DISCHARGE SUMMARY

Name	Baby Of ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	HNH-00016265
Father/Guardian	Mr RAVIKANTH	**Age/Gender**	0 Y 0 M 0 D 4 H/ Male
Address	h no:1-120, , plot no:60, shantinagar hayathnagar, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006692	**Admission Date**	30-06-2026
Ref Doctor	Self.		
Discharge Date	03.07.2026		

Consultant:
Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DIAGNOSIS	ICD CODE
TERM (38 weeks + 5 days)/AGA/BABY BOY	

History: Baby Of ANANTHAGIRI SRI LAXMI PRIYANKA is a term (38 weeks + 5 days) baby boy, delivered to a G2A1 mother by elective lscs on 30.06.2026 at 10:57 am with birth weight of 3.52 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. ANANTHAGIRI SRI LAXMI PRIYANKA is a 29 years old G2A1 mother.
G1 - 2025 - 6 wks - Missed Miscarriage, MERPC done
G2 - Present pregnancy Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

Name	Baby Of ANANTHAGIRI SRI LAXMI PRIYANKA	UHID	HNH-00016265
IP No	IP26-00006692	Admission Date	30-06-2026

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

Anthropometry:
Weight at birth : 3.52 kgs.
Weight at discharge : 3.40 kgs.
Head Circumference : 35 cms.
Length : 49 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

In view of LGA baby, blood sugar levels were serially monitored which remained stable.

Serum bilirubin at 48 hours of life was 7.0 mg/dl with indirect fraction of 6.9 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	01.07.2026
OPV	Given	01.07.2026
HEPATITIS B	Given	01.07.2026

Name	Baby Of ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	HNH-00016265
IP No	IP26-00006692	**Admission Date**	30-06-2026

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

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

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

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

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

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

Plan:
1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done followup**

Name	Baby Of ANANTHAGIRI SRI LAXMI PRIYANKA	**UHID**	HNH-00016265
IP No	IP26-00006692	**Admission Date**	30-06-2026

Review consultation with Dr. S TEJASWI REDDY on Saturday (04.07.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar** / **Banjara Hills** / Rainbow Clinic **Madhapur / Kukatpally / 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**

Varun

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED * HYDERABAD

Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

1NH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
10-06-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

CONSENT FOR FORMULA FEEDS

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 : .....

Name : M. Lavi Kanth

Relationship with Patient: husband

Date & Time : 30/6/26

Witness :

Signature : .....

Name : Anusha

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Anusha

Date & Time : 30/6/26

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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 : IP26-00006692 **Admit Date** : 30-Jun-2026 **Admit Time** : 12:00 PM **UHID** : HNH-00016265

Patient Details :

Patient Name	: Baby Of ANANTHAGIRI SRI LAXMI PRIYANKA	**Age**	: 0 D
Guardian	: Mr RAVIKANTH	**DOB**	: 30-06-2026 10:57 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h no:1-120, , plot no:60, shantinagar hayathnagar Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 7995571176
		E-mail	: srilaxmiananthagiri1997@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 RAVIKANTH **Relationship** : Father

Contact Address : h no:1-120, , plot no:60, shantinagar hayathnagar Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** : 7995571176

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY **Specialisation** : NEONATOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

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

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

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NEWBORN MONITORING FORM

Date of Birth : 30/6/26
Time of Birth : 10.57 AM
Mode of Delivery : LSCS
Birth Weight : 3.52 kg
Head Circumference : 35 cm
Length : 49 cm
Red Reflex : .....

New Born Screening : .....
~~TFT~~ : SBR - (2nd) (willing)
OAE : .....
Mother's Blood Group : O+ve.
Baby's Blood Group : O+ve.
Anomaly Scan : .....
Vaccination 1/7/26 : BCG & HepB given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
30/6	3.52kg	DBF	-	36.°C	
1/7/26	3.400kg	DBF+FF	-	36.C	
2/7/26	3.400kg	DBF+FF	-	36.C	

