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

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

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

UHID : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 7/7/26 ---- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 107 ---- Ward : 1st floor ---- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	2:20pm	ER	107	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/1	SBR.	26022782	
	Cross checked by 8/2/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
07/07/26	DSPT.	2.30pm	8/7 · 12pm	3098559	[signature]
			Attender:-		
			Date:-		
			Sign:		
	Cross checked	by	[signature]	8/7/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	6/2/26 @ 12pm		

DEFICIENCY CHECK L CASE SHEET

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

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Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	02	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record	03	–	–	
6	Doctors Progress Sheets	01	–	–	
7	Nurses Progress notes	02	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
10	Conset for Surgery	–	–	–	
11	Consent for Blood Transfusion	–	–	–	
12	Consent forChemotherapy	–	–	–	
13	Consent for High Risk	–	–	–	
14	Consent for Restraint	–	–	–	
15	DAMA Consent	–	–	–	
16	Consent for Special Procedure	–	–	–	
17	Consent for Radiological Investigations	–	–	–	
18	Consent for HIV Test	–	–	–	
19	Anaesthesia consent form	–	–	–	
20	Anaesthesia notes(Pre Anaesthesia & Post)	–	–	–	
21	Pre Operative checklist	–	–	–	
22	Surgical safety Checklist	–	–	–	
23	Operation Theatre notes	–	–	–	
24	Nurses Clinical Presentation	–	–	–	
25	TPR & BP chart	02	–	–	
26	Intake and Output chart (fluid Chart)	01	–	–	
27	Drug Chart (Regular prescription)	02	–	–	
28	Daily Investigation sheet	–	–	–	
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart	–	–	–	
31	Diabetic chart	–	–	–	
32	Nutritional Review chart	–	–	–	
33	MLC form (in case of MLC)	–	–	–	
34	Patient Educatlon Form	–	–	–	
	Humpty Dumpty.	01	–	–	
	Thaemboplebitis checklist	01	–	–	
	Pain Assesment	01	–	–	
	Braden @	01	–	–	
	Others	07	–	–	
	Total No. of Pages	30			

Noted by Beanika @ 12:1pm 8/2/26

Beanika 8/2/26
Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 6 D (M)
Dr. SIVA NARAYANA REDDY

NEW BORN DETAILS

B/O Sahithi

DOB: 2/7/26 Sex: M Maternal Blood Group: _____

Time: 3:07pm Birth Weight: 2.883 kg Baby Blood Group: _____

SVD / LSCS: LSCS

Indication: _____

Diagnosis: DSPT

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 98%

Spo2 Post ductal Left Lower Limb: 97%

Inference : if the value <92 or difference between preductal and post ductal is >3 esclate the situation

Any Specific Remarks: _____ Thyroid Screening: _____: NBS: _____

Hearing Test (OAE): _____ Red Reflex: _____.

Head Circumference: _____ cms Length: _____ cms

Vaccination: _____.

ER wt :- 2.7kg

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
8/7/26	6 days	2.652	1.7%	✓	✓	DBM	

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060604 **Admit Date** : 07-Jul-2026 **Admit Time** : 01:22 PM **UHID** : VIH-00206496

Patient Details :

Patient Name	: Baby B/O VANDANAPU SAHITHI	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr SHASHANK VANDANAPU	**DOB**	: 02-07-2026 03:07 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KOMPALLY Kompally Hyderabad Telangana INDIA 500014	**Phone No**	: 9121659644/ 9908271754
		E-mail	: na@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr SHASHANK VANDANAPU **Relationship** : Father

Contact Address : KOMPALLY Kompally Hyderabad Telangana INDIA 500014 **Phone No** : 9121659644 / 9908271754

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

Patient Name : B/O. B/O VANDANAPU SAHITHI UHID : VIH-00206496 IPD : IP-00060604 Gender : Male Age : 0 Y 0 M 5 D

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Wt. 2.7 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Sahithi Age : 5D Gender: ☑ Male ☐ Female

Date : 7/7/26 Time of Arrival : 1:05 PM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.3°F PR: 148 b/m BP: 66/38 (46) RR: 30 b/m SpO_2: 100%

Chief Complaints: c/o Yellowish discolouration of eyes & skin

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 1:09 PM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Aschitha

Signature of Triage Nurse : .....

