NICU

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of FATIMA BEGUM TWIN 1	**UHID**	HNH-00016624
Father/Guardian	Mr MD IMRANULLAH KHAN	**Age/Gender**	0 Y 0 M 2 D/ Male
Address	HNO:19-2-438/2,3, Chandulal Baradari, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006864	**Admission Date**	16-07-2026
Ref Doctor	SELF		
Discharge Date	19.07.2026		

DR. S. TEJASWI REDDY MBBS, MD (Paed) DM Neonatology CONSULTANT PEDIATRICIAN AND INTENSIVIST APMC/FMR/94068	**DR. SPANDANA PASUPULETI** MBBS, MRCPCH CONSULTANT PEDIATRICIAN AND INTENSIVIST Reg No: 30925

Diagnosis: LATEPRETERM (34 WEEKS+2 DAYS) /DCDA TWIN-I/CIAB/LBW/1.74 KG/ MALE/RDS.

History : Baby Of FATIMA BEGUM TWIN 1 is a Late preterm (34 weeks + 2 days) / baby boy of birth weight 1.74 kgs, born to G5P4L4 mother delivered by emergency LSCS (Indication: DCDA twins with Absent End Diastolic Flow in Twin 1.) on 16.07.2026 at 03:39 pm. Baby cried immediately after birth. Apgar scores and resuscitation details were 6/10 at 1 min, 10/10 at 5 min. Baby developed respiratory distress after birth for which baby was started on DR CPAP and shifted to NICU - for further management.

Name	Baby Of FATIMA BEGUM TWIN 1	**UHID**	HNH-00016624
IP No	IP26-00006864	**Admission Date**	16-07-2026

Maternal History : Mrs. FATIMA BEGUM is a 35 years old G5P4L4 mother. Mother's blood group is AB Positive.
G1 - 2014, FTSVD, Male, A & H.
G2 - 2013, FTSVD, Female, A & H.
G3 - 2020, FTSVD, Female, A & H.
G4 - 2022, FTSVD, Female, A & H.
G5 - Present Pregnancy, Spontaneous Conception. She had regular antenatal checkups. Last antenatal scan done showed increased UA resistance and abnormal dopplers. H/O: Hypothyroidism and GDM present. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Examination: At the time of admission baby was euthermic and having respiratory distress. His saturations were 85%, heart rate was 155/min, respiratory rate was 66/min with subcoastal and intercoastal retractions. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 1.74 kgs
Weight on Discharge : 1.660 kgs
Head circumference : 32 cms
Length : 45 cms.

Investigations: Enclosed reports.

Done on 16.07.2026 showed Hb was 21.5 g/dl, WBC- 8460 cells/cumm and

Name	Baby Of FATIMA BEGUM TWIN 1	**UHID**	HNH-00016624
IP No	IP26-00006864	**Admission Date**	16-07-2026

platelets - 1.81 lakhs/cumm. Blood culture and sensitivity shows no growth after 24 hours of incubation. CRP was 5 mg/L. **Blood group A positive.**

NEUROSONOGRAM shows:
Both the lateral and third ventricles are normal. No hydrocephalus.
Fourth ventricle is normal.
Posterior fossa structures are grossly normal.
No e/o intraventricular densities.
Posterior periventricular white matter mild hyperechogenicity noted - preterm state.
Visualised rest of cerebral parenchyma is normal. No obvious bleed
Both thalami are normal.

Management:
RDS - Non Invasive Ventilation:
In view of respiratory distress, the baby was shifted to NICU and started on NIPPV. (PEEP: 6, PIP:16, FiO2: 21%). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Cord ABG showed pH of 7.25, pCO2 of 50.8 mmHg, pO2 of 27 mmHg, HCO3 of 22.1 mmol/L and BE of -5.2 mmol/L. Initial chest x-ray done suggestive of Bilateral diffuse granular opacities noted, suggestive of respiratory distress of prematurity. As the respiratory distress settled on the following day morning baby was weaned off to CPAP and later in the evening to room air. Now baby is maintaining saturation at room air without any respiratory distress.

Feeding: Once hemodynamically stable, he was started on OG feeds. Later once the baby is removed from CPAP spoon feeds were started , which he accepted and tolerated well. As the baby is accepting spoon feeds well he is

Name	Baby Of FATIMA BEGUM TWIN 1	UHID	HNH-00016624
IP No	IP26-00006864	Admission Date	16-07-2026

shifted to ward for further management. At present baby is on spoon feeds & direct breast feeds, which he is accepting and tolerating well.

Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids and IV antibiotics (injection ampicillin and gentamycin) after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal. Blood culture sent at the time of admission was sterile and IV antibiotics were stopped after 2 days.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	19.07.2026
OPV	Given	19.07.2026
HEPATITIS B	Given	19.07.2026

Advice:
Keep baby clean and warm.
Continue kangaroo mother care.
Continue demand paladay feeding as advised.
Immunization as per schedule.
Syp. Calcimax P 2 ml orally twice daily till 3kg.
Vitamin D drops 0.5 ml per oral once daily till further advice.
Syp. Domstol (1ml/1mg) 0.3ml SOS / 8th hourly incase of vomitings

Name	Baby Of FATIMA BEGUM TWIN 1	**UHID**	HNH-00016624
IP No	IP26-00006864	**Admission Date**	16-07-2026

Plan:
Neurosonogram to be done at 40 weeks of PMA
Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.
Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.
Serum Bilirubin to be done / decided on followup.

