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 : IP26-00006404 **Admit Date** : 22-May-2026 **Admit Time** : 01:42 PM **UHID** : HNH-00015563

Patient Details :

Patient Name	: Baby Of RUKHSAR NAZNEEN	**Age**	: 0 D
Guardian	: Mr MOHAMMED TIPU KHAN	**DOB**	: 22-05-2026 01:06 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	**Phone No**	: 9346170340/ 8125636552
		E-mail	: na@gamil.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 MOHAMMED TIPU KHAN **Relationship** : Father

Contact Address : BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086 **Phone No** : 9346170340

Signature

Doctor Details :

Doctor Name : Dr. SANJAY SRIRAMPUR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR. SANJAY S **Phone No** :

Co-Consultant : Dr. SINDHURA MUNUKUNTLA

Payment Details :

Deposit Amount : 10000.00

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 2 D (F)
Dr. SANJAY SRIRAMPUR

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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	4			
7	Nursing plan of care and handover sheets	1			
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	1			
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	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing sheets	1			
		6			
	Total No. of Pages	97			

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

Signature and Date :

25/7/26

(P.T.O)

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2/12 D.C

DISCHARGE SUMMARY

Name	Baby Of RUKHSAR NAZNEEN	**UHID**	HNH-00015563
Father/Guardian	Mr MOHAMMED TIPU KHAN	**Age/Gender**	0 Y 0 M 0 D 1 H/ Female
Address	BANDLAGUDA JAGIR, Hyderabad, Telangana, INDIA, 500086		
IP No	IP26-00006404	**Admission Date**	22-05-2026
Ref Doctor	DR. SANJAY S		
Discharge Date	25.05.2026		

Consultant:
Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

DIAGNOSIS	ICD CODE
TERM (35 weeks + 4 days)/AGA/CGA-36 WK/BABY GIRL/CIAB/LBW	
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of RUKHSAR NAZNEEN is a term (35 weeks + 4 days) baby girl, delivered to a G5P3L3E1 mother by elective LSCS on 22.05.2026 at 01:06 pm with birth weight of 2.22 kgs in Rainbow Children's Hospital, Himayatnagar

Name	Baby Of RUKHSAR NAZNEEN	UHID	HNH-00015563
IP No	IP26-00006404	Admission Date	22-05-2026

Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. RUKHSAR NAZNEEN is a 32 years old G5P3L3E1 mother
G1 - 2014, FT/LSCS(Indi.: cord around neck), Female, B.Wt.: 2.8Kgs, A & H.
G2 - 2016, FT/LSCS(Indi.: Previous LSCS), Male, B.Wt.: 2.7Kgs, A & H, H/O GDM on diet.
G3 - 2017, FT/LSCS(Indi.: Previous 2 LSCS), Female, B.Wt.:2.8Kgs A & H.
G4 - 2022, Left ctopic Pregnancy, Laproscopic salpinegectomy done.
G5 - Present pregnancy Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal.
History of : Gestational Diabetes Mellitus.
No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

Name	Baby Of RUKHSAR NAZNEEN	**UHID**	HNH-00015563
IP No	IP26-00006404	**Admission Date**	22-05-2026

Anthropometry:
Weight at birth : 2.220 kgs.
Weight at discharge : 2.120 kgs.
Head Circumference : 33 cms.
Length : 44 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Serum bilirubin at 48 hours of life was 11.5 mg/dl with indirect fraction of 11.4 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds + measured feeds.The following day icterus subsided and hence baby discharged.

In view of history of gestational diabetes mellitus baby's blood sugar levels were serially monitored which remained stable.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk / measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Name	Baby Of RUKHSAR NAZNEEN	UHID	HNH-00015563
IP No	IP26-00006404	Admission Date	22-05-2026

Vaccine Name	Status	Date
BCG	Given	23.05.2026
OPV	Given	23.05.2026
HEPATITIS B	Given	23.05.2026

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

Newborn screening advanced / Newborn screening-4/ Thyroid function test : to be done on follow-up.