Date	Time	Investigation	Result	Order No.	Signature
30/6/26	12PM	bloodgrouping		10656	[illegible]
30/6/26	12Pm	GRBS	52mg/dL	10657	[illegible]
30/6/26	2Pm	GRBS	62mg/dl	10679	[illegible]
					cross checked done by Afrida
30/6/26	5pm	GRBS	62mg/dl	10700	[illegible]
	9pm	GRBS	60mg/dl	10701	[illegible]
1/7/26	12Am	GRBS	66mg/dl	10702	[illegible]
1/7/26	6Am	GRBS	80mg/dl	10703	[illegible]
1/7/26	12pm. 24th	GRBS	80mg/dl		[illegible]
1/7/26	10:50pm	GRBS	60 mg/dl		[illegible]
2/7/26	9:52AM	SBR		0772	[illegible]
2/7/26	9:52Am	GRBS	88 mg/dl		[illegible]

cross checked done by Supriya 2/7/26 @ 1:45pm

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Ananthagiri Sri Laxmi Priyanka Age : 29 y. 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 : A. Sri Laxmi Priyanka

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 30/6/26 Time of Birth : 10:57 AM

Place of Birth : RCH- HNH

Mother's Blood Group : O Positive

Birth Weight (gms) : 3.52 kg. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+5 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 27/9/25 EDD : 9/7/26

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

Booked at what GA. : 20+5 wks AN Steroids Drugs / Doses : .....

Last Scans Details : 12/6 -> SLVF / 36+1 wks / AFI - 20cm / WT - 3.15 kg / Anomaly - (-)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs FTS - Low risk MTPS - (-)

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-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	2025	6 week	0		Miscarriage - MEDC	
2	Present Pregnancy					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications,

malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... 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
8/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Equipment check done
↓
Boy Baby delivered by El. LSCS
↓
CIAB
↓
Routine newborn care given
↓
DCC done < 2A 1V
↓
Inj Vit K given
↓
Baby Vigorous

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Pink
Vigorous

VITALS : Temperature : 36.5°C HR : 168/m RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 97 %

Anthropometry : Birth Weight : 3520 gm Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures : AF - op Shape / Moulding : Edema / Bruising : Size - (H.C.) :
Facies : (Any Facial Dysmorphism)	
NECK and CLAVICLES :	Range of Motion : Asymmetry : ✓ Masses :
EYES :	Symmetry : Red Reflex : To check Discharge :
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : no cleft lip / palate Palate : Gums : Lips : ✓ Tongue :
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : ✓
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Left Bowel Sounds : Umbilical Stump : Z+ 'V' Discharge :
GENITILIA :	Labia / Hymen : Testicles/penis : B/L Testis ↓ Anus : Patent
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 : 97 % Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 168/min BP : ..... Precordial Activity : Ø

Femoral Pulses : Felt Murmurs : .....

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

Abdomen :

Hernia orifice : .....

Shape : ..... Anal Patency : Patent

Palpation : Soft Umbilical Cord : 2A+1V

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

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

Nervous System : Higher intellectual functions (Sensorium) : C

State of wakefulness : I } Good

Prechtle Score : 0

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

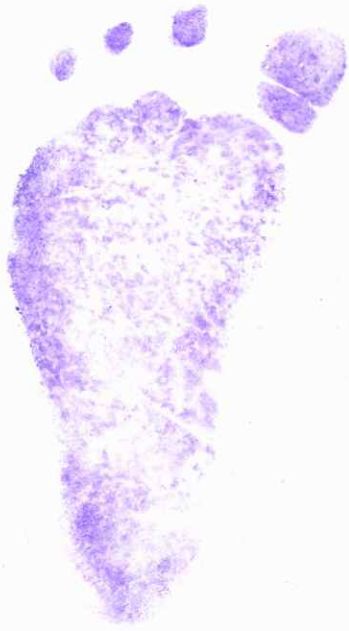
Any Congenital Anomalies : .....

.....

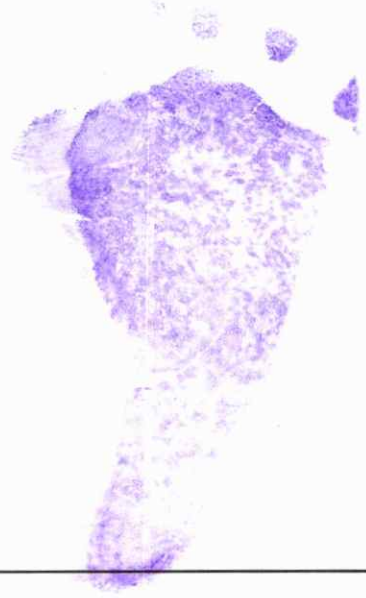
Diagnosis : G2 A1 | FT | 38+5 wk | El. LSCS | CIAB | 3.52 kg | LGA | Boy
Mat. Hypothyroid

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : PRANAV

Date & Time : 30/6/26

Consultant :

Signature : .....

