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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. SURENDER RAO DUSA

BILLING

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

Date of Admission : 12/7/26 Time : 11:09AM Date of Discharge : 14/7/26 Time: 11:30A

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7/26	7:30 PM	MICU	(ROOM)	

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
12/7/26	Blood Grouping	V1 26023344	Rani
12/7/26	ABG	V1 26023406	Rani
	Cross checked by Rani 12/7/26 @ 8p.m.		
12/7/26	GRBS @ 11:00pm — 86mg/dl	26023444	
13/7/26	GRBS @ 6Am — 84mg/dl	26023461	
13/7/26	GRBS @ 12:30pm → 75 mg/dl	26023508	
13/7/26	GRBS @ 6:30pm 75mg/dl	26023596	
14/7/26	GRBS @ 12:30pm - 72 mg/dl	26023592	
14/7/26	GRB @ 7:40Am - 88 mg/dl	26023598	
	TCB	26023665	
	Cross chec by Sn		

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/2/26	TEOAE	1	310630	

ANY OTHER INFORMATION

Date : 14/2/26 Time : 11:30Am Prepared By : Sneh 14/2/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

NEW BORN DETAILS

B/O Banda shruthi

DOB: 12/7/26 Sex: male Maternal Blood Group: B+ve.

Time: 9:14 Am Birth Weight: 4.230 Baby Blood Group: O+ve.

SVD / LSCS: LSCS

Indication: _____

Diagnosis: FT|40wk|Sm|LSCS|PPOL/CIAB|MCH|4.230kg

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 98%

Spo2 Post ductal Left Lower Limb: 99%

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: OPV, BCG, Hep-B given on 13/7/26.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
13/7/26.		4.15 kg (4180 gm)		✓	✓	DBM	TCB @ 9 Am
14/7/26		4.05 ↓ 100 gm		✓	✓	DBM+FF	5.4 mg/dl

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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

Patient Name: VIH-00206860 IP-00060675 Baby B/O BANDA SHRUTHI 12-07-2026 0 Y 0 M 0 D 13 H (M) Dr. SURENDER RAO DUSA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	—
2	Discharge Summary	—			
3	Nursing Initial assessment form	1	✓	✓	—
4	Patient Trasfer Forms	1	✓	✓	—
5	In-patient Medical Record	4	✓	✓	—
6	Doctors Progress Sheets	3	✓	✓	—
7	Nurses Progress notes	3	✓	✓	—
8	Consultation Sheets			✓	—
9	General Consent for Treatment	1	✓	✓	—
10	Conset for Surgery	—	—	—	—
11	Consent for Blood Transfusion	—	—	—	—
	Consent forChemotherapy	—	—	—	—
	Consent for High Risk	—	—	—	—
14	Consent for ~~Restraint~~ formula	1	✓	✓	—
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	3	✓	✓	—
26	Intake and Output chart (fluid Chart)	2	✓	✓	—
27	Drug Chart (Regular prescription)	1	✓	✓	—
	Daily Investigation sheet		✓	✓	—
	Investigation Values (Result Sheet)	1	✓	✓	—
30	Nebulization Chart	—	—	—	—
31	Diabetic chart	—	—	—	—
32	Nutritional Review chart	—	—	—	—
33	MLC form (in case of MLC)	—	—	—	—
34	Patient Educatlon Form	—	—	—	—
	Other	14	✓	✓	
	Total No. of Pages	36			

Signature and Date : 14/7/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060675 **Admit Date** : 12-Jul-2026 **Admit Time** : 11:09 AM **UHID** : VIH-00206860

Patient Details :

Patient Name	: Baby B/O BANDA SHRUTHI	**Age**	: 0 D
Guardian	: Mr GURRALA SANDEEP	**DOB**	: 12-07-2026 09:14 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no-305, road no-3n, bhavani nagar colony Kapra Hyderabad Telangana INDIA 500062	**Phone No**	: 9966158459/ 9000054587
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-226-2 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-226-2 **Admission Type** : First Visit

Contact Details :

Name : Mr GURRALA SANDEEP **Relationship** : Father

Contact Address : plot no-305, road no-3n, bhavani nagar colony Kapra Hyderabad Telangana INDIA 500062 **Phone No** : 9966158459

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : NEONATOLOGY

Referral Doctor : Dr.. Dr. SRILATA PATNAIK **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
2-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o B Shruthi Mother's Name: B. Shruthi

Date of Birth: 12/7/26 Time of Birth: 9:14:22 Am Gender: ☑ Male ☐ Female

Birth Weight: 4.230 Kgs HC: 38 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 positive Baby:

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 9:30 Am

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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

Indication: Non progress of labour.