SPO2 : 99 % 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
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

Name	Baby Of RUKHSAR NAZNEEN	**UHID**	HNN-00015563
IP No	IP26-00006404	**Admission Date**	22-05-2026

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.**

Review consultation with Dr. SANJAY SRIRAMPUR on (26.05.2026) Tuesday at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar /**

Name	Baby Of RUKHSAR NAZNEEN	**UHID**	HNH-00015563
IP No	IP26-00006404	**Admission Date**	22-05-2026

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. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

Rainbow Childrens Hospital-Himayatnagar

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ADMISSION SHEET

Registration Details :

Admission No : IP26-00006404 **Admit Date** : 22-May-2026 **Admit Time** : 01:42 PM **UHID** : HNH-00015563

Patient Details :

Patient Name	: Baby Of RUKHSAR NAZNEEN	**Age**	: 0 D
Guardian	: Mr MOHAMMED TIPU KHAN	**DOB**	: 22-05-2026 01:06 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	**Phone No**	: 9346170340/ 8125636552
		E-mail	: na@gamil.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPVT-212-1 **Ward Name** : 2F -PRIVATE ROOM

Room No : CRDL-HNPVT-212-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED TIPU KHAN **Relationship** : Father

Contact Address : BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086 **Phone No** : 9346170340

Signature

Doctor Details :

Doctor Name : Dr. SANJAY SRIRAMPUR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR. SANJAY S **Phone No** :

Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Deposit Amount : 10000.00

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0Y0M0D0H (F
Dr. SANJAY SRIRAMPUR

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NEWBORN MONITORING FORM

Date of Birth : 22/5/26
Time of Birth : 1:06 Pm
Mode of Delivery : EL-LSCS
Birth Weight : 2.220kg
Head Circumference :
Length :
Red Reflex :

New Born Screening : Not working Gowtham
TFT :
OAE :
Mother's Blood Group : A' positive
Baby's Blood Group :
Anomaly Scan :
Vaccination :

Date	Weight	Type of Feed	Quantity	Temperature	Signature
22/5/26	2.220kgs	DBF	—	36°C	Sujatha
23/5	2.140kg	DBF+FF	—	98.2°F	S
24/5/26	2.120kgs	DBF+FF	—	36°C	D
25/5/26	2.140kg	DBF+FF	25 ml	38.2°C	G

Date	Time	Investigation	Result	Order No.	Signature
22/5	2pm	Blood group		HN26008657	Sri
22/5	2.40pm	1st hr GRBS	60mg/dl	8654	
22/5	4:40pm	3rd hr GRBS	58mg/dl	8667	
22/5	7:40pm	6hr GRBS	63mg/dl	8668	Anusha.K
					Cook checked done
23/5	1Am	12th GRBS	110mg/dl	8687	Sri
23/5	7Am	18th hrBS	69 mg/dl	8687	Sri
23/5	1 Pm	24 GRBS	74 mg/dl	8707	Sri
24/5	12pm	SBP	—	8761	Medh.
24/5	12pm	GRBS	72mg/dl	8779	Medh.
24/5	8pm	DSPT	25/5/26 cIDAM	1809	A
				Cross Checked done by Sri	

NH-00015583 IP26-00(06404
Baby Of RUKHSAR NAZNEEN
2-05-2026 0Y0M0D0H (F)
r. SANJAY SRIRAMPUR

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : RUKHSAR NAZNEEN Age : 32Y 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 Rukhsar Nazneen

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 22/5/26 Time of Birth : 1:06pm

Place of Birth : RCH - HNH

Mother's Blood Group : A Positive

Birth Weight (gms) : 2.220 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 35+4 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32y Ht : ..... Wt : ..... BMI : ..... Married Life : 13yrs LMP : ..... EDD : 22/6/26

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

Booked at what GA. : ..... AN Steroids Drugs / Doses : at 33+3 & 35+3 wks

Last Scans Details : 21/5 -) 35+3 wk / 52 wks / AFI - 6cm - Obgn / EFWt - 2.082g / Doppler (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA (N)

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-00015583 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0Y0M0D0H (F)
Dr. SANJAY SRIRAMPUR

PAST OBSTETRIC HISTORY

G: 5 P: 3 A: L: 3 E1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	2014	FT		Female	LSCS (loop around neck)	
2	2015	FT		Female	LSCS & SDM on	dust
3	2016	FT		Boy	LSCS	

4th 2022 Ectopic
5th — Present

PERINATAL HISTORY

Treating Obstetrician : Dr. SUCHITHRA Hospital : RELIANCE ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) Plan LSCS

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 : 35 Weeks : 4d

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
1	1	
2	2	
2	2	
1	2	
2	2	
TOTAL 8/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Late preterm (35wk 4d) / AMA (G1 C SAB) oligohydramnios / 2.220 kg.