Review consultation with Dr. S TEJASWI REDDY on (21.07.2026) 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 / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

Name	Baby Of FATIMA BEGUM TWIN 1	**UHID**	HNH-00016624
IP No	IP26-00006864	**Admission Date**	16-07-2026

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

Registrar/Resident/C.M.O

DR. SPANDANA PASUPULETI
MBBS, MRCPCH
CONSULTANT PEDIATRICIAN AND INTENSIVIST
Reg No: 30925

DR. S. TEJASWI REDDY
MBBS, MD (Paed) DM Neonatology
CONSULTANT PEDIATRICIAN AND INTENSIVIST
APMC/FMR/94068

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. S TEJASWI REDDY

INTENSIVE CARE UNIT
ICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: AB+ve Baby's Blood Group: ..... Sheet No: 1

Gest Age: ..... Birth Weight: 1.740kg

Date: 17/7/26	Date: 18/7/26	Date: 19/7/26
DOL D1 Weight 1.720 ↓ 20 grms	DOL D2 Weight 1.680 ↓ 40 grms	DOL D3 Weight 1.660 ↓ 20 grms
Problems: PT/RDS	Problems: PT/RDS	Problems: PT/RDS
Rs. 30-60 b/m Exam Done Vent. Setting NIV ABG CXR P S O S	Rs. 30-60 bpm Exam Done Vent. Setting RA ABG CXR P S O S	Rs. 30-60 bpm Exam done. Vent. Setting RA ABG CXR P S O S
CVS HR 120-160 bpm BP Map Cap Refil	CVS Normal HR 120-160 bpm BP Map Cap Refil	CVS Normal HR 120-160 bpm BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 153 mg/dl U Output: (CC/kg/hr) Exam Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: 96 mg/dL U Output: (CC/kg/hr) Exam Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: 100mg/dl U Output: (CC/kg/hr) Exam done. T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP 5.0 Antibiotics Inj: Ampicillin	C/s Results CRP Antibiotics Inj: Ampicillin	C/s Results CRP Antibiotics R/ —
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done.	Assessment Done.	Assessment done.
Plan	Plan	Plan

Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0Y0M0D7H (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

RESULT SHEET

Date	16/7/26					
Time	7:51pm					
Hb	21.5					
PCV	59.3					
RBC	5.34					
WBC	8.46					
N/L						
Platelets	181					
CRP	5.0					
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.,) : .....

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (If infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.

Patient Sticker

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.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

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

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

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)

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

Resp Rate (Number)

Resp Distress | Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%)

Conscious Level | Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

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

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

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 23 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

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	8			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet				
9	General consent for treatment				
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	1			
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)				
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)	3			
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing Estcard	1			
	Total No. of Pages	34		19/7/26	

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

Signature and Date :

(P.T.O)

ERROR LOG

LOCATI OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

2nd Flo ard / Oncology / 1st Floor Wards.

OBSERV)N :

DATE

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006864 **Admit Date** : 16-Jul-2026 **Admit Time** : 04:47 PM **UHID** : HNH-00016624

Patient Details :

Patient Name	: Baby Of FATIMA BEGUM TWIN 1	**Age**	: 0 D
Guardian	: Mr MD IMRANULLAH KHAN	**DOB**	: 16-07-2026 03:39 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO:19-2-438/2,3 Chandulal Baradari Hyderabad Telangana INDIA 500064	**Phone No**	: 8367589928/ 8019759560
		E-mail	: MDIMRANUK@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU1-403 **Ward Name** : 4F -NICU 1

Room No : NICU1-403 **Admission Type** : First Visit

Contact Details :

Name : Mr MD IMRANULLAH KHAN **Relationship** : Father

Contact Address : HNO:19-2-438/2,3 Chandulal Baradari Hyderabad Telangana INDIA 500064 **Phone No** : 8367589928

Signature

Doctor Details :