Physical Assessment of New Born:

Temp: 36.5 °C HR: 146 bt /Min RR: 45 br /Min BP: — SpO_2: 98 %

Pain Score: — (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 16 (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: Meghna Signature: Mz Date &Time: 12/7/26 @ 10 Am

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206860 IP-00060675 Baby B/O BANDA SHRUTHI 12-07-2026 0Y0M0D9H (M) Dr. SURENDER RAO DUSA	12/7/26 @ 11:09AM	12/7/26 @ 8pm
	Transfer Ordered by Dr. Shivam	Reason for Transfer Post op care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 16	Number of Imaging Films NIL	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.	Small Kuchis - 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
Dr. Meghna	Dr. Shivam

Patient & Clinical Records Received by : Sushila

Date & Time of Patient Received : Sushila 12/7/26 at at 8pm

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

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12-07-2026 0Y0M0D9H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Banda shruthi Age 36 Father's Name : .... Age : ....

Date of Birth : 4/4/90 Date of Admission : 11/7/26 UHID No.: VIH-00199336

NICU Consultant : Dr Surender Rao 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 Banda Shruthi	Mother's Blood Group : B Positive
Gender : ☑ M ☐ F Blood Group :	Birth Weight (gms) : 4.230 Kg Length (cms) : ....
Date of Birth : 12/7/26 Time of Birth : 9:14:22 AM	OFC (cms) : ....
Place of Birth : RCH VKP	Estimated Gesth Age : 40 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 36 yr Ht : 162 cm Wt : 83 Kg BMI : .... Married Life : 6 yr LMP : 7/10/25 EDD : 11/7/26

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : 6 wks AN Steroids Drugs / Doses : ....

Last Scans Details : 11/6/26 SLIUF 35T5 Cephalic Placenta left lat n FW 3081

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ....

IUGR - when detected : ....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : ....

AFI : 14.4 cm

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

Controlled or not, recent values, HbA1 values : ....

Compliance with Rx : ....

Scans : LGA, TIFFA , Fetal Echo : (N)

H/o Hypothyriodism : when diagnosed ? Medication?
at 28+5 wks on Tab Thyroxin 12.5 mcg

Any other Chronic Medical Problems, when detected drugs ? fibroid

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : 28+5 wks Any culture : ....

PPROM : Duration : .... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : ....

Medication during Pregnancy : Tab ecosprin Duration : Conception to 35+5 wk

CIN : L85110TG1998PLC029914

Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

PAST OBSTETRIC HISTORY

G : 1 P : ..... A : ..... L : .....

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

PERINATAL HISTORY

Treating Obstetrician : DrS Intiala Doctors Hospital : RCH VIJP ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : NRDL

Specify the reason : .....

Augmentation of Labour : ☑ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
2	2	
2	2	
TOTAL 8/10	9/10	

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 :

Patient Sticker

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Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

History of Present Illness:

Emergency LSCS

Baby delivered in Cephalic

↓

CRIB

↓

Delay cord clamped (60sec)

↓

Shift to warmer

↓

Cleaned & dried

cord clamped

Investigation details in previous Hospital :

↓

In VIT IC Inj Ir given

↓

No obvious congenital anomalies seen

↓

Mother vitals

Shift to mother w

Past History :

Family History :

Socio Economic History :

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Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 144 RR : 30 NIBP : CFT : <3 sec

Color of the extremities : Acrocyanosis

Jaundice : (-) Pallor : (-) SpO2 : 96%

Anthropometry : Birth Weight : 4.230Kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N) Caput (+)
Facies : (Any Facial Dysmorphism)		No facial dysmorphism
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	(N)
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)