Name : Dr. Tejaswi

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.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

.....

Plan

1) Warm Care

2) DBF f/b burping Q2H

3) Vaccinate Today (BCG, OPV, Hep B)

4) B/G/T

5) SBR, NBS, OAE @ 48 HOL

6) GRBS Monitoring at
1st HOL (Post feed)
3rd / 6th / 9th / 12th / 18th / 24th
36th / 48th HOL

7) Refer SAS

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI (M)
30-06-2026 0 Y 0 M 0 D 1 H
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/13 Dr. Naipurya	
30/6	T(38+5) / LGA / 3.5 kg	Mat Hypothyroidism.
	Euthermic	Plan
	C/T/A - Good Vitals - stable.	- DBF 2nd hourly thru burping
	R/S P/A / NAD	- GRBS monitoring - (T) Blood Grouping - CBR NBS OAE } 48 HOL - vaccination tomorrow
		[signature]
30/6 5pm	C/s by Dr Tejasw Baby euthermic pink vitals stable	Rx → DBF c burping + FF / every 2nd hourly → Warm Care → BCG OPV HepB } from mng.

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr Tejasw [signature]

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26	C/S/L Dr. Varun	Dr. Sushanth.
FAH.		
1M BG / O+ve	Δ - Term (38+5)	I/A / Natural Cryptorchidism
BBG / O+ve	21 HOL	
	- Pink.	
	- Isothermic.	
	Cry / Tone / Activity — Good.	Plan
		- Warm care.
		- DDP PAH.
	B/E - Vitals stable.	- 4 RBS monitoring as per orders.
	S/E - WNL.	
		- Vaccination today.
	T.W - 3400.	
	Y.W (B.W) - 3520 gms.	
	Δ - 120 ↓	N.B. maheshwari
1/7/26	BCG OPV Hep-B given	

MNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. S TEJASWI REDDY

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
1/7/26 11 AM	C/W by Dr Tejas Reddy	
	Term / Male /	Mother hypothy.
	Baby Eutlic / pink.	
	Nth 3.4 kg	
	vital stable	
		Plan
	C/I/A Good	— Lactation consultation
	S/E NAD	— EBF Only 3/h bup (FF-50s)
		— GRBS Monity
		— 1 form sos
		— Tm sample.
		Dr. Tejas
		M.B. Amoshi @ 2pm

Dr. S TEJASWI REDDY
Regn No: 94068

MNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
10-06-2026 0Y0M0D4H (M)
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 2:30 pm	Ch/B Dr. Dharani	
	- feeds ✓	
	- urine ✓	
	- stool ✓	
	O/E euthermic	
	HT/A: good	
	AF: short	Plan
	abdn (+)	1) Lactation counselling
	CRT: < 2sec	2) DBF every 2nd h
	intakes: stable.	3) SBR, NBS, OAE — 48 HOL (T/M @ 10 am)
	Dr.	4) monitor intakes.

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

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
10-06-2026 0Y0M0D4H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 4pm	M/B Dr. spandana	
	- feeds ✓	
	- urine ✓	
	- stool ✓	
	O/E euthermic	
	HTRA : good	Plan
	AF : flat	1) warm care
	moro (+)	2) DBF every 2nd h
	vitals : stable	3) SBR, NBS, ODE — @ 10am TM
	S/E - (N)	4) monitor vitals
	P. Sp[illegible]	N. B. Manisha 8:30pm

Dr. Bhandana Pasupuleti ... Pediatrician ... 38025

INH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
10-06-2025 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 8AM	C/S/B Dr. Pranav / Dr. Naipunya	
	FT / 38+5 wk / AGA / 3.5 kg / Mat. Hypothyroid	
	T. Wt - 3.400 kg (Same weight)	M/ 0+
	Wt loss - (3.4% Wt loss)	B/ 0+
		Plan
	Baby Euthermic	1) Warm Care
	C	2) DBF J/L Cupping Q2H
	T] Good	SOS - FF
	A	3) SBR
	Passing Urine	NBS] 10 AM
	Stool	OAE
	Vitals - Stable.	4) Monitor Vitals
		(signature)

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

INH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
10-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 10:30 AM	C/S/O Dr. Tejaswi Term/LGA/3.5kgs/Male.	
	- Pink, euthermic.	
	- Cry Tone Activity Good.	Plan - Warm care.
	No clinical icterus.	- Trace BR.
		- DBF Q2H + FF.
	P/E - vitals stable.	Dr Tejaswi.
	S/E - WNL.	

