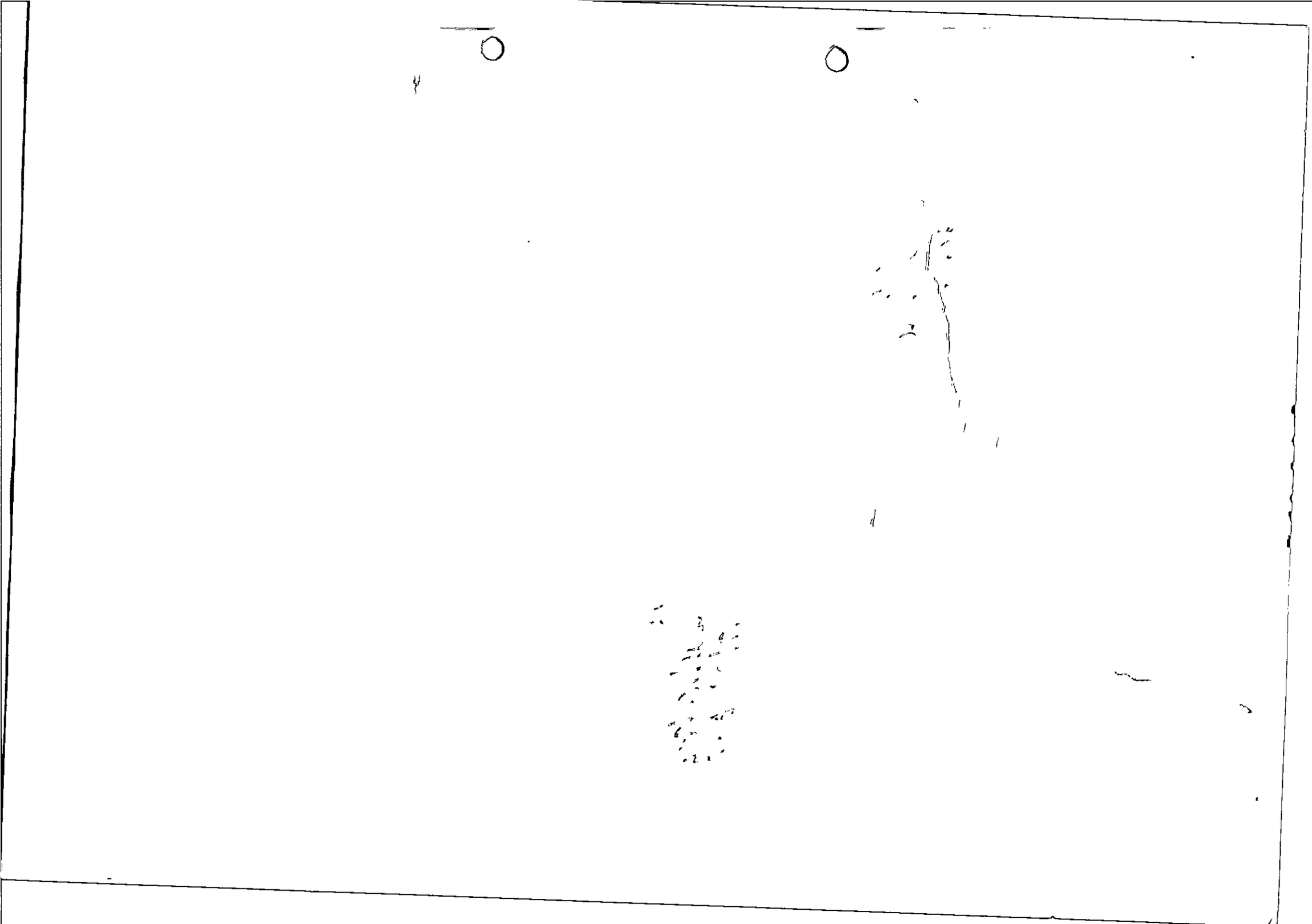
Date & Time : 19/7/26 @ .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 18/07/26 .....



PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016662 IP26-00006877 Baby Of SHIKHA MANTRI 18-07-2026 0 Y 0 M 0 D 1 H (M) Dr. SPANDANA PASUPULETI	18/7/26 @ 11:49 AM	19/7/26 @ 1:55 pm
	Transfer Ordered by DR. Spandana	Reason for Transfer observation
From Unit pre - post	To Unit Room	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.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Chembakolu	DR. Spandana

Patient & Clinical Records Received by : Mounika

Date & Time of Patient Received : @ 2:15PM, 19/7/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

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NEWBORN MONITORING FORM

Date of Birth : 18/7/26
Time of Birth : 11.07 AM
Mode of Delivery : LSCS
Birth Weight : 2.920 Kgs
Head Circumference : 35 Cm
Length : 47 cm
Red Reflex :

New Born Screening : Siddharth
TFT :
OAE :
Mother's Blood Group : O+Ve
Baby's Blood Group : O+ve
Anomaly Scan :
Vaccination :

Date	Weight	Type of Feed	Quantity	Temperature	Signature
18/7/26	2.920 Kgs	DBF		36c	Ct
19/7/26	2.780kg	DBF	–	36c	Lujatha
20/7/26	2.680kgs	DBF+ff	—	36°C	[signature]
21/7/26	2.640kgs	DBF+ff	—	36°C	[signature]

Date	Time	Investigation	Result	Order No.	Signature
18/7/26	1:30pm	Blood Grouping		12029	
18/7	11:30Am	~~ABG~~		12037	
20/7/26		SBR		12110	
20/7/26		NBS		12114	
20/7/26.		OAE		15337	

Checked done by
Mahawari

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Shikha Mantri Age : 30y Father's Name : ..... Age : .....

Date of Birth : 18/07/26 Date of Admission : 18/07/26 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 : BC Shikha Mantri

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 18/07/26 Time of Birth : 11:02 AM

Place of Birth : RCH, Himayatnagar

Mother's Blood Group : O+ve

Birth Weight (gms) : 2920gm Length (cms) : 47cm

OFC (cms) : 35cm.

Estimated Gesth Age : 37w + 5d

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 : .....

Last Scans Details : 16/06/26 :- SLF / 37+1w / Oligohydramnios EFW - 2206gm / 15/07 :- 37+2 / AFI - 19cm EFW: 3096 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 : .....

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Sowjanya Sumudhala Hospital : RCH, Hanamkonda ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : fibroid complicating pregnancy

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
TOTAL			

1 Minute	5 Minutes	10 Minutes
1	1	1
2	2	2
1	2	2
1	1	2
2	2	2
7/10	8/10	9/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term (37+5d) / Male / CIAB / El. LSCS (fibroid complicating pregnancy)

B. wt: 2920gm / AGA.

Baby of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

Baby boy born on 18/07/26 11:02AM

↓

Baby cried immediately after birth

↓ delayed cord clamping done

Routine Newborn care given

↓

Inj Vitamin-K given

↓

Shift the baby to mother cradle

Investigation details in previous Hospital :

-

Feeding History :

-

Past Histo.

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 170/min RR : 50/min NIBP : CFT :

Color of the extremities : pink

Jaundice : (-) Pallor : (-) SpO2 : 90% @ RA (10 mins)

Anthropometry : Birth Weight : 2920gm Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System :

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

Femoral Pulses : B/L felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : 2VA + UV

First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : normal

Neonatal Reflexes : .....

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

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

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

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

Any Congenital Anomalies : .....

.....