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12-07-2026 0 Y 0 M 0 D 10 H (M)
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THORAX and BREASTS :
Shape of Thorax : N
Position of Nipples and Number : N

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

GENITILIA :
Labia / Hymen : N
Testicles/penis : N Male Baby
Anus : N

HERNIAL ORIFICES free

TRUNK and SPINE : N

SKIN LESIONS : N

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : RA

SpO_2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 144/m BP : .....
Femoral Pulses : +
Other Peripheral Pulses : .....
Precordial Activity : N
Murmurs : -
Signs of Cardiac Failure : .....

Abdomen :

Shape : N
Palpation : N
Palpable masses : -
Abdominal girth : .....
Hernia orifice : free
Anal Patency : Patent
Umbilical Cord : 2A+1V
First urine passed : Not passed
Meconium passed : .....

Pa

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

State of wakefulness : ..... C/7 A/O x 3

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : ..... WNL

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

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

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

Any Congenital Anomalies : .....

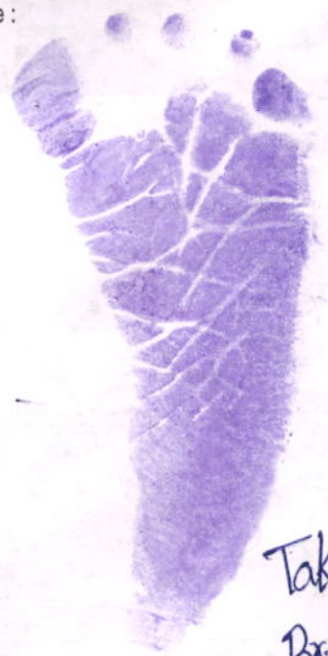
.....

Diagnosis : FT/AGA/EmLBG/NPOL/CIAB/MLH/4-230/g/

.....

FOOT PRINTS

Right Side :



Taken by
Br. ASP
@ 9:25 AM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

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Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
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DISCHARGE PLAN

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 : ....

- DBF f/b bupy 2nd hrly
- cord care w/ care
- vaccine as per schedule
- GRBS monitoring 6 hrly

@ GRBS 77 mg/dl @ 9:40AM

Noted by [illegible]

* 3:20 pm - 73 mg/dl.

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

Discharge Details:

Neonatal Condition at Discharge:

....

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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: .....

Final Diagnosis: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident.	
12/7/26 8pm	40wks / 4.230kg / male / EmLSCS (NPOL) / IOHM /	
		mother - H/o Thyroid
U HOL		UTI
	O/E	PIH
	Baby warm	
MBG - B+	CFT/A good	
	CRT < 3sec	
BBG	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A - soft	
		Plan
	1)	GRBS 6th hrly prefeed
	2)	DBF f/by Burping Q2H
	3)	Vaccination t/m
	4)	OAE t/m
	5)	SBR / NBI / TCB before d/s.
	6)	warmth, cord care
Dr. [signature]		noted by Sony 13/7/26 @ 8Am

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 9:30 AM	S/B Resi dent	(HOL- 2uhr; prim)
	Term (AGA) / Cmale (NVD) / Baby boy) /	
	CIAR / B.wt - 4.25kg / (LGA) / 20 HR	
	Cwt - 4.15 kg	
	150 gm	plan
	M → A tve	- GT + Cont. same
	B → 0 tve	instructions
		- GRBS - 6th hrly (prefeed)
	o/e - Euthermic	↓
	CVS - S1S2 (N)	fill up HOL
	RS - BAE (N)	↓
	PA - soft	inform if <60mg/dl
	C/A/T - good	
	CRT 2 sec	- OAE today
		- TCB b/f d/c
	GRBS > 80	- monitor vitals
		- Mo charting
		- Informed

Noted by [signature] 13/7/26

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

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 13 H (M)
Dr. SURENDER RAO DUSA

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
13/7/26	Lactation notes (Mrs. Ramyasheswini)	
	• 1st time Mother	
	• Normal breast Condition	
	• Drops of milk Seen	
	• Torsemide right accessory nipple present	
	• Advised to feed every 2hrs	
	• Strategies to improve supply discussed	
	• To track the feeding in the sheet given	
	• Thx	
	12.30pm	