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

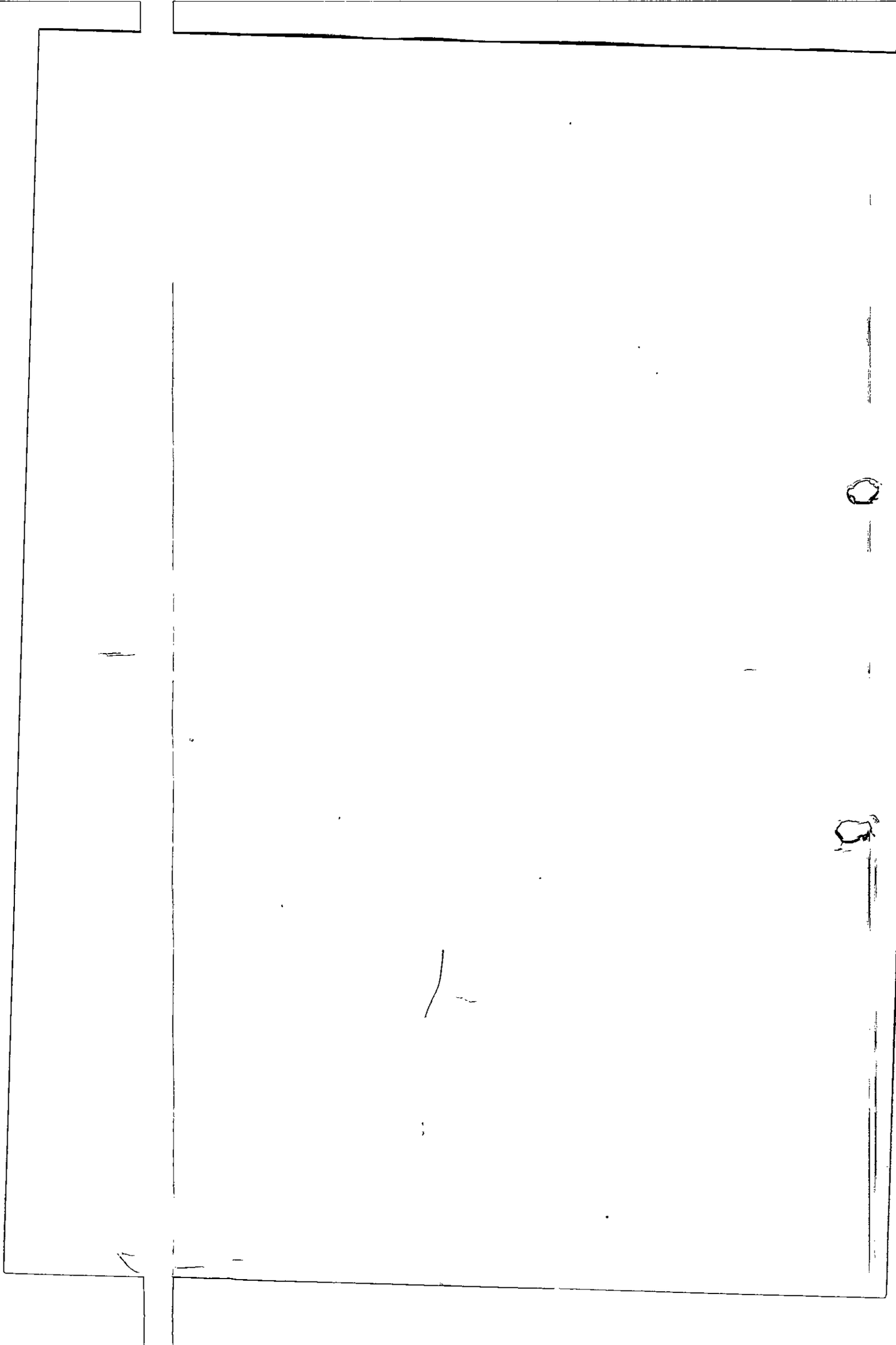
Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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



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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

Name: --------- ----------

UHID No : ------ ---- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	4pm	OT	NICU	S. prasanna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swetha	17/7/26	14757	SH
2.	Cross Cluled done by	Dhanya	18/7/26 @ 3pm	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/7/26	BP, CRP, Blood culture	11882	
	Blood Grouping		
	FBG (1)		
	RBG (2)	11881	
	RBS (52 mg/dl) (1)		
	RBS (111 mg/dl) (2)	1886	
16/7/26	Chest x-ray	8637	
17/7/26	ABG RBS (153 mg/dL) (3) (3)	1914	
17/7/26	ABG RBS (136) (4) (4)	1909	
17/7/26	USG	008648	
17/7/26	2DECHO		Prasanna
17/7/26	ABG, RBS (101 mg/dl) (5) (5)	1962	
~~17/7/26~~	~~ABG RBS (96 mg/dl)~~ (6)	~~1962~~	
	Cross cleuled done by Dhaya 18/7/26 @ 3pm		
19/7/26	RBS (100mg/dl) (6)	12077	

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	Invasive monitor	4:47 pm	19/7/26 10:00am		
	Syringepump		18/7/26 2pm	14450	
	Oxygen		17/7/26		
	CPAP		12NOON		

Cross clerked done by Dhanya 18/7/26 @ 8Am

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

PROCEEDU

Date	Proceedure	Quantity	Order No.	Signature
16/7/26	Ivplacement	01	4468	
17/7/26	Ivplacement	01	14761	
	Cross clubbed done by Dhaya			18/7/26 (₹300/-)

ANY OTHER INFORMATION

2D Echo - (1)
USG - (1)
ABG - (5)
RBS - (6)
Chest x-ray - (1)

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. S TEJASWI REDDY

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
16/7/26	5pm	5< mg/dL	① IV fluids	SY
16/7/26	8pm	111 mg/dL	② "	SY
17/7/26	12 Am	153 mg/dl	③ "	
17/7/26	6 Am	136 mg/dl	④ "	
17/7/26	6 pm	101 mg/dl	⑤ "	
~~16/7/26~~	~~6 pm~~	~~96 mg/dl~~	~~⑥~~	
19/7/26	6 Am	100 mg/dl	⑥ "	

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/o Fatima Twin I Age: Newborn Gender: Male ☑ Female ☐

UHID.No : Date: 16/7/26

I Imran S/o, ~~D/o, W/o~~ Mohd. Ateeq hereby declare that our patient Mr. / Ms B/o Fatima Twin I who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 16/7/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

Late preterm / SGA / 1.74kg / Twin-I, RDS-NIV (34wk+1d)

The doctors have clearly explained to me that my patient B/o . Fatima Begum Twin-I during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o : Fatima Begum Twin I in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : Imran

Name : Mohd. Imran.