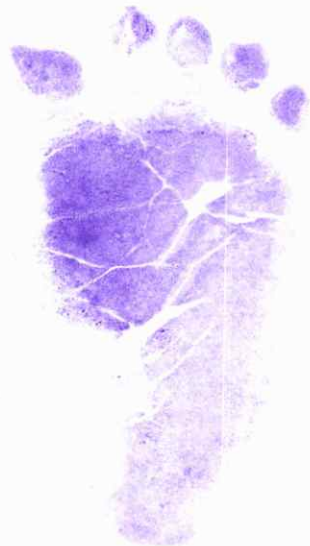
Diagnosis : Term (37w+5d) / Male / CEAB / B.wt. 2920gm / AGA / GDMSCI (Gestational complications pregnancy)

.....

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Sanketh

Date & Time : 18/07/26, 11:02 am

Consultant :

Signature : ..... Dr. S Tejaswi Reddy Consultant Neonatologist and Pediatrician Reg. No: 94068

Name : Dr Tejan

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

   ..... on whose name the patient is being referred.

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0Y0M0D1H (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 : .....

Adl
- DTP / Hb 3rd dose 2nd booster
- NTS Exam day
- Vaccination to be done (BCG, OPV, Hep B)
- SBR, NTBS @ 48 hrs
- TSH, Blood grouping

.....

.....

.....

Plan during ward follow up :

- formula feed + SOS

.....

.....

.....

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 4:30pm	c/s/B Dr. Prasanna FT/37+5 wks/LSCS/Baby/2.97 kg/AGA	M/O+ B/
	Baby Euthermic Cry, Tone, Activity } Good	
	R.S-B/L AE ⊕ P/A-Soft.	Plan 1) DBF f/b burping O_2 ↑ 2) Vaccination today /4 im 3) SBR/NBS/OAE @ 48 HOL 4) Monitor Vitals Fever SOS 5) Check < Red reflex 4 limb saturation Prasanna
19/07/2026 Sun	s/B Dr. Sreeghana / Dr. Nameera Term/37+5 wks/LSCS/AGA/2.97 kgs/AGA. T. wt - 2.78 kgs (↓ 140 gm) % wt loss - 4.79% Euthermic/pink feeding well (on DBF+FF) C/T/A - good urine ✓ stool ✓ M/O+ B/O+	Plan ① DBF + FF every 2nd hrly f/b burping ② Vaccination today BCG, OPV, Hep B ③ check red reflex; 4 limb SpO_2 ④. SBR, NBS, OAE @ 48 HOL ⑤ Monitor vitals Nam (Dr. Nameera)

(P.T.O)

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/07/26 9.15am	S/B Dr. Tejasw	
	4.79% wt loss	Plan
	accepting feeds well	(1) ct DBF + FF every 2nd hrly
	chest-clear	flb burping
	CVS-S1S2 (a)	(2) Vaccination today
	urine	BCG, OPV, Hep B
	Stool	(3) SBR ⎫
		NBS ⎬ @ 48 HOL
		OAE ⎭
		(4) monitor intake
	Dr. S Tejaswi Reddy Consultant Neonatologist and Pediatrician Reg. No: 94068	
		Dr Tejasw
19/07/26 10:30PM	BCG	
	OPV	
	Hep B Given	

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

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/07/26	c/o/c Dr. Sushanth / Dr. Varun	
9:30PM		
	Baby [illegible]	
	Cry/Tone/Activity - good	
	vitals stable	
	passing urine/stools	
	S/E: NAD	
		Adv
		- DBF + FF every 2nd hourly
		/ lt supine
		- SBR, NBS, OAE @ 7/07 11AM
		- NB warm care
20/7/26	C/S/b Dr. Varun / Dr. Sushanth	Sushanth
7AM	FT / LSCS / AGA / Male	T.W - 2680 B.W - 2920 ↓ 3.5%
	- Pink, euthermic.	Plan
		- Ct. DBF Q2H + FF.
	- Cry, Tone, Activity (N).	- SBR, NBS, OAE } 48 HOL.
		- Monitor vitals.
	Vitals stable.	[signature]

