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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D7H (F)
Dr. AKHEEL SYED RIZWAN

BILLING

N ----------

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

Date of Admission : 15/7/26 Time : 12:45pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 222-1 Ward : RLW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	4:50pm	LW	(202)	

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
15/7/26	@12: pm GRBS 67mg/dl	V12602387 7	
15/7	Blood grouping	V12602384 4	Rani
	Cross checked by Rani 15/7/26 @ 7pm.		
15/7/2	4RBS - 7pm - 128mg/dl	26023928	
16/07/26	GRBS at 10am — 76 mg/dl.	26023929	
16/7/26	GRBS at 7pm — 64 mg/dl	26023931	
16/7/26	TCB	26023969	Pf
16/7/26	G RBS @ 1:00pm - 59 mg/dl	26024004	
	Cross checked done by Pf — 16/07/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

RE

Proceedure	Quantity	Order No.	Signature
TEOAE	1	3102242	Raj
Cross checked done by Raj			16/07/26

ANY OTHER INFORMATION

Date : 16/07/26 Time : 10:29 Am Prepared By Raj 16/07/26 @10:29A

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis: Deepika	Sis: Raj		

Rainbow Children's Hospital

BirthRight by Rainbow

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-00060718 **Admit Date** : 15-Jul-2026 **Admit Time** : 12:45 PM **UHID** : VIH-00206962

Patient Details :

Patient Name	: Baby B/O RASHMI GUPTTA	**Age**	: 0 D
Guardian	: Mr MR DURGESH	**DOB**	: 15-07-2026 11:38 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-501,SRINIVASA SOWDAM,GREEN VIEW ENCLAVE,SECUNDERABAD Hasmatpet Hyderabad Telangana INDIA 500009	**Phone No**	: 9883476990/ 9830190901
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-222-1 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MR DURGESH **Relationship** : Father

Contact Address : FLAT NO-501,SRINIVASA SOWDAM,GREEN VIEW ENCLAVE,SECUNDERABAD Hasmatpet Hyderabad Telangana INDIA 500009 **Phone No** : 9883476990 / 9955669980

Durgesh Gupta

Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT

NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Rashmi Mother's Name: Mrs. Rashmi Guptta

Date of Birth: 15/7/26 Time of Birth: 11:38AM Gender: ☐ Male ☑ Female

Birth Weight: 2.567 Kgs HC: 36 cm Lenght: 47 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: B+ve Baby: -

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: -

BAH-00513171 IP-00060706
Mrs RASHMI GUPTTA
29-05-1996 30 Y 1 M 16 D (F)
Dr. BHAVANA K

Mode of Delivery: ☐ Normal ☑ LSCS - Emergency / Elective ☐ Instrumental ☐ AVD

Indication: Normal vaginal delivery

Physical Assessment of New Born:

Temp: 36.5 °C HR: 148 /Min RR: 56 /Min BP: - SpO_2: 98%

Pain Score: 00 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 15 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: ~~Yes~~ / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Adithya Signature: Adi Date &Time: 15/7/26 @ 12:30 PM

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

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. AKHEEL SYED RIZWAN

	Date & Time of Admission	Date & Time of Transfer Order
	15/7/26 @12:45pm	15/7/26 @ 4:50pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Harish	observation
From Unit	To Unit	Information to Attendant
L/W	Room (202)	Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
15	Nil	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small roocks 15 – (1)	
2.		
3.		
4.		
5.		

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

Dr Harish

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Pratyusha	Dr. Harish

Patient & Clinical Records Received by : sushila

Date & Time of Patient Received : sushila 15/7/26 at 4:50pm

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

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : RASHMI GUPTA Age : .... Father's Name : .... Age : ....

Date of Birth : 1996/5/29 Date of Admission : .... UHID No.: ....