Relationship with Patient: Father.

Date & Time :

Witness :

Signature : Saijmiya

Name : S

Date & Time : 16/7/26

Doctor (who is taking the consent) :

Signature : R

Name : B. Sreejha

Date & Time : 16/7/26 5 P m

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 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

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o FATIMA BEGUM – Twin 1 Gender: ☑ Male ☐ Female

UHID No : ..... Department : NICU Date : 16/7

I ..... S/D/W/O .....

Here by give consent for procedure of : Non Invasive Ventilation

For my patient, Named : B/o FATIMA

The doctors have clearly explained to me that the procedure has following possible complications:

Pneumothorax / Nasal Injury

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Breathing Support

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Tejasvi

Patient Attendant :

Signature : .....

Name : Mohd. Imran.

Relationship with Patient: Father

Date & Time : 16/07/2026.

Witness :

Signature : .....

Name : .....

Date & Time : 16/7/26 @ 6pm

Doctor (who is taking the consent) :

Signature : .....

Name : PRANAV

Date & Time : 16/7/26 @ 6pm

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

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-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. S TEJASWI REDDY

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

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

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

Patient Attendant :

Signature : .....

Name : Mohd-Imran.

Relationship with Patient: Father.

Date & Time : 16-07-2026.

Witness :

Signature : .....

Name : .....

Date & Time : 16/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : PRANAV

Date & Time : 16/7/26

Ref. : F/NICU/FD/02

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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 .....

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 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

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Fatima Begum Age : 35y 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 Fatima Begum Twin - 1

Gender : ☑ M ☐ F Blood Group : [redacted]

Date of Birth : 16/7/26 Time of Birth : 3:39 pm

Place of Birth : RCH - MNH

Mother's Blood Group : AB +ve

Birth Weight (gms) : 1.74kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 34^{+2} wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 18/11/25 EDD : 25/8/26

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

Booked at what GA. : ..... AN Steroids Drugs / Doses : 2 doses on 3/6 & 4/6

Last Scans Details : Twin 1 → Breech - Pl post / SVP - 3.6cm / UA - shows few loop & increased pulsatility

Twin 2 → Breech / SVP - 3.5cm / UA - Tr resistance CP ratio - 1.01 ..... TT Immunization and Iron / Folic Acid : few loop & occassional AEDF CP Ratio - 0.72

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☑ > 35yrs TIFFA - (N)

Consanguinity : ☐ Yes ☐ No Fetal echo - (N)

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

Controlled or not, recent values, HbA1 values : Glycomet - 500mg

.....

Compliance with Rx : .....

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

H/o Hypothyriodism ? when diagnosed ? Medication?

Thyronorm .....

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 : .....

Patient Sticker

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	12y	FT		Male	SVD	
2	11y	FT		Female	SVD	
3	6y	FT		Female	SVD	
4	4yr	FT		Female	SVD	
5)	Present Pregnancy					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : Fetal Bradycardia

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : pH-7.29 / pCO_2-48.7 / pO_2-18 / HCO_3-20.2 / BE-3.7

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

malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	2	
1	2	
TOTAL 6/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Equipment check done

↓

Twin-I Boy baby delivered by Br LSCS

↓

Routine platform care given

↓

Umb cord cut & 2nd IV

↓

Inj Vit-K given

↓

Baby has RD

↓

DR- CPAP started

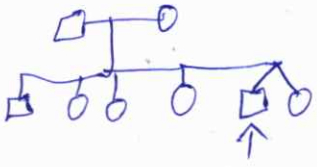
↓

In view of RD → Shifted to NICU

Investigation details in previous Hospital :

Feeding History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Birth
Vigorous c Respiratory distress

VITALS : Temperature : 36.3°C HR : 177/m RR : 60/m NIBP : CFT :

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : 1.74 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : AF – 0pm Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :
Facies : (Any Facial Dysmorphism)	
NECK and CLAVICLES :	Range of Motion : (N) Asymmetry : Masses :
EYES :	Symmetry : Red Reflex : To check Discharge :
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : No cleft Nasal shape / Patency : Palate : Gums : Lips : Tongue :
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : (N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A + IV Discharge :
GENITILIA :	Labia / Hymen : Male – B/L Testis ✱ Testicles/penis : Anus : Patent
HERNIAL ORIFICES	
TRUNK and SPINE :	(N)
SKIN LESIONS :	
EXTREMETIES :	Fingers / Toes : Arms / Legs : (N) Deformities : Mobility : Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 66 h' SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 96% Auscultation : B/L AE @ Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 172 h' BP : ..... Precordial Activity : N

Femoral Pulses : Felt Murmurs : .....

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

Abdomen :

Hernia orifice : .....

Shape : ..... Anal Patency : Patent

Palpation : Soft Umbilical Cord : 2 A + 1 V

Palpable masses : ..... First urine passed : ✗ ✓

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

Nervous System : Higher intellectual functions (Sensorium) : C

State of wakefulness : T } Good

Prechtle Score : .....