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI (M)
0 Y 0 M 1 D
18-07-2026
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	C/s by Dr Tejaswi	
		Rx
11am	Baby euthermic	Trace SBR report
	vitals stable	
	taking feeds.	plan (D).
		N/B - Mouttushi @ 1PM.
	Dr. S Tejaswi Reddy Consultant Neonatologist and Pediatrician Reg. No: 94063	
20/7	C/S/B Dr. Prasanna	
3pm	FT / 37+3 wk / LSCS / Boy / 2.9 kg / AGA	
		Rx
		1) DBF / the burping [illegible]
	SBR - 10.9	2) Warm care
	Baby euthermic	3) D/C Today
	C, T, A } Good	
		Pm
	R.S - B/L AE ⊕	
	P/A soft	
	N/B - Sujaya	

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8am	C/B Dr. [illegible]	Term/2.9kg/AGA
	T. wt : 2.640kg (↓ 40g)	
	feeds ✓ nine ✓ stools ✓	
	O/E euthermic U/T/A: good pr flat moro (+) CRT : <3sec vitals stable.	Plan 1) warm care 2) DBF every 2nd h 3) discharge today 4) monitor vitals
21/7/26 8:30am	C/B Dr Spandana	
	– feeds ✓ – stools ✓ Urine : not passed after 12am.	Plan 1) warm care 2) DBF every 2nd h 3) discharge today 4) monitor U/O, vitals
	O/E vitals : stable S/E – normal U/A – good	
[signature] Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No. 38925		

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI (M)
18-07-2026 0 Y 0 M 1 D
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

305

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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						
Blood Grouping						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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

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

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

Date: 18.07 Time:	11.30AM	3PM	6PM	8PM	11PM	2AM	6AM	7AM	
Doctor/Nurse/Family Concern?									
Temperature (°F) 104									
103									
102									
101									
100									
99									
98	36.5°C	98.4°F	97°C	36.5°C	35.1°F	36.1°C	36.3°C	*	
97									
96									
95									
94									
Heart Rate (bpm) and Blood Pressure (mmHg) * 190									
180									
170									
160									
150									
140									
130						*	*	*	*
120									
110									
100									
Note: BP does not score in early warning scoring 90									
80									
70									
60									
50									
Heart Rate (Number)	156	144	156	150	140bpm	138bpm	150bpm	140bpm	
Resp. Rate (bpm) (Over 1 Minute) * 70									
60									
50						*		*	*
40							*		
30									
20									
10									
Resp Rate (Number)	56	44	56	48	40bpm	55bpm	50bpm	40	
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2(l/min)									
O_2Saturations (%)	100%	99%	100%	100%	99%	99%	99%	99%	
Conscious Level: Normal / Altered									
GCS *						0			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	
Observer's Initials									

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	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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BirthRight
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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 20 H (M)
Dr. SPANDANA PASUPULETI

c. 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: 19/7/26 Time:	8 AM	12 pm	2 pm	6 PM	10 PM	2 AM	6 AM	
Doctor/Nurse/Family Concern?								
Temperature (°F)	36.5°C	36.5	36.5	98.6°F	98.1°F	98.6°F	97.4°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Heart Rate (Number)	150	140	146	142 bpm	130 bpm	140 bpm	138 bpm	
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	56	56	48	44 bpm	30 bpm	40 bpm	30 bpm	
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100	99%	100%	99%	99%	
Conscious Level: Normal / Altered								
GCS *								
TOTAL SCORE Number of shaded boxes				0	0	0	0	
Pain Score				0	0	0	0	
Observer's Initials								

Note: BP does not score in early warning scoring

ACTIONS	
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Baby Of SHIKHA MANTRI
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/ FRM / CLINICAL / 124

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

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Your Right to a Safe Delivery

.ARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	
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
Note: BP does not score in early warning scoring	90
	80
	70
	60
	50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70
	60
	50
	40
	30
	20
	10
Resp Rate (Number)	
Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS	Score 1	: Continue normal observation by staff nurse
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NB: Scores 3 should be recorded overleaf	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Date	Time	Early Warning Score	Date	Time	Name

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

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 1 H (M)
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FLUID CHART

Sheet No. : 1

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

		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							
18/7/26	08:00 am											
	09:00 am											
	10:00 am						NA					
	11:00 am	0									0	LB
	12:00 pm		DBF									
	01:00 pm											
Total Intake : Taken						Total Output :						
18/7	02:00 pm											
	03:00 pm		DBF									
	04:00 pm	60									0	
	05:00 pm		DBF									@
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						Total Output :						
18/7	08:00 pm											
	09:00 pm		DBF									
	10:00 pm										0	
	11:00 pm		DBF									@
	12:00 am											
	01:00 am		DBF									
Total Intake : taken						Total Output : passed						
19/7	02:00 am											
	03:00 am		DBF									
	04:00 am											
	05:00 am		DBF								0	RJ
	06:00 am											
	07:00 am	wampo	DBF+FF									
Total Intake : taken						Total Output : passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 0 D 20 H (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		DBF				✓			✓		
	09:00 am											
	10:00 am	0	DBF								0	
	11:00 am						✓			✓		
	12:00 pm		DBF									
	01:00 pm											
Total Intake :						**Total Output :**						
19/7/26	02:00 pm		DBF+ff									
	03:00 pm								✓	✓		
	04:00 pm		DBF+ff		NA			NA			0	
	05:00 pm	0										
	06:00 pm		DBF+ff				✓			✓		
	07:00 pm											
Total Intake :		taken				**Total Output :**				U=2	m=1	
19/7/26	08:00 pm											
	09:00 pm		DBF+ff									
	10:00 pm	0					✓	NA	✓	✓	0	
	11:00 pm		DBF+ff		NA							
	12:00 am											
	01:00 am		DBF+ff									
Total Intake :		taken				**Total Output :**				U —	m —	
20/7/26	02:00 am											
	03:00 am		DBF+ff				✓					
	04:00 am	0			NA			NA		✓	0	
	05:00 am		DBF+ff									
	06:00 am						✓					
	07:00 am		DBF+ff									
Total Intake :		taken				**Total Output :**				U —	m —	

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
20/7/26	08:00 am										1	
	09:00 am		DBF+FF				✓			✓	0	
	10:00 am							N/A				
	11:00 am		DBF+FF	N/A			✓			✓	1	
	12:00 pm											
	01:00 pm									—		
Total Intake :						**Total Output :**				U-3		
20/7/26	02:00 pm	1									1	
	03:00 pm		DBF+FF				✓			✓		
	04:00 pm	0									0	
	05:00 pm	1	DBF+FF					N/A			1	
	06:00 pm			N/A								
	07:00 pm		DBF+FF									
Total Intake :						**Total Output :**						
20/7/26	08:00 pm	1									1	
	09:00 pm		DBF+FF								0	
	10:00 pm	0		N/A				N/A				
	11:00 pm	1	DBF+FF								1	
	12:00 am											
	01:00 am		DBF+FF									
Total Intake :						**Total Output :**						
21/7/26	02:00 am	1									1	
	03:00 am		DBF+FF								0	
	04:00 am	2						N/A				
	05:00 am	1	DBF+FF	N/A							1	
	06:00 am											
	07:00 am		DBF+FF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No, : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
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					Date : 18/7	18/7	18/7	19/7
					Time : MG	EC	VI	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	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.	2	2	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	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	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	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.	4	4	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.	4	4	2	2
					TOTAL SCORE	26	26	20	20
					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