NICU Consultant : Dr. Akheel sir 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 RASHMI	Mother's Blood Group : B+ve
Gender : ☐ M ☑ F Blood Group :	Birth Weight (gms) : 2.567kg Length (cms) : ....
Date of Birth : 15/7/26 Time of Birth : 11:34AM	OFC (cms) : ....
Place of Birth : V-RCH	Estimated Gesth Age : 37+1wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age 30Y1M Ht : 155 Wt : 62kg BMI : .... Married Life : 7yrs LMP : 27/10/25 EDD : 3/8/26

Conception : Spontaneous or with Rx. : spontaneous

Booked at what GA. : RCH @ 29+4wks AN Steroids Drugs / Doses : NO

Last Scans Details : Growth scan (23/6/26) - SLIUF, 34+1wk, cephalic, PL-Ant high, AFI-11.5cm, AC-8?, GW-2039gm, Doppler - Ⓝ TT Immunization and Iron / Folic Acid : yes

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs H/O Nephrotic syndrome @ 2yrs of age	**H/o GDM/ pre GDM/ on diet or insulin**
Consanguinity : ☐ Yes ☑ No	Controlled or not, recent values, HbA1 values : NO
If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3	Compliance with Rx : NO
H/o PIH (after 20 weeks) / PE	Scans : LGA, TIFFA , Fetal Echo : Ⓝ
How many Drugs / Doses / Since how long : NO	**H/o Hypothyriodism :** when diagnosed ? Medication? NO
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : NO	Any other Chronic Medical Problems, when detected drugs ? –
IUGR - when detected : NO	(Anemia, SLE, Jaundice, CHD, Heart Disease)
Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : Ⓝ	Infection : H/O, Fever (☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)
AFI : 11.5cm	UTI : when : NO Any culture : –

PPROM : Duration : spotting @ 22wks - conservative ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : ....

Medication during Pregnancy : .... Duration : ....

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

PAST OBSTETRIC HISTORY

2 ..... P : 1 ..... A : 0 ..... L : 1 .....

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhavana ..... Hospital : V - PCH ..... ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : NVD .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☒ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☒ No

Cord ABG : - .....

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

malformations, clots etc : no .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 37 + 1w 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
7 1/0	9 1/0	

TOTAL

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

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : CHD

Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D3H (F)
Dr. AKHEEL SYED RIZWAN

History of Present Illness:

Baby delivered via NVD in
V/A PR scans
↓
CIAB, HR >100/min
↓
Oronasal suction done
↓
Delayed cord clamping was done
for 60 sec
↓
cord was clamped & cut under
aseptic conditions
(UA+V)
↓
Inj VIT-K given
↓
Shift to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

NO

Family History :

Socio Economic History :

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 C HR : 148/m'n. RR : 56/mn NIBP : ..... CFT : <2s

Color of the extremities : Acrocyanosis

Jaundice : No Pallor : - SpO2 : 96% @ RA

Anthropometry : Birth Weight : 2.567kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : / Sutures / Shape / Moulding : / Edema / Bruising : / Size - (H.C.) : — @

Facies : (Any Facial Dysmorphism) : No focal dysmorphism

NECK and CLAVICLES : Range of Motion : / Asymmetry : / Masses : — @

EYES : Symmetry : / Red Reflex : / Discharge : — Not checked

EARS, NOSE MOUTH and THROAT : Ear set / Shape : / Periauricular Pits / Tags : / Nasal shape / Patency : / Palate : / Gums : / Lips : / Tongue : — @

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

Thorax :

BREASTS : Position of Nipples and Number : } N

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge : } N

GENITILIA :
Labia / Hymen :
~~Testicles~~/penis : } N
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : N

SKIN LESIONS : None

EXTREMETIES :
Fingers / Toes :
Deformities :
Hip Joint Examination : } N
Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 48/mm 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 : .....

SpO_2 : 96 % @ RA Auscultation : BILAT Breath Sounds : NVBS Added Sounds : .....

Cardiovascular System :

HR : 152/mn BP : .....
Femoral Pulses : palp
Other Peripheral Pulses : .....
Precordial Activity : .....
Murmurs : ND
Signs of Cardiac Failure : .....

Abdomen :

Shape : N
Palpation : Soft
Palpable masses : None
Abdominal girth : .....
Hernia orifice : Pre
Anal Patency : + ve
Umbilical Cord : 2 + 1 V
First urine passed : ND
Meconium passed : .....

Consult

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

Nervous System : Higher intellectual functions (Sensorium) : .....
State of wakefulness : ..... Clinical - pct
Prechtle Score : .....