Nerves : ✓

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

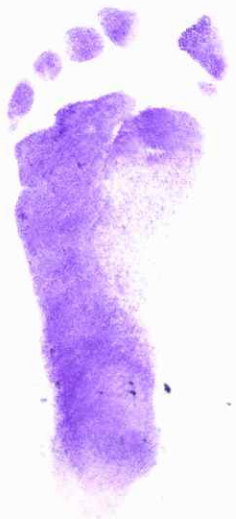
Any Congenital Anomalies : .....

.....

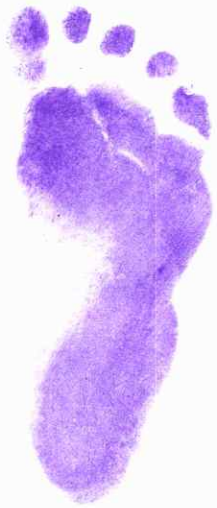
Diagnosis : G5P4L4 / Late PT / 34^{+2} wk / Em LSCS (Absent Doppler) / CIUB / Boy / 1.74 kg / LBW / RDS - NIV / GDM on OHA + Mat Hypothyroid

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : PRANAV

Date & Time : 16/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

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) Shift to NICU

2) NIV ← PIP - 16
PEEP - 6

3) TV - 80 ml/kg/day
5.8 ml/hr [10% D + 8.8 ml CALCIUM GLUCONATE

4) Send CBP
CRP
Blood cls
Blood group

5) Monitor VSI

6) GRBS Monitor - 4th hrly

7) Inj. SOS

8) Chest Xray

9) Ampicillin
Continue

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

DATE : 16/7/26

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	Male B/L Testis ↓		
5	Spine	(N)		
6	Red reflex	To check		
7	4 limb saturation (before discharge)	To check		

Ped.Registrar signature

Ped.Consultant signature

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

(1)

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
16/7	C/S/B Dr. Tejaswi	
4:15pm	Late PT / 34+2 wk / DCDA Twin 1 / EMLSCS (AHCA Doppler) / Baby / CIAB /	
	RDS - NIV	
	Stat NIV	Rx
	PIP - 16 / PEEP - 6cm	1) NIV
	FiO_2 - 21% / Rate - 60/min	2) Chest Xray
		3) TV - 80 ml/kg/day
		10% D + 8.8 ml CaGluc
	VSS	
	HR - 174/min	4) CBP, CRP, Blood cls, B/S/T — Now
	RR - 62/min	
	SpO_2 - 96%	5) SRBS Monitoring - 8 hrly
	SCR @ / ICR @	6) Inj Ampicillin 87 mg Gentamycin
		7) Monitor VSS.
	Noted by Laurinprasanna	
	16/7/26 @ 4:15 pm	

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

(P.T.O)

4NH-00016624 IP26-00006664
Baby Of FATIMA BEGUM TWIN 1
15-07-2026 0Y0M0D4H (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

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1 (M)
16-07-2026 0 Y 0 M 0 D 3 H
Dr. S TEJASWI REDDY

(2)

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
16/7 5pm	Counselling B/O Extra Twin 1	
	Twin – 1 – Boy – 1.7kg	
	Baby had RD at birth –	NIV ventilation ~ Mask CPAP Pressure support
	Will wait for 6 hours on NIV – if distress worsen then Mechanical Ventilation	
	As of now stable on NIV – Maintaining saturation, then at night if possible CPAP Blood test for infection sent, then start antibiotic	
	If baby stable by night – Then will start feeding 2-3 ml.	
	T/m – after 24 HOL →	NSG & 2D echo
	If off CPAP – then will start spoon feed if Calculty full feed.	
	Atleast 3-4 days, when	we can shift to room.

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr. Tejas

noted by Saipriya
16/7/26 @5pm

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 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
16/7/26 10 pm	S/B Dr Sindhu M	
	Also hus at [illegible]	
	HR - 157/min	
	SpO2 - 100%	
	(stamp: Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66970)	(signature) ANUSHA M
17/7/26 12:30 am	S/B Dr. Thanm I/do Dr. spandana	
	- PIP : 18 → 16] on NIV - RR : 60 → 55	
	- Vitals :	Plan
	HR : 157 bpm	1) Ct NIV
	RR : 55 cpm	2) Repeat CBG at 6 am
	SpO2 : 97%	3) Rest ct. as per
	BP : 53/45 (48)	Rx chart
	(signature)	Noted by Nikitha 17/7/26 @ 12:30 Am

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 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

(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 7:30am	U/b Dr. Dharani	
	- on NIV	
	L PIP: 16	
	RR: 55	
	PEEP: 6	
	FiO_2: 21%	
	- passing urine & stools	
		Plan
	O/E	1) ct. NIV
	Vitals: HR: 144 bpm	2) leave blood c/s
	RR: 45 cpm	3) ct. IVF
	SpO_2: 100%	4) URBS monitoring
	P/A - soft	5) ct. ampi & genta
		6) Rest ct. as per Rx chart
	(signature)	
	change to CPAP now	Noted by Nikitha 17/7/26 @ 7:30 AM

(P.T.O)

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0Y0M0D4H (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
17/7/26 9:30 am	c/o B/o Dr. Tejaswini	
	LPT | 34+2w | RDS |	
	on cpap:	
	PEEP: 5	
	FiO_2: 21%.	Plan
	~~Feeds~~ Urine ~~Stools~~] ✓	1) change to cpap now
		2) VBG at 12pm
	O/E	3) tt. aspi & genta
	vitals; HR: 131bpm	4) trace blood cls.
	RR: <5 bpm	5) NPI] in the evening
	SpO_2: 98%.	aPTT, PT INR]
	BS: BSE (+)	6) OG feeds - 2ml | 2nd h
		↑ 1ml every 4th h.
		7) monitor vitals.
		8) 2D echo] today.
		NSG
	Noted by Lavanyaprasanna 17/7/26 @ 9:30 Am	