Date & Time : 7/7/26 @ 1:09 PM

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Name : B/O. B/O VANDANAPU SAHITHI UHID : VIH-00206496 IPD : IP-00060604 Gender : Male Age : 0 Y 0 M 5 D

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital | BirthRight® BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/7/26 Time of arrival : 1:11 PM

Chief Complaints: C/O Yellowish discolouration of skin & eyes RBS: —

Height : — Weight : 2.7kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With Family

Siblings in household ☐ Yes ☑ No (if yes How Many?) —

Time of Initial assessment completed by ER Nurse : 1:16 PM

Patient Name : B/O. B/O VANDANAPU SAHITHI UHID : VIH-00206496 IPD : IP-00060604 Gender : Male
Age : 0 Y 0 M 5 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
1:05 PM	* patient came to ER
1:10PM	* vitals checked and Recorded
1:15 PM	* Dr. Sameesa Seen the patient. and advices admission
1:22 PM	* Admission process Done
2:20pm	* patient shifted to ward

Samples collected by: Time: —

Samples sent by : — Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		N.V			

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140 b/m BP: crying CFT: <2sec	Shift - out from ER to: 107
RR: 30 b/m SPO$_2$: 99 %	Time of Shift - out: @ 2:20pm
GCS: 15/15 Temperature : 99 °F	Handover given to: Sr. Maricha
Pain Score: 0	(Nurse's Name) by Sr. Nagamani
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

Name of the Nurse : Architha Signature of the Nurse : AS

Date & Time : 7/7/26 @ 2:20pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY _____

UHID ID: _____  _____

Department: _____

Consultant: _____

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : B/o Sahithi Age/Sex 5D/M

Information given by: Mother. Relationship Mother.

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discolouration

History of present illness :

B/o Sahithi is a Early Term (37^{+5} wks) / AGA / Primi / Em LSCS (Ind: NPOL)
2.7.26, 3.07 PM
B.wt: 2.883
T.wt: 2.71

Risk factors: Hypothyroid mother.

MBG, BBG } O+ve.

SBR: 7.7.26 ☇

17.0 / 0.2 - D
16.8 - I

For the above complaint, he was admitted for phototherapy.

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI (M)
02-07-2026 0 Y 0 M 5 D
Dr. SIVA NARAYANA REDDY

...yan ...ry & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Nil significant.

Birth & Neonatal History:

Early Term (37+5) / AGA / baby boy / B'wt: 2.883 / BCIAB

Birth & Socio Economic History:

About Father : Class - II
About Mother :
Any additional Information :

Developmental History :

N/M.

Immunization History :

Immunised at birth

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)

Weight (kgs)) 2.7 kg (Centile _____)

On Examination :

Temperature : 98.3 F Pulse Rate : 148/min B.P. 62/38 (46) mm Hg SPO2 100% RA.

Resp.rate and type of breathing : 40/min

Rash

Lymphadenopathy

Oedema : icterus upto thighs.

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BA E +

Any addes sounds : clear

Relevant data from outside (Chest X-Ray ABG,etc.,)

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 +

Any murmur : no murmur.

Relevant data from outside (X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection soft, no organomegaly.

Palpation :

Ausculation External Genitelia

Spine : outside (CT, USG etc.,)

Relevan

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious.

Cranial Nerves : Intact.

Motor System:

Nutriton :

Tone: Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Neonatal Hyperbilirubinemia

(P.T.O.)

VIH-00206486 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A -

Desired goals of the treatment : ① Treat the jaundice.

Planned Labs:

SBA T/M 11:00AM

Planned Management

→ DSPT.

→ DBM

Noted by Sr. nagma 7/7/26

Signature of the Doctor: Sameera.
Name of the Doctor: Dr. Sameera
Date & Time: 7:7:26 1:15 PM

Signature of the Consultant:
Name of the Consultant:
Date & Time: 7/7/26

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Resident:	
	A - NNHR	
	On D5PT	
		noted by manisha 7/7/26 @8pm

00206495 IP-00060604
y B/O VANDANAPU SAHITHI
7-2026 0 Y 0 M 5 D (M)
IVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Da & T	Progress Notes	Doctor's Order
8/7/26 9Am	C/s/B Resident	
	Δ NNHB	
		Plan
	On DSPT started at 2:30pm ...	
	O/E C/T/good	— Continue DSPT
	CVS S1S2 (N)	
	RS B/L AE (N)	— Repeat SBR at 11am today
	PA - soft	
	vy stable	
	CRT<3sec	
	Y. wt - 2.71kg	
	T. wt - 2.652	
	B. wt - 2.883kg	
	M. BG] O +ve	
	B. BG]	
	Admission SBR - 17	
	[signature]	

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

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NNHB	Any Infection: ☐ Yes ☑ No ☑ Not Known If Yes Specify: —
	Surgery / Procedure: —	Post OP Day: —