Examined check day

Baby cried Immediately after birth

↓

Oro nasal suction done. liquor clear

↓

Cord clamped cut < 2A / 1V

No obvious Congenital Anomaly

HR > 100/m

Tone is Nl

Acrocyanosis

Grimace reflex (+)

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

HR >100
Acrogenosis
Tone ↓ b/l

VITALS : Temperature : ..... HR : 140/min RR : ..... NIBP : ..... CFT : <3s

Color of the extremities : .....

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

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

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

HNH-00015583 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0Y0M0D0H (F,
Dr. SANJAY SRIRAMPUR

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	Af not level
	Sutures	
	Shape / Moulding :	⊘
	Edema / Bruising :	
	Size - (H.C.) :	To be checked
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion :	
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	
	Red Reflex :	To be checked
	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 :	Female external genitalia
	~~Testicles/penis :~~	
	Anus :	
HERNIAL ORIFICES		Free
TRUNK and SPINE :		⊘
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes :	
	Arms / Legs :	
	Deformities :	⊘
	Mobility :	
	Hip Joint Examination :	

HNH-00015563 IP26-00006
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 0 H
Dr. SANJAY SRIRAMPUR

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 38/m. 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 : ९६ % on RA Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 140 /min BP : ..... Precordial Activity : .....

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

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

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : free

Anal Patency : patent

Umbilical Cord : 2 A, 1 V

First urine passed : ~~not yet~~ passed ✓

Meconium passed : passed in utero ✓

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

CTX-Gpl

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

HNH-00015563 IP26-000(
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 0 H
Dr. SANJAY SRIRAMPUR

Congenital Anomalies : .....

.....

Diagnosis : G5 P3L3E1 / Late PT 35+4wk / (Resolved) / GDM on diet / (CHB) + Oligohydramnios / 2.22 kg / LSW / Girl

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : PRANAV

Date & Time : 22/5/21

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.

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0Y0M0D0H (F)
Dr. SANJAY SRIRAMPUR

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : Late preterm (35wk+4d) / AGA / 2.220 kg / Female LBW / CIAB / Elective LSCS (Previous LSCS) / Oligohydramnios GDM mother on diet

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

- DBF + Burping 2nd hrly
- Inj. Vitamin K 1mg IM stat
- Vaccination today (BCG, OPV, Hep B)
- Warm care
- Send Blood group ✓ ✓
- GRBS monitoring at 1, 3, 6, 12, 18, 24, 48 HOL.

Feeding Plan at the time of shifting :

- SBR / WBS / OAE @ 48 HOL
- Inform SOS
- NASOCLEAR SALINE NASAL Drop

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00015563 IP26-00006404
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22-05-2026 0Y0M0D0H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. pritesh	
22/5		
		Plan
	Euthemic	
	Vitals - Stable	- DBF 2nd hourly ffm bupies + Formula feed (10-15ml)
	C/T/A - Good	
	Urine, Stool] passed.	- GRBS Monitoring
		- SBR, NBS, OAE] 48 Hrs
		- Vaccination tomorrow.
		- Monitor vitals

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SANJAY SRIRAMPUR

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/s/b. D. Siddharth / D. Nagpurya	
23/05/26 7AM	Late PT (35wk 4d) / female / B.wt: 2.22kg / CIAB / EL LSCS /	
		T. wt:- 2140 gm (3.6% wt loss)
	Accepting DTSF + FP pursed marring	
	O/E:- Euthermic	
	Vitals - Stable	
	Cry / Tone / Activity - good	
	S/E: NAD	Adv
		- DTSF + FP s/b Suppling 2nd hourly
		- NB warm care
		- Vaccination today
		- SBR, NBS, OAE @ 48 HOL
		Sarbali

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SANJAY SRIRAMPUR

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Ponitesh	
23/5 9:00 AM		
	On room Air Euthemic	Plan
	C | T | A - Good	- DBF + FF 2nd hourly (15-20ml) 4hrs buying
	Oral Cavity - Normal	
	Chest - (N)	= Vaccination today
	Spine - Normal	- SBR, NBS, OAE } 48 HOL
	Anal opening - patent	
	(N) female genitalia	- Lactational Counselling
	B/L Red reflex - present	= Warmth Care
		- Nasoclear Nasal drops
	Wt loss - 3.6%	
	23/5/26	NB Advised.
	BCG, OPV, Hep-B } given	