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 17 H (M)
Dr. S TEJASWI REDDY

Fathima I

(4)

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
17/7/26 11:20 AM.	Counselled (20 & Tejas)	
	- Baby maing on CPAP ↓ Improving.	(NIV → CPAP).
	- Today @ 12pm VBG planned - 4 (n).	
		↓ Plan to tape CPAP.
		↓ RA.
	- Today USG, 2D Echo	
	- Evening planned NPI sample / ~~PT APTT INR~~ PT APTT INR.	
	- started feed - Need w/f tolerance.	
	· If Baby out of CPAP / tolerating full feeds @ spoon feeds / No respiratory distress. Sepsis	
	↓ Try to shift out (take time) in picture	
	(Take 1-2-3 day).	
	Dr. S. TEJASWI REDDY Registration No: 94068 Dr. Tejas	2.

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 17 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
17/7/26 4:00 pm	c/s/B- Dr. Prashanti Dr. Anusha.	
	Δ- Late Preterm / Twin 1 / RDS. 34+2 wks	
	On Room air : 12pm	Plan
	tolerating Urine ✓ 2 Pedo (N)	- IRACE NSG report Blood c/s - CA ampi/Genta - Send NP1 PT/aPH/INR] evening 6 pm.
	o/E : in Prone Position (R) hand IV Canulated	- Start feed - W/F intolerance
	HR - 144/min RR - 38/min SpO2 - 98% on RA BP - 58/42 mmhg. CFT < 3sec	- Monitor Vitals.
	s/E Cry, Tone, Activity Good	Diet.
		Noted by pranavi 17/7/26 @ 4pm

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

w. Twin 1

(T)

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
17/7/26	Counselling notes.	
6pm.		
	On NPAP → Roomair.	
	Spoon feeding to start & establish, for	To look vomiting
	Plan to Grade up tomorrow.	
	At 6pm NA1/PT, APTT, INR → NOT WILLING	
	Only VBG at 6pm after discussion.	
	VBG - To look for managing respiratory distress & taper support → VBG at night	
	to Monitory oxygen requirement.	
	Intibiotics for infection	
	2DEcho / NSG for preterm Protocol.	
	If ~~baby~~ baby is ok tomorrow, feeds established.	Training the mother
	no vomiting → D/S	
	if vomiting → can continue ~~the baby~~ if they are willing	
	TEJASWI REDDY Dr. No: 94068	
	Dr. Tejas	

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 23 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
	CIS/13 Dr. Naipuya / Dr. Archana	
17/7 11:00pm.	LPT / LBW / RDS.	
	On RA	Plan
	Tolerating feeds well.	- OG feeds 5ml/2nd day ↑ 1ml./4th hourly
	Vitals - stable.	
	HR-142, SpO2-97%. RR-32	- Cap Ampicillin Gentamycin
	RCS - BLAE	
	PA - Soft Nodistension.	- Trace Blood Cl2
		- Monitor vitals
		Ref
		Noted by Nikitha 17/7/26 @ 11:00 pm

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. S TEJASWI REDDY

6

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
18/7/26 7AM	· RB Dr. Archana / Dr Naipunya ·	
	LPT (34^{+2} wks) / LBW (1.74 kgs) / RDS	
	D1 → D2 OL (43 hrs of life) -	
	on Room Air	Advice
	Tolerating feeds well ·	· Ct Ampicillin + Gentamicin
	on 5cc / 2hourly feeds ·	· Ct RVF
		· Plan to increase feeds [1cc / 4th hourly ;]
	s/o : (168.1 - 200)	· watch for distress ·
	- 31.9 cc balance ·	
	u/o - 4.8 cc/kg/hr ·	
	o/e HR - 132 bpm	
	RR - 52/min	
	pp - wf	
	BP - 67/48 (53) mm Hg	
	SpO2 - 98 %.	
	s/e wnl ·	

Noted by
Nikitha
18/7/26
@ 7AM

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 23 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
18/7/26 1pm	c/s/by. Dr Anuha	
	LPT / 1.7uly / M / RDS - NIV → (R/A).	
	HR = 150/min	
	SpO_2 = 95%	
	BP 63/36 (46).	
	RR 50/min	Plan.
		- on RA
		- N/ow on 10ml/feed (↑ 2ml every alternate feed).
	2nd Bldl - WG	& Tapu INJ
		- IV fluids 2.6 ml/h
		- Target = 12-14ml.
		- ct Antibi-
		- (T) final Blds
	Af 1 hour.	- 1 form SOS.
	Noted by Jyothsna 18/7/26	

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
18-07-2026 0 Y 0 M 0 D 23 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
18/7/26 10:40 pm	S/B Dr. Tejaswi	
	Blood C/S > 24 hrs — No growth	Stop IV Antibiotics
19/07/2026 1 am	S/B Dr. Nameen / Dr. Sreeghar	
	on room air HR – 158/min BP – 52/34 mmHg SpO_2 – 96% accepting feeds well. 1 episode of vomiting (+)	Plan ① Add Domstal ② Increase TG = 15 ml. give spoon feeds - stopped IV fluids. ③ monitor vitals Plan (Dr Nameen) discussed by Dr Sreeghar 19/7/26 @ 8 am