VIH-00206880 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 13 H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 3pm	S/B Resident Baby reviewed No new Concern O/E – Euthymic CVS – S1S2 (+) RS – NAD (+) PA – Soft CRT < 3 sec	Plan - CIF + Cont. Care instructions - GRBS – 6 Hourly (pre feeds) - High UP HOL ↓ Inform if < 50 mg/dl - Monitor vitals - Nursing charting - Information
		Note by Rajesh 13/7/26 @ 3pm

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9:30 AM	S/B Lev'der (Ho1- 48hrs; primi)	
	Term (40 wks) / Emcs (NPOL) / Baby boy / CPAB / B.wt - 4.23kg / LGA / 20HM	
	Wt - 4.01kg ↓180gm	plan
	M - BF	- D/c today
	B - BF	- F/u on Friday
	U/ passing	
	TcB @ 48 hrs = 5.4	
	O/E - Euthermic	
	H/L - NAD	
	PA - soft	
	C/A/RT - good	
	CRT <3 sec	
	(signature)	
	(signature)	
	Noted by staff 14/7/26.	

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: FT / 40WK / EMLSCS / NPOL / CRAB MCH / 4.230kg /				Any Infection: ☐ Yes ☐ ~~No~~ ☐ Not Known If Yes Specify: N/A		
	Surgery / Procedure: N/A				Post OP Day:		
BACKGROUND	Date / Shift	12/7/26 E	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E	13/7/26 N
	Medical Condition (Any special condition to be noted):	–	nil	Nil	Nil	Nil	Nil
	Diet:	DBF	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	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.2°F	98.6°F	97.9°F	98.0°F	98°F	98.6°F
	Res:	42 b/mt	46 b/mt	41 b/m	36 b/m	33 b/m	30 b/m
	SpO_2:	98%	99%	99%	98%	99%	98%
	Pulse:	136 b/mt	136 b/mt	140 b/m	148 b/m	137 b/m	140 b/m
	BP:	–	–	–	–		–
	LOC:	Conscious	conscious	conscious	Conscious	conscious	conscious
	Fall Risk Score:	16	16	16	16	16	16
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	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	DBF	DBF
	Critical Lab Test / Values:	–	Nil	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	dependent	dependent
Post Operative Procedure Special Orders:		GRBS 6th hrly	CORES 6th	Nil	Nil	TCB 11th	–
Handed Over By Name :		Meghana	sushilg	Jony	Syed	Raja	Jhansi
Signature / ID :		M020232	816493	905043	801645	816493	17542
Date:		12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26
Time:		@7:30pm	8Pm	@8am	@8pm	@8Pm	@
Taken Over By Name :		sushilg	Jony	Syed	Raja	Jhansi	Syed
Signature / ID :		816493	905043	801645	816493	17542	801645
Date:		12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26
Time:		7:50pm	@8pm	@8am	@8pm	@8pm	@8am

VIH-00206880 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: PT (40wk / SMLW) NNOL (CIOB) / MCH / 4.23 kg				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....Nil..........		
	Surgery / Procedure: N.I				Post OP Day:		
BACKGROUND	Date / Shift	14/07/2 M					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	DBF.					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA.					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4°F					
	Res:	32bh.					
	SpO_2:	99%.					
	Pulse:	140bl.					
	BP:	—					
	LOC:	Consci					
	Fall Risk Score:	11					
	Pain Score:	2					
	Skin Integrity	Pink.					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF+FF					
	Critical Lab Test / Values:	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					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Syed					
Signature / ID :		016457					
Date:		14/7/26					
Time:		@ 10A.					
Taken Over By Name :		[illegible]					
Signature / ID :		[illegible]					
Date:		[illegible]					
Time:		[illegible]					

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

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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: 12/7/26