Dr. Ponitesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

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Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 2PM	S/B Dr. Sneyha	
	B late preterm (35wk+4d) / (CGA → 35wk+5d)	
	2.22kg / Ele LSCS / CIAB	
		Plan
	Baby euthermic	- DBF + Burping 2nd hrly, FF
	CVS - S1S2 (+)	- Warmer
	RS - BLE - AE (+)	
		- SBR, NBS, OAE @ 1PM on 24/5/26
	P/A - Soft	
	CTA good.	
		- Lactation counselling
	Dr. Sneyha	NBS done
23/5/26 4:30PM	S/B Dr. Sneyha	
	B late preterm (35wk+4d) / (CGA → 35wk+5d)	
	2.22kg / Ele LSCS / CIAB	Plan
	Baby euthermic	- DBF + FF + Burping 2nd hrly
	CVS - S1S2 (+)	- Warm care
	RS - BLE - AE (+)	
		- SBR, ~~NBS~~, OAE @ 1PM on 24/5/26
	P/A - Soft	
	CTA good.	
		Dr. Sneyha

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 5pm	c/sb - Dr. Pathak	
	Late Preterm / LGA / c (35w + 4d)	Room full of Visitors Baby not seen
	2.2 kg / E.25 kg / cIAB	
	~~Baby Father~~ ~ c	
	O/e.	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

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

(P.T.O)

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 1 D (F)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	C/S/B - Dr. Sanjay	
6pm.		
	Baby euthermic.	Advise:
	Cry / tone / Activity } good.	1) warm care
		2) DBF every 2nd hr
		3) SBR / NBS / OAE] @ 48 HOL
	s/e CVS / RS / P/A } NAD	
		4) monitor vitals -
	[signature]	

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN (F)
22-05-2026 0 Y 0 M 1 D
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 8am	NMB Dr. Thanuj	
	35+4 → 35+6	2.22kg
	- accepting feeds well ✓	
	- Passing urine ✓	
	stools ✓	
	T. wt: 2.120 kg	
	- 100g	
	- 4.5% loss.	
		Plan
	o/E euthermic	1) warm care
	UT/A: good	2) DBF every 2nd h
	PF: soft	3) SBR ⎤ e/pm today
	moves (+)	NBS ⎥
	CRT: <2sec	OAE ⎦
	vitals: stable	4) monitor vitals
	[signature]	

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 1 D (F)
Dr. SANJAY SRIRAMPUR

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26. 6 pm	c/s/by Dr Sanjay Sis	Phototherapy
	- Baby Icteric on face chest/abdomen	
	- Explained regarding need of Phototherapy i/v/o SBR 11.5 & sGA/PT (as the is risk of ↑ in SBR) tomorrow)	
	Icteric (+)	
	C/T/A Good.	
	Plan	
	- start DSPT	
	- Daily	
	- DBF + FF Only f/b burping.	
	- Monitor vitals.	

Dr SANJAY SRIRAMPUR
Reg. No: HMC9465

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 2 D (F)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 8am	c̄ 5/13 - Dr. Alekhya ; Dr Anusha	
	LPT / SGA / NNJ	
	Baby on Phototherapy (started c̄ 5pm)	
	Icteric on face ; chest ; Abdomen.	T. wt 2.140. 20g (↑)
		Advice.
	o/e -	
	Cry, tone, Activity } good.	(1) Continue Phototherapy
		(ii) SBR / TCR to repeat at after rounds.
		NB sr c̄ 8A

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

(P.T.O)

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 2 D (F)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9:30am	S/B Dr. Pritesh	
	Late preterm / AGA / CS / CIAB	
	Baby Gel...	Adv
		- SBR after round
	CVS - S1 S2 (+)	
	RS - BLL AE (+)	
		- DBF + FF + Burping 2hr
	P/A soft	
	CT good	
		- c/t DSPT.
	Today wt - 2.140 kg (20 gm ↑)	