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0Y0M0D3H (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
19/7/26 9:30 am	s/b Dr. Nameen / Dr. Sreeghan / Dr. Tgun[illegible]	
	Late PT / LBW / RDS / M	
	- Wt - 1.660 kgs (↓20gms)	Plan
	- on room air	(1) ct spoonfeeds 15ml Q2H
	comfortable	(2) ct Domstal
	HR - 141/min	(3) Check redreflex
	SpO2 - 98%	(4) Plan NBS
	accepting feeds well	(5) Train mother to give spoon feeds
	urine ✓	
	stool ✓	
	discharge today	(Dr Nameen)
		noted by Dhaya 19/7/26 @ 9am.

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 2 D (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
19/07/2026 9:30 am	B/o Fatima - Twin 1 ~~and 2~~	
	Both the babies are doing fine	
	20gms wt loss for both babies.	
	Today we will plan vaccination and discharge the babies.	
	Parents counselled but not willing for NBS ; OAE ; NP1 and other investigations	

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

Patient Sticker

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

HNH-00016624 IP26-00005864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 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

DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Signature .....

VERIFIED BY : Name .....

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 1.74 kg. Ward. .....

DRUG : Inj AMPICILLIN

Dose	Route	Frequency	Start Date
90mg	IV	BD	16/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	16/7	17/7	18/7
	4A ✗		
	4P ✗		

STOP 18/7

DRUG : Inj GENTAMYCIN

Dose	Route	Frequency	Start Date
9 mg	IV	OD	16/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	16/7	17/7
	SP ✗	

STOP 18/7

DRUG : Syp. DOMSTAL

Dose	Route	Frequency	Start Date
0.3 ml	oral	TID	18/7

Name & Signature of the Doctor Starting the Drugs: B. Sreejan Dr

Additional Instructions: DOMPERIDONE (1 ml/1 mg)

Daily Doctor's Endorsement by a Sign

Date ▸ Time	16/7	17/7
	6AM ✗	
	2pm ✗	
	10pm ✗	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. S TEJASWI REDDY

Weight. ..... Ward. .....

Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 1.74 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
16/7	4:30pm	TV - 80ml/kg/day 10% DEXTROSE + 8:8 ml CALCIUM GLUCONATE	IV	5.8			upon DC 21/26		
18/7	1pm	IV fluids 10% D + Cal Gluc	iv	2 ml/h			upon DC 18/7/26		

VERIFIED BY : Name ..... Signature .....

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 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

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: PT/ROS

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	16/7/26 E2	16/7/26 N1	17/7/26 M3	17/7/26 N1	18/7/26 M6	18/7/26 E1
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	—	—	—	—	—	—

ASSESSMENT

Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Ventilation (RA, NP, NIV, VENTI):	NIV	NIV	CPAP	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Vital Signs: Temp:	36.5 C	36.5°C	36.5 °C	36.6°C	36.5°C	36.5°C
Res:	36 bpm	40 bpm	36 bpm	40 bpm	46 bpm	48 bpm
SpO_2:	100%	100%	96%	94%	95%	98%
Pulse:	136 bpm	130 bpm	151 bpm	126 bpm	130 bpm	142 bpm
BP:	51/35	—	51/36(41)	—	—	—
LOC:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—
Skin Integrity	—	—	yes	yes	yes	yes

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:	—	—	—	—	—	—
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 :	prasanna	Nikitha	prasanna	Nikitha	Saisri	Jyothi
Signature / ID :	SH		SH			
Date:	16/7/26	17/7/26	17/7/26	18/7/26	18/7/26	18/7/26
Time:	8pm	8AM	8pm	8AM	2PM	8PM
Taken Over By Name :	Nikitha	prasanna	Nikitha	Saisri	[illegible]	Dhanya
Signature / ID :		SH				
Date:	16/7/26	17/7/26	17/7/26	18/7/26	18/7/26	18/7/26
Time:	8pm	8AM	8pm	8AM	2pm	8pm

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 2 D (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

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	18/7/26 N1	19/7/26 M6				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	—	—				
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:	36.6°C	36.6°C				
	Res:	46 b/m	50 b/m				
	SpO_2:	99%	100%				
	Pulse:	160 b/m	149 b/m				
	BP:	—	—				
	LOC:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
	Skin Integrity	—	—				
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:	—	—				
	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 :		Dhanya	Saipriya				
Signature / ID :		Dr	Sf				
Date:		18/7/26	19/7/26				
Time:		8Am	2pm				
Taken Over By Name :		Saipriya					
Signature / ID :		Sf					
Date:		19/7/26					
Time:		8am					