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				Date : 19/7/26	19/7/26	20/7	20/7
				Time : E	NI	PMs	E
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				TOTAL SCORE	28	24	28	25
				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
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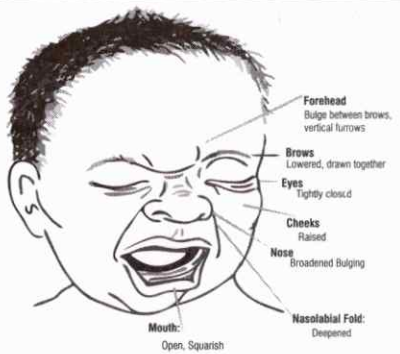
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time
	-2	-1	0	1	2	18/7 DM6	18/7 E2	18/7 N1	19/7 M	19/7 E2	20/7/26 N1	20/7 M6	20/7 E2	20/7/26 N1
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	1	0	0	6	0	0	0	0	0
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	0	0	6	0	6	0	0	6
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	0	0	0	0	0	0	0	0
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	0	6	6	0	6	0	0	0
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	0	6	6	0	0	0	0	6
Gestational Age / Corrected Age						37+5 10th	37+5 week	37+5	-	-	-	-	37+5 weeks	37+5 weeks
Total Pain / Agitation Score						-	-	-	-	-	-	-	-	-
Intervention						-	-	-	-	-	-	-	-	-
Effectiveness						-	-	-	-	-	-	-	-	-
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 /
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.

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NURSING CARE RECORD

Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess the patient condition → plan for vitals → plan for I/O chart	8pm to 2pm	→ Assessed the patient condition → maintain vitals & record → maintain I/O chart	→ patient is stable	→ vitals is normal	Cindy
Afternoon	2Pm to 8Pm	→ Plan for vitals → Plan for DBF → Plan for warm care.	2Pm to 8Pm	→ vitals checked & recorded. → Provided DBF → Provided warm care	→ PT i's stable	→ vitals is normal	Mad
Night	8Pm to 8Am	→ Assess the PT condition → monitor the vitals & record → DBF and help & bustshop → maintain I/O chart & record.	8Pm to 8Am	→ Assessed the Baby condition → monitored the vitals & record → Maintain I/O chart & recorded. → DBF and help & provided.	Baby is stable	Maintain I/O chart & record.	Akils

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NURSING CARE RECORD

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Date: 19/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	el plan for vitals el plan for DBF el plan for warm care el plan for I/O Chart	8AM 2pm	el vitals Normal el DBF given el warm care given el I/O chart Maintained	Normal	stable	Asha
Afternoon	2pm 8pm	- Assess the Baby Condition - monitor vitals - maintain I/O Chart - DBF every 3rd Hourly	2pm 8pm	- Assessed the Baby condition - monitored vitals - maintained I/O Chart - DBF every 3rd Hourly	Baby is Stable	Rechecked vitals	
Night	8pm 8am	↳ Assess the baby condition ↳ monitor vitals ↳ maintained I/O chart ↳ DBF-ff 2nd hourly	8pm 8Am	↳ Assessed the baby condition ↳ monitored vitals rechecked ↳ maintained I/O chart ↳ DBF-ff 2nd hourly	↳ baby is stable	↳ rechecked vitals	

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Date: 20/7/26

Goals

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- ☐ 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
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- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	Assess the Baby general condition Check vital & record I/o chart maintain Administer medication as per doctor advice	8am 2pm	Assessed Baby general condition Checked vitals & recorded I/o chart maintained Administered medication as per doctor advice	Baby is stable	Rechecked vital	Monthy
Afternoon	2pm 8pm	→Assess the baby condition. →Monitor the vitals. →Maintain I/o chart. →DBF+FF give 2nd hourly.	2pm. 8pm	→Assessed the baby condition. →Monitored the vitals. →Maintained I/o chart. →DBF+FF given 2nd hourly.	→Baby is stable Now.	→Reassessed the vitals.	Yogeshwari
Night	8pm 8am	→Assess the baby condition →monitor vitals →maintain I/o chart →DBF+FF 2nd hourly	8pm 8am	→Assessed the baby condition →monitored vitals recorded →maintained I/o chart →DBF+FF 2nd hourly	→baby is stable now	→rechecked vitals	

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: New born baby.