Dr. Pritesh Nanat
Consultant Pediatrician & Intensivist
Reg. No: 47184

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 2 D (F)
Dr. SANJAY SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 10 AM	S/B Dr. Sanjay	
	D Late preterm / AGA / IAD / NNJ	
MBG: A+ve BBG: A+ve	Baby Euthermic	Plan
	CVS - S1S2 (+) — RS - BLAE (+)	DDH + Bugy 2 ✓
	P/A soft	— IBR —
	Cry good	— Plan discharge
T. wt: 2.140 kg (20g ↑)		— Discharge
		— F/up on 26/5/26

Dr. SANJAY SRIRAMPUR
Reg. No: HMC9455

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 0 H (F)
Dr. SANJAY SRIRAMPUR

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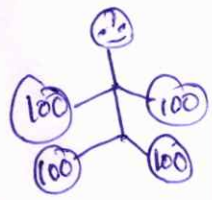

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RESULT SHEET

Date	24/5					
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	11.5					
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 grp						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015583 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 0 H (F
Dr. SANJAY SRIRAMPUR

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: 22/5

Parameter						
Time:	2Pm	5PM	7PM	10 PM	2 Am	6 Am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	36c (*)	*	*	97.1°F	98.1°F	98.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	*	*	*	*	*	*
Heart Rate (Number)	140b/m	139	142	140bm	140bm	149bm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	*	*	*	*	*	*
Resp Rate (Number)	42b/m	36	38	40bm	40bm	40bm
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	96%	97%	98%	100%	100%	100%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
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: Scores 3 should be recorded overleaf

* 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-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. SANJAY SRIRAMPUR

:CH / FRM / CLINICAL / 124

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

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RLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/5 Time:	10 AM	2pm	6pm	10 PM	2 AM	6 AM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?									

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.2°F 98.0°F 99.6°F 97.6°F 97.5°F 98.5°F 98.1°F 98.4°F 98.5°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	142bpm	138bpm	138bpm	147bpm	130bpm	146bpm	140bpm	142bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	48bpm	38bpm	40bpm	40bpm	30bpm	30bpm	30bpm	30bpm

Resp Distress	Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	99%	99%	100%	100%	100%
Conscious Level	Normal / Altered							
GCS *	15/15	15/15	15/15					
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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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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-00015583 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 0 H (F)
Dr. SANJAY SRIRAMPUR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

22/5/26 Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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		DBF									
	03:00 pm											
	04:00 pm											
	05:00 pm		DBF				✓					
	06:00 pm											
	07:00 pm		DBF									
Total Intake : Taken.						**Total Output :** Passed.						
22/5	08:00 pm		DBF+ff									
	09:00 pm						✓					
	10:00 pm		DBF+ff									
	11:00 am											
	12:00 am		DBF+ff		NP		✓	NP		✓		
	01:00 am											
Total Intake :						**Total Output :** U - 1				M - 2		
23/5	02:00 am		DBF+ff									
	03:00 am											
	04:00 am		DBF+ff				✓			✓		
	05:00 am											
	06:00 am		DBF+ff		NP			NP				
	07:00 am											
Total Intake :						**Total Output :** U - 1				M - 1		

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							
23/5	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
23/5	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
23/5/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
24/5/26	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	

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
24/05/26												
	08:00 am		DBF+ff									
	09:00 am						✓			✓		
	10:00 am		DBF+ff									
	11:00 am						✓					
	12:00 pm		DBF+ff		NA					✓		
	01:00 pm											
Total Intake :		Taken				**Total Output :**		M-1		U-2		
24/5/26	02:00 pm		DBF+ff									
	03:00 pm						✓			✓		
	04:00 pm		DBF+ff		NA			NA				
	05:00 pm	a									0	
	06:00 pm		DBF+ff							✓		
	07:00 pm											
Total Intake :						**Total Output :**				U-2 M-1		
25/5	08:00 pm		DBF+ff								0	
	09:00 pm										0	
	10:00 pm	a	DBF+ff		NA		✓			✓	0	
	11:00 pm							NA			0	
	12:00 am		DBF+ff							—	0	
	01:00 am										0	
Total Intake :						**Total Output :**				U-2 M-1		
25/5	02:00 am		DBF+ff								0	
	03:00 am									—	0	
	04:00 am	a	DBF+ff		NA			NP			0	
	05:00 am						—				0	
	06:00 am		DBF+ff							—	0	
	07:00 am										0	
Total Intake :						**Total Output :**				U-2 M-1		