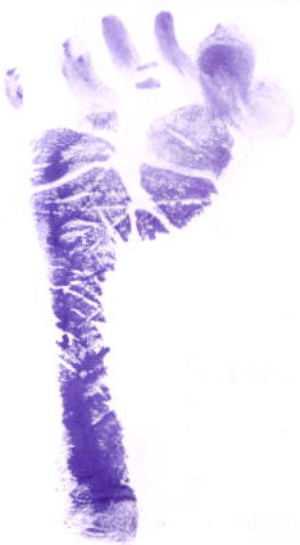
Nerves : .....
.....

Motor System :
Passive Tone : ..... (N)
Active Tone : .....
Neonatal Reflexes : .....
Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....
Moro's : Bil Symmetrical ..... DTR : .....
ATNR : ..... Skull and Spine : (N)

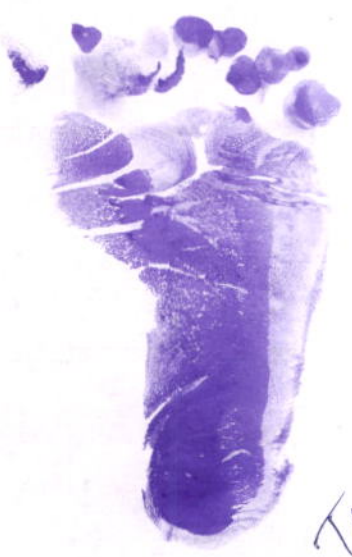
Any Congenital Anomalies : None
.....
Diagnosis : Dr Term AGA Female Baby
.....

FOOT PRINTS

Left Side :



Right Side :



Taken by Neethu 6/7/26

Doctor : .....
Name : Dr Hari
Date & Time : .....

Consultant :
Signature : .....
Name : .....
Date & Time : .....

Dr Signature

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

Feeding: ☐ Breastfeeding exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐Yes ☐No

Details: URBS – 67 @ 12:50pm

Final Diagnosis: - cord care, warmth care.

- B/F Rly B/P x 2hrs & on demand
- SBR, O.A.E, NBS B/F discharge
- GTBS once after 6hrs of life
- vaccination as per schedule

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D5H (F)
Dr. AKHEEL SYED RIZWAN

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 9Am	S/B Resident	(HOL - 2 days; G2P1L1)
	Term (37+1 wks) / NVD / Baby girl / CBAN	
	B.wt - 2.567 kg / AGA /	
	Wt - 2.48 kg ↓87gm	Plan
		- GT + Cont. same instructions
	U / passing S	- TCB b/f d/c
	M / B +ve B	- OAE - 15 days
		- Cord + warm care
		- Monitor vitals
	O/E - Euthermic	- Wo charting
	CVS - S1S2 (+)	- Inform SOS
	RS - NAE (+)	
	PA - soft	
	C/A/T - good	
	CRT < 3 sec	? Clitoromegaly
	CAH - WNL	TCB @ 22 hrs = 9.1 mg/dl
		↓
		Ag grade 2 ≥ 10
	Notes by	

? Clitoromegaly

Signed 16/07/26 @ 13:43 pm

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D5H (F)
Dr. AKHEEL SYED RIZWAN

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	Lactation notes (Mrs. Ramyakrishnan)	
	• 2nd time mother	
	• Normal breast condition	
	• Drops of milk seen	
	• Advised to feed every 2hrs	
	• More skin to skin	
	• Plan - if needed.	
	1:30PM.	

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

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D3H (F)
Dr. AKHEEL SYED RIZWAN

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: New born

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure:

Post OP Day: -

BACKGROUND

Date / Shift	15/7/26 M	15/7/26 E	15/7/26 E	15/7/26 N	16/7/26 M	
Medical Condition (Any special condition to be noted):	-	-	Nil	Nil	Nill	
Diet:	DBF	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	RA	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	98°F	98.6F	97.9°F	98.6°F	
Res:	45b/mt	50b/mt	46 b/mt	43 b/mt	40b/m	
SpO_2:	99%	99%	98.1%	99%	99%	
Pulse:	148bpm	150bpm	148 b/mt	141 b/mt	140b/m	
BP:	-	-	-	-	-	
LOC:	Conscious	Conscious	conscious	conscious	Conscious	
Fall Risk Score:	0	0	15	15	'15'	
Pain Score:	0	0	0	0	'0'	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	-	-	Nil	Nil	Nil	
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	DBF	DBF	DBF	DBF	DBF	
Critical Lab Test / Values:	-		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	