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	10Am	Ensure safety provided	10am	provided side rails	TO prevent falls	Baby is safe	Meghna N 12/7/26 2pm
	12pm	Maintain good Nutritional Status	12pm	DBF 2nd hrly given	TO prevent dehydration	Baby is taking good feed	
Afternoon	3pm	Maintain personal hygiene	3pm	personal hygiene given	TO prevent infection	Baby is comfortable	Meghna N 12/7/26 @7pm
	6pm	Maintain Good nutritional status	6pm	DBF 2nd hrly given	TO prevent dehydration	Baby is taking good feed	
Night	9pm	✱ maintain Personal Hygiene. ✱ Prevent Infection		- Provided warm and cood env.	- DBF 2nd hrly given. - ensure safety	- vitals 4th hrly checking.	Sony 13/7/26 @9am

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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Date: 13/7/26

Goals

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- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	prevent Infection Ensure safety	8:30am	+ Maintained hygiene & provided hand rub. provided side rail.	prevented for Infection prevented for fall risk	Re assessment done every 4th hrly vital Checked baby is stable	Sheela 13/7/26 @ 2pm
Afternoon	3pm	+ maintain good Nutritional status	3:30 pm	+ every and hourly Feeding & burping is a given	+ TO prevent dehydration	+ Re-assessment was done every 4th hourly vital monitor	Roja RN 13/7/26 @2pm
Night	8pm 6 am	Assess the baby condition Give feeds.	6 pm 6 pm	Assessed the baby condition. Given feeds.	TO prevent dehydration.	Baby is Haemodynamically Stable.	Shanti 14/7/26 @ 8am

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am			Discharge Note Do care for wound and advice the pt with meds and the file will send for billing			Dr. 14/7/26 01 PM
Afternoon							
Night							

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

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

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

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 BANDA SHRUTHI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060675**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-226-2**

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: Gurnalac Sandeep
Relationship: Father
Date: 12/07/2026 Time: 11.04 am
Wittness Name:
Wittness Signature:

Patient Address:
plot no-305, road no-3n, bhavani nagar colony Kapra Hyderabad Telangana INDIA 500062

Aptamil Gold.

Rainbow® Children's Hospital
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CONSENT FOR FORMULA FEEDS

Patient Name: B/O. Banda Shruthi Age: Day 2 Gender: ☐ Male ☐ Female

UHID no: 206860 Department / Ward: II floor Date: 13/7/26

I Mr / Mrs. : Gurrala Sandeep Aged 37 years, hereby declare that I have admitted my ☑ son / ☐ daughter in Rainbow Children's Hospital, Hyderabad on 12/7/26

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 / Guardian:

Signature:

Name: Gurrala Sandeep

Relationship with patient: Father

Date & Time: 13/7/26

Witness

Signature:

Name:

Date & Time:

Doctor (who is taking consent):

Signature:

Name: Dr Deepthi

Date & Time: 13/7/26

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

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పేషెంట్ పేరు: ..... వయస్సు : ..... లింగం : □ మగ □ ఆడ

UHID సంఖ్య: ..... విభాగం / వార్డు : ..... తేదీ:.....

నేను శ్రీ / శ్రీమతి : ....., వృద్ధాప్యం .....

నేను నా □ కొడుకు / □ కూతురిని హైదరాబాద్‌లోని రెయిన్‌బో చిల్డ్రన్స్ హాస్పిటల్‌లో ..... . నా బిడ్డ కోసం ఫార్ములా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫార్ములా ఫీడింగ్ ప్రయోజనాలు, రిస్క్‌లు, ప్రత్యామ్నాయాల గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అటెండెంట్ / గార్డియన్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 12/7/26 Time:	10 am	12 pm	2 pm	4 pm	6 pm	10 pm		1 am		4 am		7 am
Doctor/Nurse/Family Concern?												

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4 98.4 98.4 98.3 98.4 97.9 99.3 98.8 99.5

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)	148	140	138	138	136	140		143		138		140

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

70 60 50 40 30 20 10

Resp Rate (Number)	45	45	42	42	42	47		45		45		43
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓							
Receiving O_2 (l/min) O_2 Saturations (%)	96%	98%	98%	98%	98%	99		99%		99%		99%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓							
GCS *	–	–	–	–	–							
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	B	B	B	B	B	B		B		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.