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

BACKGROUND

Area / Shift Time	18/7 M	18/7 E	18/7/26 N1	19/7 N	19/7/26 E2	19/7/26 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:	97	98.1	98.1 F	98.6 F	98.6 F	97.2
Res:	40	40	55 bmt	40	40 bm	30 bpm
SpO_2:	100	99%	98%	99%	99%	100%
Pulse:	156	140	145 bmt	140	140 bpm	130 bpm
BP:	–	–	–	–	–	–
Fall Risk Score:	–	–	–	–	–	–
Pain Score:	–	–	0/10	0/10	0	0/10

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	–	–	–	–	–	–
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	–	–	–	–	–	–
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Chanchal	Anjali	Akhila	–	Monika	Divya
Signature :						
Date:	18/7	18/7/26	19/7/26		19/7/26	20/7/26
Time:	2 pm	8 pm	8 AM		8 pm	8 AM
Taken Over By Name :	Madhu	Akhila	Anjali	Anjali	Divya	Monika
Signature :						
Date:	18/7	18/7/26	19/7/26		19/7/26	20/7/26
Time:	2 pm	8 AM			8 pm	8 AM

HNH-00016662 IP26-00006877
Baby Of SHIKHA MANTRI
18-07-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

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

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	20/7/26 M6	20/7/26 E2	20/7/26 N1			
	Medical Condition (Any special condition to be noted):	NA	NA	NA			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	96.8°F	97.8°F	98.2°F			
	Res:	38b/m	40b/m	30b/m			
	SpO_2:	100%	100%	99%			
	Pulse:	129b/m	136b/m	136b/m			
	BP:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	0/10	'1'	'1'			
Recommendations	Safety Needs:	Yes	Yes.	Yes			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—			
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA			
Post Operative Procedure Special Orders:		NA	NA	NA			
Handed Over By Name :		Nautish	Maheshwari	Divya			
Signature :							
Date:		20/7/26	20/7/26	21/7/26			
Time:		2pm	8pm	8am			
Taken Over By Name :		Maheshwari					
Signature :							
Date:		20/7/26					
Time:		2pm					

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DATE : 18/07/26

To Shikha Mantri

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft	(N)	
2	Pre natal teeth	No	none	
3	Anal opening	(+)	(+)	
4	Genitalia	Male genitalia	normal male genitalia	
5	Spine	(N)	(N)	
6	Red reflex	Yet to be checked	R/L to be (N) checked	
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Dr Tejasvi

Ped.Consultant signature

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: Shikha.

Date of Birth: 18/7/26 Time of Birth: 11.02AM Gender: ☑ Male ☐ Female

Birth Weight: 2.920 Kgs HC: 35cm cm Lenght: 47.0cm 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: 36.5 °C HR: 150 /Min RR: 40 /Min BP: — SpO_2: 100%

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

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: C Lavanya Signature: ..... Date &Time: 18/7/26 @

Rainbow Childrens Hospital-Himayatnagar

hildren'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

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18-07-2026 0 Y 0 M 0 D 0 H (M)
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SHIKHA MANTRI**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP26-00006877**	**Sex:**	**Male**
Consultant:	**Dr. SPANDANA PASUPULETI**	**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".