Handed Over By Name :	Akhtheya	Sushma	Sushma	Bhanu	Deepika	
Signature / ID :	021601	029533	016993	17887	~~DR607469~~	
Date:	15/7/26	15/7/26	15/7/26	15/7/26	16/7/26	
Time:	@11:40AM	@5pm	8pm	8Pm	@2pm	
Taken Over By Name :	Akhtheya	Sushma	Bhanu	Deepika		
Signature / ID :	021601	016993	17887	~~DR607469~~		
Date:	15/7/26	15/7/26	15/7/26	16/7/26		
Time:	@2pm	1:50Pm	8Pm	@8AM		

D/c notes
Tab to be given
D/c plan

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D3H (F)
Dr. AKHEEL SYED RIZWAN

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						
	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-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

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: 15/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☑ Any Others. Specify..... DBF
- ☐ 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	12pm	Ensure safety	12pm	provided baby crib	To prevent from fall	Baby is good	15/7/26 @1pm
	1pm	DBF given	1pm	provided breast feeding	To get energy nutrition	Baby is good	
Afternoon	3pm	Maintain personal hygiene	3pm	provided hygiene practice	To prevent infection	Baby is good	15/7/26 @ 3pm Sweety
	6pm	Prevent Infection	6:10 pm	To maintain Hand Hygiene	To prevent infection	Patient is stable	15/7/26 @8pm
Night	10pm	* maintain Personal Hygiene. * Ensure safety		- Provided warm and cord care	- DBF 2nd hourly given. - Prevent infection.	- Vitals 4th hourly checking	plant 15/7/26 8pm

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D3H (F)
Dr. AKHEEL SYED RIZWAN

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: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure Safety Maintain Good Nutritional status	10AM	To provide side rails To give feeding Burping 2nd baby	To give Safety To prevent falls	Re-Assessment was done. Baby is safe.	Deepika 16/7/26 @2pm
Afternoon		Send file d/c papers		1 Discharge note 1 Doctor Consult for formula		At is stable	
Night							

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

: 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.

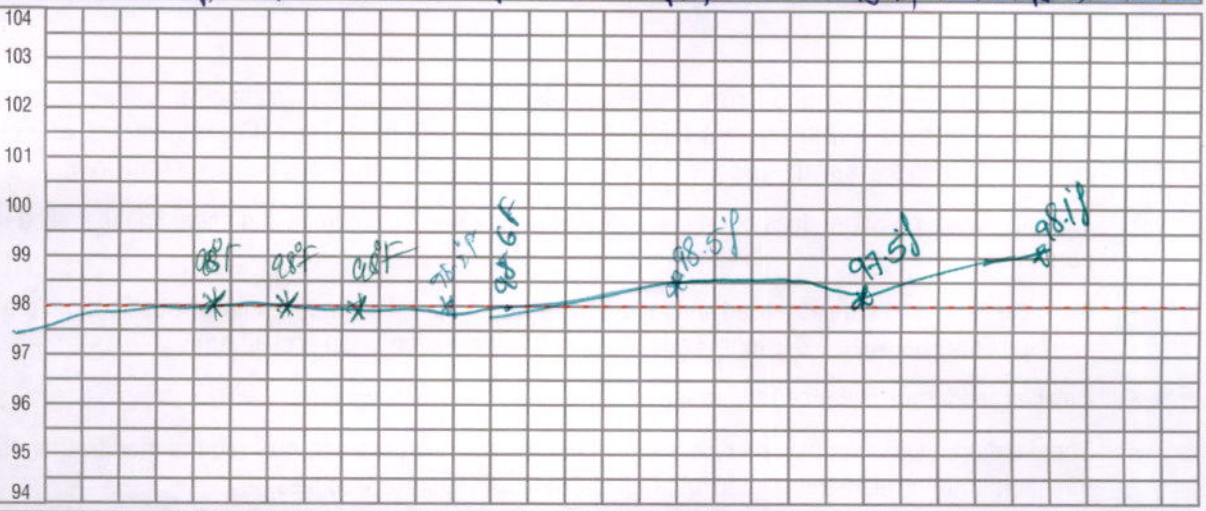
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/9/26 Time:

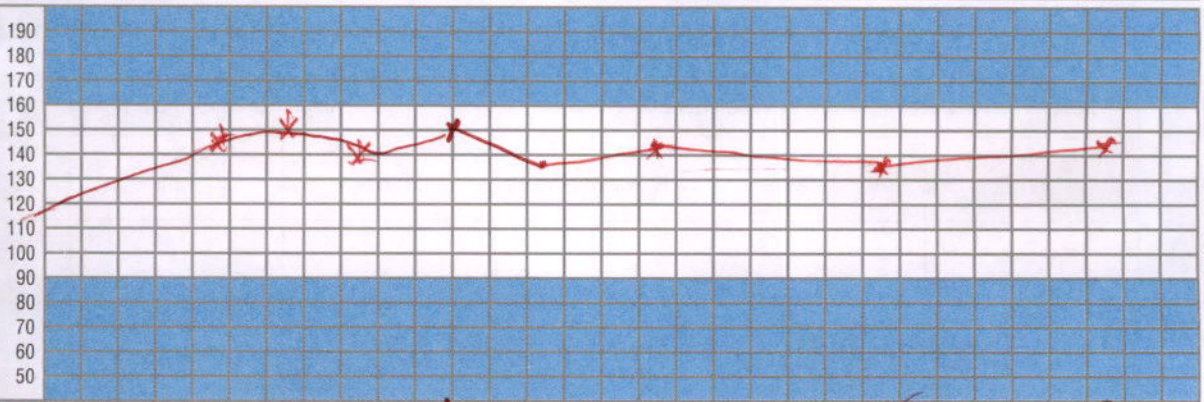
	11	1	3	5	7	11	3	7
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	PM	PM	AM	PM

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	148	150	140	151	139	143	135	140

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

Resp Rate (Number)	50	45	50	0010	44	41	39	40

Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓				
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	99	96	99	99%	99%	99%
Conscious Level: Normal / Altered	✓	✓	✓		✓			
GCS *	–	–	–	–	15	–		
TOTAL SCORE Number of shaded boxes	0	0	0	–	0	0	0	0
Pain Score	0	0	0		0	0	0	0
Observer's Initials							B	B

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.

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-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D6H (F)
Dr. AKHEEL SYED RIZWAN

Io. : 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: 16/7/26 Time: 9

Doctor/Nurse/Family Concern? AM

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 98.2 F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 120

Note: BP does not score in early warning scoring

Heart Rate (Number): 130

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10 — 42

Resp Rate (Number): 42

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

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.

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-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 0

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
15/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	DBF										
	12:00 pm										2	
	01:00 pm	DBF								✓	0	15/7/26 @1 PM
Total Intake :						**Total Output :**				Passed		
15/7/26	02:00 pm											
	03:00 pm	DBF					✓					
	04:00 pm											15/7/26 @5PM
	05:00 pm	DBF										
	06:00 pm											
	07:00 pm	DBF										15/7/26 @7PM
Total Intake :						**Total Output :**						
	08:00 pm						✓					
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm	DBF										
	12:00 am						✓			✓		
	01:00 am	DBF										Bhanu 15/7/26
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	DBF										
	04:00 am											
	05:00 am	DBF										
	06:00 am						✓			✓		
	07:00 am	DBF										Bhanu 16/7/26
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	—	Total 24 hrs. Output	Urine - 3 times Stool - 4 times

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D3H (F)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/7/26												
	08:00 am		DBF									
	09:00 am											
	10:00 am		DBF									
	11:00 am											Rupika 16/7/26 @2pm
	12:00 pm		DBF									
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206962 IP-00060718
Baby B/O RASHMI GUPTTA
15-07-2026 0Y0M0D3H (F)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7	11:40am	INJ Vitamin-K	1MG	I.M			

Verified Dr. Rishika 15/7/26