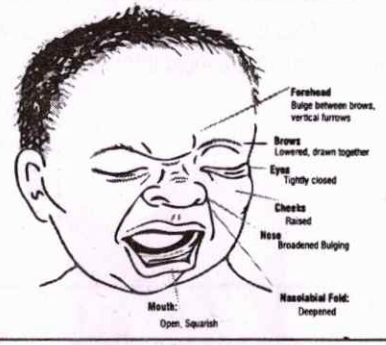
HNH-00016624 IP26-00005864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0Y0M0D4H (M)
Dr. S TEJASWI REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						16/7	16/7	17/7	17/7	18/7	18/7	18/7	19/7	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						EL	N1	M5	N1	M6	EL	N1	M6	
					Procedure ➡	—	—	—	—	—	—	—	—	
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	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	
					Gestational Age / Corrected Age	34+3	34+2 week	34+ all	34+ week	34+ Weeks	34+4 week	34+ 4 week	34+ 5 wks	
					Total Pain / Agitation Score	WDP —	—	—	—	—	—	—	—	
					Intervention	—	—	—	—	—	—	—	—	
					Effectiveness	—	—	—	—	—	—	—	—	
					Signature					SH	SH		SH	



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 / 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.

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 17 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

CHECKLIST FOR THROMBOPHLEBITIS

16/7/26 17/7/26 18/7

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		0	0	0	0	0	0	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	0	0	0	0	0	0	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	0	0	0	0	0	0	0	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	0	0	0	0	0	0	0	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	0	0	0	0	0	0	0	
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Bhavani

Signature of Ward In Charge :

Signature : ..... Name : Bhavani

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 16/7	16/7	17/7	17/7
					Time : E2	N1	M5	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	24	24	24	24
				Evaluator's Name	P	AM	C	AR

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

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

HNH-00016624 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
18-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 18/7	18/7	18/7	18/7
					Time : M6	E	N	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
					TOTAL SCORE	24	24	24	24
					Evaluator's Name				

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

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

HNH-0001
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 17 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

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 16/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓		
Flow Between 5-7 Litres / Min		✓		
Humidifier Temperature Correct (36.5-37.5*C)		✓		
Humidifier Water Level Correct		✓		
Proper Oxygen Tubing From Blender to Humidifier.		✓		
Tubing Correctly Placed (Position & Leak)		✓		
Excess Fainout (Afferent Tubing) Drained		✓		
Excess Rainout (Efferent Tubing) Drained		✓		
Temperature Probe away from Heat / Cover with Aluminium Foil		✓		
Gas Bubbling Continuously		✓		
Water Level at Desired Level in Bubble Chamber.		✓		
INTERFACE:				
Nasal Prong / Mask Correct Size		✓		
Nasal Prong/ Mask Correctly Placed		✓		
Hat Fits Snugly		✓		
Moustache Suitable and Effective		✓		
Nasal Bridge Intact		✓		
Septum Intact		✓		
POSITION:				
Head Position Correct		✓		
Head Roll - Correct Size and Position		✓		
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓		
Oro Nasal Suctioning Documentation		✓		
OG Tube in SITU		✓		
Baby Comfortable		✓		
Chest Retractions		✓		
Name of the Nurse:		prasanna		
Signature of the Nurse:		SN		
Date & Time:		16/7/26		

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Baby of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 17 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

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 17/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓			
Flow Between 5-7 Litres / Min	✓			
Humidifier Temperature Correct (36.5-37.5*C)	✓			
Humidifier Water Level Correct	✓			
Proper Oxygen Tubing From Blender to Humidifier.	✓			
Tubing Correctly Placed (Position & Leak)	✓			
Excess Fainout (Afferent Tubing) Drained	✓			
Excess Rainout (Efferent Tubing) Drained	✓			
Temperature Probe away from Heat / Cover with Aluminium Foil	✓			
Gas Bubbling Continuously	✓			
Water Level at Desired Level in Bubble Chamber.	✓			
INTERFACE:				
Nasal Prong / Mask Correct Size	✓			
Nasal Prong/ Mask Correctly Placed	✓			
Hat Fits Snugly	✓			
Moustache Suitable and Effective	✓			
Nasal Bridge Intact	✓			
Septum Intact	✓			
POSITION:				
Head Position Correct	✓			
Head Roll - Correct Size and Position	✓			
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓			
Oro Nasal Suctioning Documentation	✓			
OG Tube in SITU	✓			
Baby Comfortable	✓			
Chest Retractions	✓			
Name of the Nurse:	Prasanna ST			
Signature of the Nurse:				
Date & Time:	17/7/26			

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Twin-2 male

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016624 IP26-00008864 Baby Of FATIMA BEGUM TWIN 1 16-07-2026 0 Y 0 M 0 D 4 H (M) Dr. S TEJASWI REDDY	Date & Time of Admission 16/7/26 @	Date & Time of Transfer Order 16/7/26 4:30Pm
Dr. Tejaswini	Transfer Ordered by Dr. Pranav	Reason for Transfer NIV
From Unit OT	To Unit NICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	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
Parvin	Dr. Pranav.

Patient & Clinical Records Received by :

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of FATIMA BEGUM TWIN 1**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006864**	**Sex:**	**Male**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**4F -NICU 1/NICU1-403**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

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

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mohd. Imran.
Relationship: Father

Patient Address:
HNO:19-2-438/2,3 Chandulal Baradari
Hyderabad Telangana INDIA 500064

Date: 16/7/26 Time: 4:47 pm

Wittness Name:
Wittness Signature:

HNH-00016524 IP26-00006864
Baby Of FATIMA BEGUM TWIN 1
16-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery | 25 Years

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any

INTERIM BILLING

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

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

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

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
  All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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