Dr. S. TEJASWI REDDY
Registration No: 94068

INH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
10-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/2/26 2pm.	c/s/by. Dr Anuche	
	SBR = 7 — (n).	
	No letic.	
	vital stable	Plan
		— clinically fody

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

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

DATE : 30/6

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

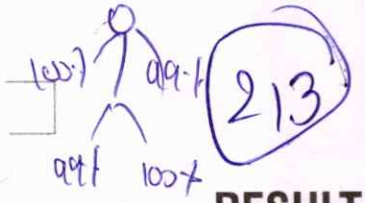
S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No Cleft	Normal	
2	Pre natal teeth	No	No.	
3	Anal opening	Patent	Patent	
4	Genitalia	B/L Testis ↓	B/L testis descended.	
5	Spine	(N)	(N)	
6	Red reflex	To check	B/L (N).	
7	4 limb saturation (before discharge)	To check		

Ped.Registrar signature

Dr. Tejaswi

Ped.Consultant signature

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY



0+VE

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It takes a lot to treat the little.

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

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

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

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

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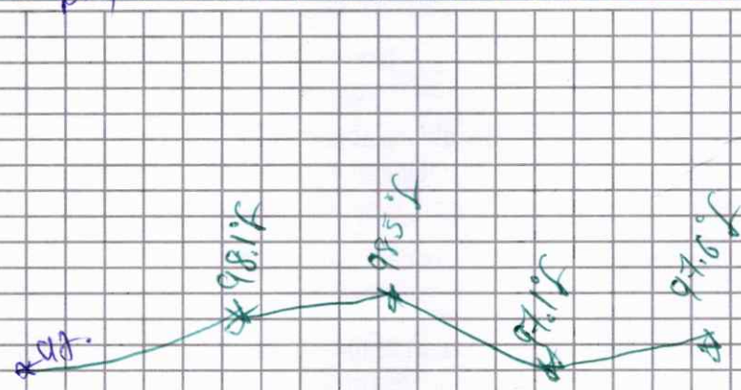
EARLY WARNING SCORE: CHILDREN'S UNIT

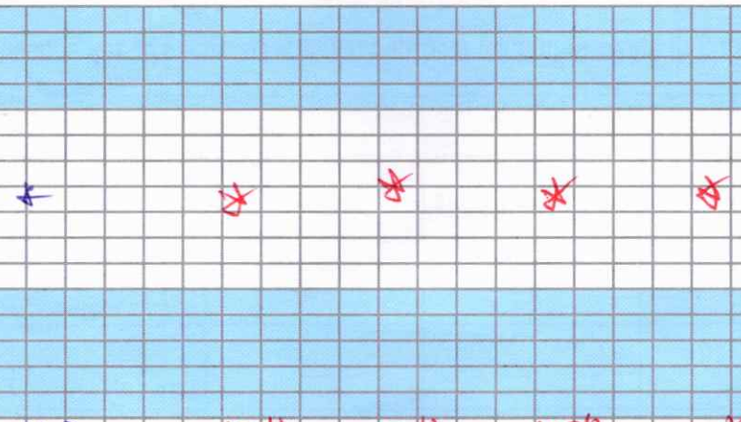
Date: 29/6 Time:	12 PM	6PM	10pm	2Am	6Am	
Doctor/Nurse/Family Concern?						

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	130	136bpm	140bpm	138bpm	140bpm

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

Resp Rate (Number)	30	38bpm	40bpm	41bpm	45bpm.
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	99	99%	100%	98%	99%
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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
BY RAINBOW HOSPITALS
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-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. S TEJASWI REDDY

RM / CLINICAL / 124

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

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

Date: ..... Time:	10 Am	2 Am	6 Pm	10 Pm	2 Am	6 Am
Doctor/Nurse/Family Concern?						
Temperature (°F)	97.6°F	98.3°F	98.6°F	98.6°F	98.6°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	138b/m	140b/m	142b/m	140b/m	140b/m	143b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	30b/m	38b/m	39b/m	40b/m	42b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Level: Normal / 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						

Note: BP does not score in early warning scoring

ACTIONS NB: Scores 3 should be recorded overleaf	
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* 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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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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.
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HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0Y0M0D4H (M)
Dr. S TEJASWI REDDY

M / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time: 10 Am 2 Pm

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.7°F 98.3°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) 138 b/m 140 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 38 b/m 40 b/m

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min)			
O_2Saturations (%)		99 %	100 %
Conscious Level	Normal		
	Altered		
GCS *			
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		GA	GA

ACTIONS

NB: Scores 3 should be recorded overleaf

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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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-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

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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.