Section	Item	7/7/26 Morning	7/7/26 E	7/7 N	8/7 M		
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil		
	Diet:	DBF	DBF	DBF	DBF		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F	98.6°F	98.3°F	98.4°F		
	Res:	30 b/m	30 b/m	28 b/m	30 b/m		
	SpO_2:	100%	100%	98%	100%		
	Pulse:	140 b/m	130 b/m	128 b/m	130 b/m		
	BP:	66/38 (46)	-	—	-		
	LOC:	Conscious	conscious	Conscious	Conscious		
	Fall Risk Score:	14	14	14	14		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	DBF	DBF		
	Critical Lab Test / Values:	SBR-17mg/dL	Nil	Nil	Nil		
	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):	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil		
Handed Over By Name :		Nagma	Manisha	Manasa	Beronika.		
Signature / ID :		@020104	@905DIUS	C/019(9)7	B018227		
Date:		7/7/26	7/7/26	8/7	8/7		
Time:		@2:20pm	@8pm	.	@12:00pm		
Taken Over By Name :		Manisha	Manasa	Rndu			
Signature / ID :		M905DIUS	C/0145(9)	800660P			
Date:		7/7/26	7/7	8/7/26			
Time:		@2:20pm	@8PM	@8AM			

Noted by Beronika 8/7/26 @ 12:00pm

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	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:						
	Res:						
	SpO_2:						
	Pulse:						
	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 :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 7/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify.... Nil
- ☐ 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							
Afternoon	3pm	- maintain aseptic technique	3:30	- maintained aseptic technique	- prevent from Infection	- Baby is stable	Manisha 7/7/26 @8pm
Night	10 PM	→ Feeding	10.30 PM	→ Dired breast milk is given for every 2nd hourly	→ To maintain oral intake	→ practiced baby is stable	Manisha

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

Date: 8/7/26

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	10 AM	Maintain Good Nutritional status		Provided direct breast milk every 2nd hourly. Discharge Note Doctor came for rounds and advice for discharge	- To maintain Hydration.	Baby is stable.	Beenakshi 8/7 @2pm
Afternoon							
Night							

Noted by
Beronika
8/7/26
@2pm

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O VANDANAPU SAHITHI**	**Age :**	**0 Y 0 M 5 D**
IP No:	**IP-00060604**	**Sex:**	**Male**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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 surance 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 arance. In case of failing the submission, I will pay 200/- Rs.
eceivers 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: Shashank.

Relationship: Father

Date: 7/7/26 Time: 1:22 pm.

Witness Name:

Witness Signature:

Patient Address:
KOMPALLY Kompally Hyderabad
Telangana INDIA 500014

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

Patient

INICAL / 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

7/7/26

Date: .... Time:	3 pm	5 pm	7 pm	9 pm	11 pm	1 AM	3 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?									
Temperature (°F) (scale 94–104)	98.8°F	98.6°F	98.6°F	98.7°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)									
Heart Rate (Number)	130	140	138	128	128	139	142	148	140
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)									
Resp Rate (Number)	32	30	32	30	28	39	40	38	42
Resp Distress: Mod/ Severe									
Resp Distress: None / Mild	N								
Receiving O_2 (l/min)									
O_2 Saturations (%)	99	98	98	92	98	99	98	99	98
Conscious Level: Normal	N	N	N	N	N	N	N	N	N
Conscious Level: Altered									
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	M	M	M

Note: BP does not score in early warning scoring

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

VIH-00206496 IP-00060604
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 5 D (M)
Dr. SIVA NARAYANA REDDY

: : RCH/ FRM / 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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/7/26. Time:	10 AM	1 PM
Doctor/Nurse/Family Concern?		
Temperature (°F)	98.4°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		
Note: BP does not score in early warning scoring		
Heart Rate (Number)	130	140
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	38	40
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	BR	B

Noted by
Bonanza
8/7/26
@ 2pm

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

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02-07-2026 0 Y 0 M 5 D (M)
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

7/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
7/7/26	02:00 pm		DBM									
	03:00 pm											
	04:00 pm		DBM							✓		
	05:00 pm										0	
	06:00 pm		DBM									
	07:00 pm									✓		Manisha 7/7/26 @8pm
Total Intake :						**Total Output :**						
7/7/26	08:00 pm		DBM									
	09:00 pm						✓			✓		
	10:00 pm		DBM									
	11:00 pm											
	12:00 am		DBM									
	01:00 am											Manasa 8/7/26 C+A
Total Intake :						**Total Output :**					0	
8/7	02:00 am		DBM									
	03:00 am		FF							✓		
	04:00 am		DBF FF				✓					
	05:00 am											
	06:00 am		DBF FF							✓		
	07:00 am						✓					
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. :.....

8/7/25

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
8/7/26											1	
	08:00 am										0	
	09:00 am		DBM				✓					Deepanka
	10:00 am									✓		8/7
	11:00 am		DBM				✓				1	
	12:00 pm											@1pm
	01:00 pm		DBM							✓		
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 :**						

Noted by Bandaru 8/7 @2pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ~~ER~~ ..... Shifted to: ~~107~~ .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6	Nil					☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sameera .....

Date & Time : 7/7/26 @ 1:15pm .....

Nurse Name & Signature: Sr. Leena .....

Date & Time : 7/7/26 @ 1:15pm .....