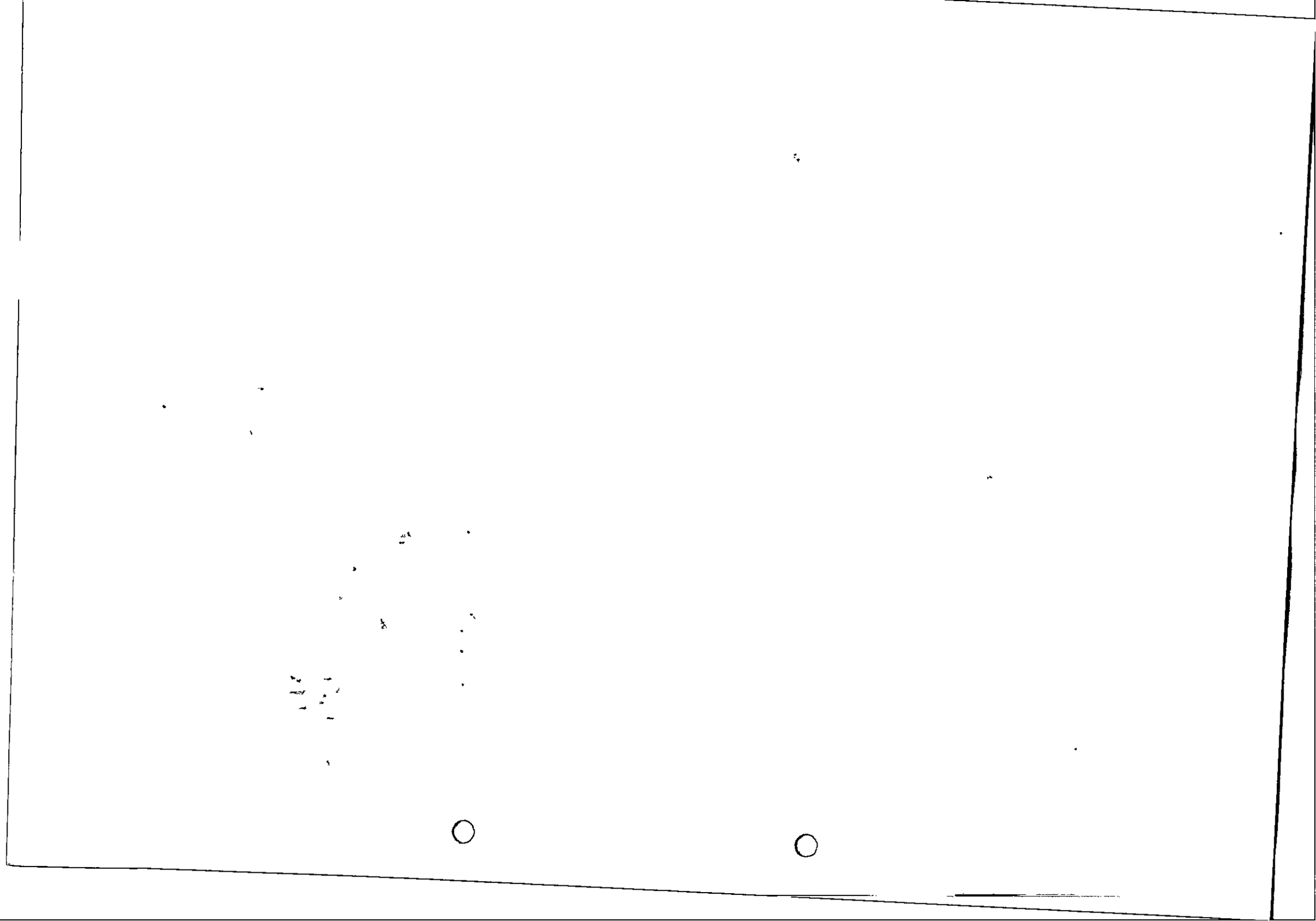
Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....Siddhartth

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: Siddhartth

Name: Siddharth Mantri
Relationship: father.
Date: 18/7/26 Time: 11:50Am
Wittness Name:
Wittness Signature:

Patient Address:
H.NO: 1-10-175, STREET NO:08, ASHOK NAGAR, HYDERABAD Ashok Nagar Hyderabad INDIA 500020



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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Siddharth · Siddharth Mantri

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

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