Total 24 hrs. Intake		Total 24 hrs. Output	U- M-

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

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SANJAY SRIRAMPUR

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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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											
	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	

NH-00015563 IP26-00006404
aby Of RUKHSAR NAZNEEN
2-05-2026 0Y0M0D3H (F)
r. SANJAY SRIRAMPUR

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 22/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM To 2PM	→Assess the pt condition →plan for vitals →plan for DBF	8AM To 2PM	→Assessed the pt condition → vital at checked & recorded → 2nd hourly DBF given	I/O chart maintained	baby is stable	Sri Sujatha
Afternoon		—		DAY DUTY	—		
Night	8Pm to 8Am	Assess the baby condition. monitor vitals record. maintain I/O chart Provide the comfortable position. Give warm care	8Pm to 8A	Assessed the baby condition, monitor vitals recorded maintained I/O chart. Provided the comfortable positio. given warm care	→ PT is stable → vitals norm	→ monitor vitals. → maintain I/O	Sri Sujatha

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Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SANJAY SRIRAMPUR

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 23/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	→ Assess the baby condition → Monitor the vitals → Maintain I/O chart → DBF+FF over 2nd hourly	8AM to 2PM	→ Assesse the baby condition → Monitored vitals → Maintained I/O chart → DBF+FF over 2nd hourly	Baby is stable	Re-checked vitals	Anuf
Afternoon	2pm to 8pm	Assess the Baby Condition - Monitor the Vitals - Maintain I/O Chart - DBF+FF over 2nd hourly	2pm to 8pm	- Assessed the Baby condition - Monitored vitals - Maintained I/O chart - DBF+FF over 2nd hourly	Baby is stable	Re checked vitals	
Night	8PM to 8am	→ Assess the baby Condition → monitor vitals → maintain I/O Chart → DBF+FF 2nd hourly → Warm care.	8PM to 8am	→ Assessed the baby condition → Monitored vitals & recorded → Maintained I/O chart → DBF+FF every 2nd hourly	baby is stable	→ re checked vitals.	D

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Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. SANJAY SRIRAMPUR

NURSING CARE RECORD

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Date: 24/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the baby condition → monitor vitals → Maintained I/O chart → give ewy 2nd hrly feeding	8AM to 2pm	→ Assessed the baby condition → monitored vitals → Maintained I/O chart → given ewy 2nd hrly	Now pt is stable	Re-check vitals	Mani
Afternoon	2pm 8pm	- Assess the Baby condition - Monitor vitals - Maintain I/O Chart - DBF + FF ~~2nd~~ every 2nd Hourly	2pm 8pm	- Assessed the Baby condition - Monitor vitals - Maintain I/O Chart - DBF + FF every 2nd Hourly	Baby is Stable	Rechecked vital	
Night	8PM to 8AM	Assess the baby Condition, Monitor vitals & round. Maintain I/O chart. Provide the Comfortable position. give 2nd hourly feed. CT DSPT	8PM to 8AM	Assessed the baby cond, monitored vitals & round. Maintained I/O chart. Provided the Comfortable position. given 2nd hourly feed CT DSPT	→ Baby is stable. → vitals normal	→ Monitor vitals. → Maintain I/O chart.	Sneh

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Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 10 H (F)
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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

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

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

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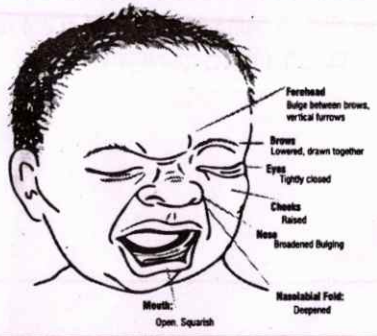
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						22/5	22/5	23/5	23/5	23/5	24/5	24/5	24/5	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						8AM	10 PM	AM'6	E2	N1	N16	E2	N1	
					Procedure ➡						0	0	0	
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA	NA	
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)	NA	NA	NA	NA	NA	NA	NA	NA	
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA	NA	
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	NA	NA	NA	NA	NA	NA	NA	NA	
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	NA	NA	NA	NA	NA	NA	NA	NA	



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

Gestational Age / Corrected Age								-	
Total Pain / Agitation Score					-	-		-	
Intervention					-	-		-	
Effectiveness								-	
Signature									

Docu.No: RCH /FRM/CLINICAL/094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
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.