		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							
30/6/26	08:00 am											
	09:00 am		.									
	10:00 am											
	11:00 am		DBF									
	12:00 pm				NA							
	01:00 pm		DBF									
Total Intake : taken						**Total Output :**						
30/6/26	02:00 pm	i										
	03:00 pm		DBF									
	04:00 pm				NA			NA				
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		DBF									
	10:00 pm											
	11:00 pm		DBF									
	12:00 am											
	01:00 am		DBF									
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am		DBF									
	04:00 am											
	05:00 am		DBF									
	06:00 am											
	07:00 am		DBF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 4 H (M)
Dr. S TEJASWI REDDY

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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							
1/7/26	08:00 am											
	09:00 am		DBF									
	10:00 am		TFF									
	11:00 am				NA			NA				
	12:00 pm		DBF									
	01:00 pm		FF									
Total Intake :						**Total Output :**						
1/7/26	02:00 pm		DBF									
	03:00 pm											
	04:00 pm		DBF									
	05:00 pm				NA			NA				
	06:00 pm		DBF									
	07:00 pm											
Total Intake :						**Total Output :**						
1/7/26	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF		NA			NA				
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake :		Taken				**Total Output :**				U-2	M-1	
2/7/26	02:00 am		DBF+FF									
	03:00 am											
	04:00 am		DBF+FF		NA			NA				
	05:00 am											
	06:00 am		DBF+FF									
	07:00 am											
Total Intake :		Taken				**Total Output :**				U-2	M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

1NH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
10-06-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

Patien

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

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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.

		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							
2/7/26	08:00 am											
	09:00 am		DBF FF									
	10:00 am				NA			NA				
	11:00 am											
	12:00 pm		DBF FF									
	01:00 pm											
Total Intake :						**Total Output :** U- M-						
2/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U- M-						
	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**	

Patient Sticker

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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	

HNH-00016265 IP26-00006692
Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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Date: 30/6/26

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 → give every 2nd hrly feeding	8AM to 2pm	→ Assessed the baby condition → given every 2nd hrly feeding	Now pt is stable	Re-check vitals	Moni
Afternoon	2pm | 8pm	- Assess the baby condition - Monitor vitals & record - Maintain I/O chart. - DBF 2nd hrly - plan vaccination Tlm	2pm | 8pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/O chart - DBF 2nd hrly	patient is stable now	Re-checked vitals	[illegible]
Night	8pm 8am	Assess the baby [illegible] the [illegible] DBF 2nd hrly warm care	8pm 8am	Assessed the baby [illegible] the [illegible] DBF 2nd h provided warm care	[illegible]	[illegible]	[illegible]

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Baby Of ANANTHAGIRI SRI LAXMI
30-06-2026 0Y0M0D4H (M)
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Pat

NURSING CARE RECORD

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Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	=>Assess Baby condition =>monitor the vitals =>maintained Iocharf -> DBF+FF every 2nd hrly =>Monitor the GRBS	8am to 2pm	=>Assessed Baby condition =>monitored vitals =>maintained Iocharf =>DBF+FF 2nd hrly =>monitored GRBS	Baby is stable	Re-checked vitals	Rej
Afternoon	2pm to 8pm	=>Assess the pt. condition => Maintained Io Chart => DBF + FF 2nd hourly => Monitored GRBS	2pm to 8pm	=>Assess the condition => monitored vitals => Maintained =>DBF+FF 2nd hrly => Monitored GRBS	Baby is a stable	Re-checked vitals	Madhu
Night	8pm 8Am	- Assess the pt condition - monitor vitals - maintain GRBS -DBF+FF 2nd hourly	8pm 8Am	- Assessed the Baby condition - monitored vitals - Maintain GRBS -DBF every 2nd hrly	Baby is Stable	Re-checked vitals	Manitha