NH-00015563 IP26-00006404
aby Of RUKHSAR NAZNEEN
-05-2026 0Y0M0D3H (F)
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BRADEN 'Q' SCALE

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					Date : 22/5	23/5	22/5	23/5
					Time : 8AM	8PM	12PM	6AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	3	1	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.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	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."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	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	4	4
					TOTAL SCORE	26	24	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
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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Baby Of RUKHSAR NAZNEEN
22-05-2026 0Y0M0D3H (F)
Dr. SANJAY SRIRAMPUR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Newborn			Any Infection: ☐ Yes ☑ No ☐ Not Known; If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	22/5 8AM	22/5 N1	23/5 M6	23/5/26 E2	23/5/26 N1	24/5/26 M6
	Medical Condition (Any special condition to be noted):	NA	—	—	—	—	—
	Diet:	DBF	—	—	—	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	NA	—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36°C	98.2°F	98.5°F	98.6°F	97.6°F	97.6
	Res:	40	48 b/m	40 b/m	40 b/m	40 b/m	40 b/m
	SpO_2:	98%	98%	98%	99%	99%	99%
	Pulse:	148	142	140 b/m	143 b/m	130 b/m	130 b/m
	BP:	—	—	—	—	—	—
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
	Skin Integrity	NA	—	—	—	—	good
Recommendations	Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	NA	—	—	—	—	—
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	—	—	—	—	—
	Critical Lab Test / Values:		—		—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	NA	—	—	—	—	Dependent
Post Operative Procedure Special Orders:		NA	✓	—	—	—	
Handed Over By Name :		Sujatha	Sri	Anusha	Manisha	Divya	Mou
Signature / ID :		[illegible]	40/6033	[illegible]	[illegible]	[illegible]	[illegible]
Date:		22/5/26	23/5	23/5/26	23/5/26	24/5/26	24/5
Time:		8pm	8AM	2PM	8pm	8AM	2pm
Taken Over By Name :		Sri	Anusha	Manisha	Divya	Manisha	Manisha
Signature / ID :		40/6033	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		22/5	23/5/26	23/5/26	23/5/26	24/5/26	24/5/26
Time:		8pm	8AM	2pm	8pm	8AM	2pm

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 2 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	24/5/26 E2	24/5 N1				
	Medical Condition (Any special condition to be noted):	-	-				
	Diet:	DBF+IF	-				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-	-				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.2°F				
	Res:	40bpm	42bpm				
	SpO_2:	100%	99%				
	Pulse:	143bpm	142				
	BP:	-	-				
	LOC:	-	-				
	Fall Risk Score:	0	0				
	Pain Score:	0	0				
	Skin Integrity	Good	Good				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF+IF	-				
	Critical Lab Test / Values:	-	-				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	-	-				
Post Operative Procedure Special Orders:		-	-				
Handed Over By Name :		Mamidha	Sneha				
Signature / ID :			4(01/6031)				
Date:		24/5/26	25/5				
Time:		8pm	8Am				
Taken Over By Name :		Sneha					
Signature / ID :		4(01/6031)					
Date:		24/5					
Time:		8pm					

CONSENT FOR FORMULA FEEDS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00015563 IP26-00006404
Baby Of RUKHSAR NAZNEEN
22-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. SANJAY SRIRAMPUR

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

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

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

Patient Attendant :

Signature : Gouhar

Name : Gouhar Sultana

Relationship with Patient: Sister

Date & Time : 22-5-26 ; 9:40

Witness :

Signature : Sn

Name : Sn

Date & Time : 22/5/26 @ 9:40Pm

Doctor (who is taking the consent) :

Signature : Dr

Name : Dr. Naipargi

Date & Time : 22/5

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

0015563 IP:26-00006404
M RUKHSAR NAZNEEN
2026 0Y0M0L0H (F)
NJAY SRIRAMPUR

PA

DATE : 22/5/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

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

Ped.Registrar signature

Ped.Consultant signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015563 IP26-00006404 Baby Of RUKHSAR NAZNEEN 22-05-2026 0Y0M0D0H (F Dr. SANJAY SRIRAMPUR	22/5/26 @	22/5/26 @ 8pm
	Transfer Ordered by DR. Pritesh	Reason for Transfer Obs
From Unit pre - post	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	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. Amrita	DR. Pritesh

Patient & Clinical Records Received by : 22/5/8pm

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