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NURSING CARE RECORD

Date: 2/7/26

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 Baby condition → monitor the vitals → maintain I/o chart → DBF+FF every 2nd hrly → send SBR	8am to 2pm	→ Assessed Baby condition → monitored vitals → maintained I/o chart → DBF+FF 2nd hrly → Seneded SBR	Baby is stable	Re-checked vitals → Trace Reports	
Afternoon		→		Day Duty →			
Night							

Patient Sticker

NURSING CARE RECORD

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BirthRi
BY RAINBOW HOSI
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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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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NB

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

BACKGROUND

Area / Shift Time	30/6/26 M6	30/6/26 E2	1/7 8am	1/7 8AM	1/7/26 E2	1/7/26 N1
Medical Condition (Any special condition to be noted):	—	—	NB	NB	NB	NB

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.	97.8°F	98.4°F	98.5°F	98.5	98.6°F
Res:	36.	40/m	45/m	45/m	45/m	40/m
SpO_2:	99.	100%	99%	99%	99%	99%
Pulse:	136	140/m	142	140/m	140/m	140/m
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	0

Recommendations

Safety Needs:	—	—	—	—	—	Good
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—

Handed Over By Name :	Mowi	Priyanka	Mowi	Anusha	Madhu	Manisha
Signature :						
Date:	30/6/26	30/6/26	1/7	1/7/26	1/7/26	2/7/26
Time:	2pm	8pm	8am	2pm	8pm	8AM
Taken Over By Name :	Priyanka		Anusha	Madhu	Manisha	Supriya
Signature :						
Date:	30/6/26	30/6	1/7/26	1/7/26	1/7/26	2/7/26
Time:	2pm	8pm	2pm	8pm	8pm	8AM

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Baby Of ANANTHAGIRI SRI LAXMI
10-06-2026 0 Y 0 M 1 D (M)
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NB	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	2/7/26 M5					
	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:	98.4°F					
	Res:	43b/m					
	SpO_2:	100 %					
	Pulse:	143b/m					
	BP:	–					
	Fall Risk Score:	–					
	Pain Score:	"0"					
Recommendations	Safety Needs:	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:		SOF 10pm					
Handed Over By Name :		Anusha					
Signature :							
Date:		2/7/26					
Time:		8pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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BRADEN 'Q' SCALE

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					Date : 30/4	30/6	1/7	1/7
					Time : Mb	E2	Mb	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	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.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	24	28
				Evaluator's Name				

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

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

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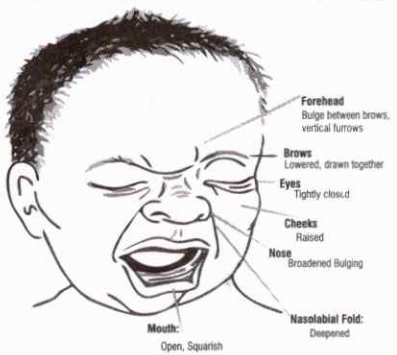
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						29/6	30/6	1/7	2/7					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						1PM	E2	M6						
					Procedure ➡	NP	NA	WA						
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	–		–						
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	–	–	–						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	–	–							
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	–	–	–						
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	–	–	–						
Gestational Age / Corrected Age						28W	38+5	39+1 week						
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 / [illegible]
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 DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: baby of sai laxmi Mother's Name: mrs. sai laxmi

Date of Birth: 30/6/26 Time of Birth: 10:57 Pm Gender: ☑ Male ☐ Female

Birth Weight: ..... Kgs HC: ..... cm Lenght: ..... cm

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

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

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: 'o' positive 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: 97 °C HR: 186 /Min RR: 72 /Min BP: ..... SpO_2: 99

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

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Monika Signature: Date &Time: 30/6/26

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016265 IP26-00006692 Baby Of ANANTHAGIRI SRI LAXMI 30-06-2026 0 Y 0 M 0 D 1 H (M) Dr. S TEJASWI REDDY	30/6/26 @ 12pm	30/6/26 @ 2,50pm
	Transfer Ordered by Dr. Pranav	Reason for Transfer obs
From Unit Dre post	To Unit ROOM (213)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 2	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

N/A

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S. Manika	Dr. Pranav
Patient & Clinical Records Received by :	Priyanka
Date & Time of Patient Received :	30/6/26 @ 3pm

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