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 13 H (M)
Dr. SURENDER RAO DUSA

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

No. : RCH/ FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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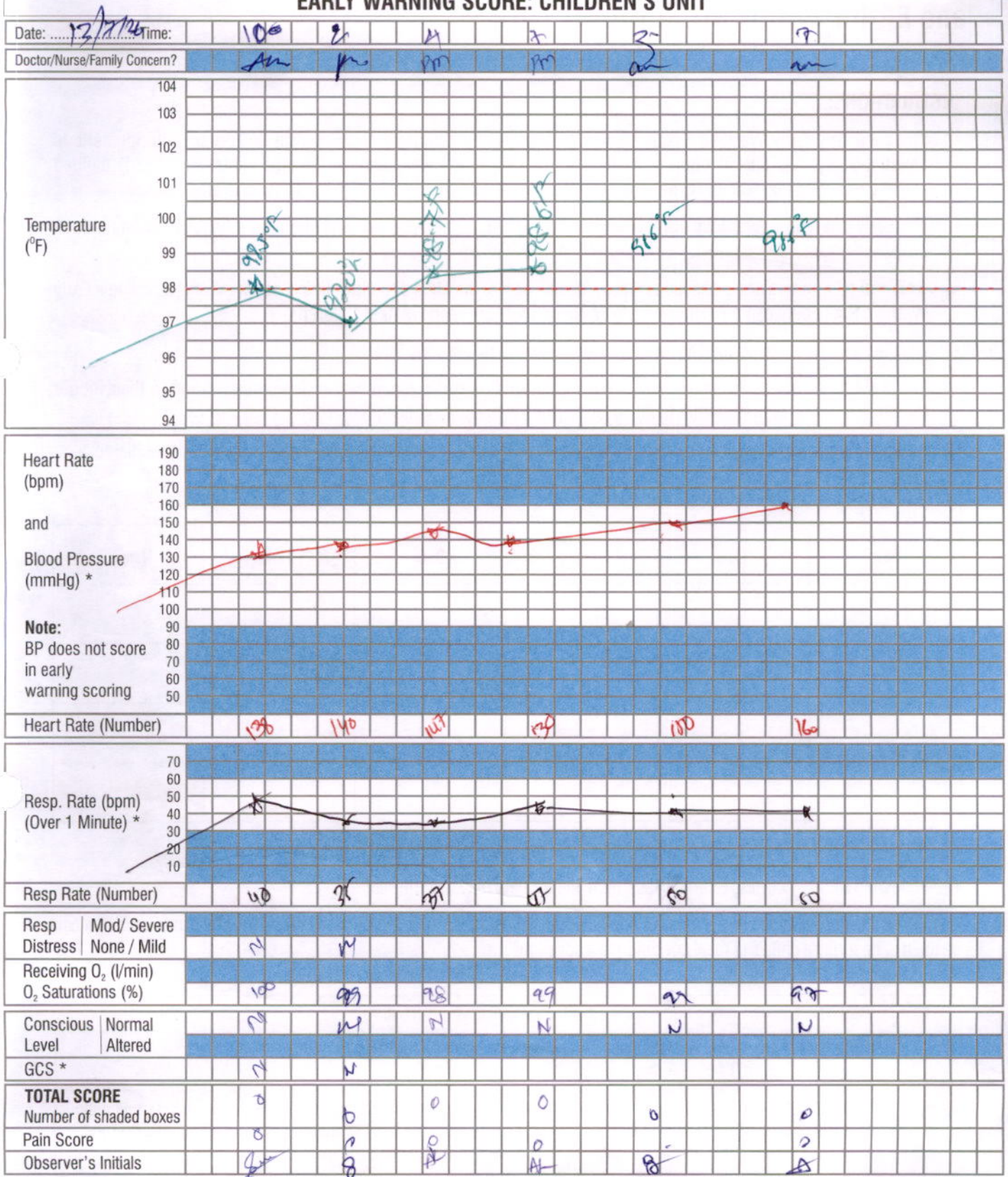
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT



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.

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 13 H (M)
Dr. SURENDER RAO DUSA

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
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VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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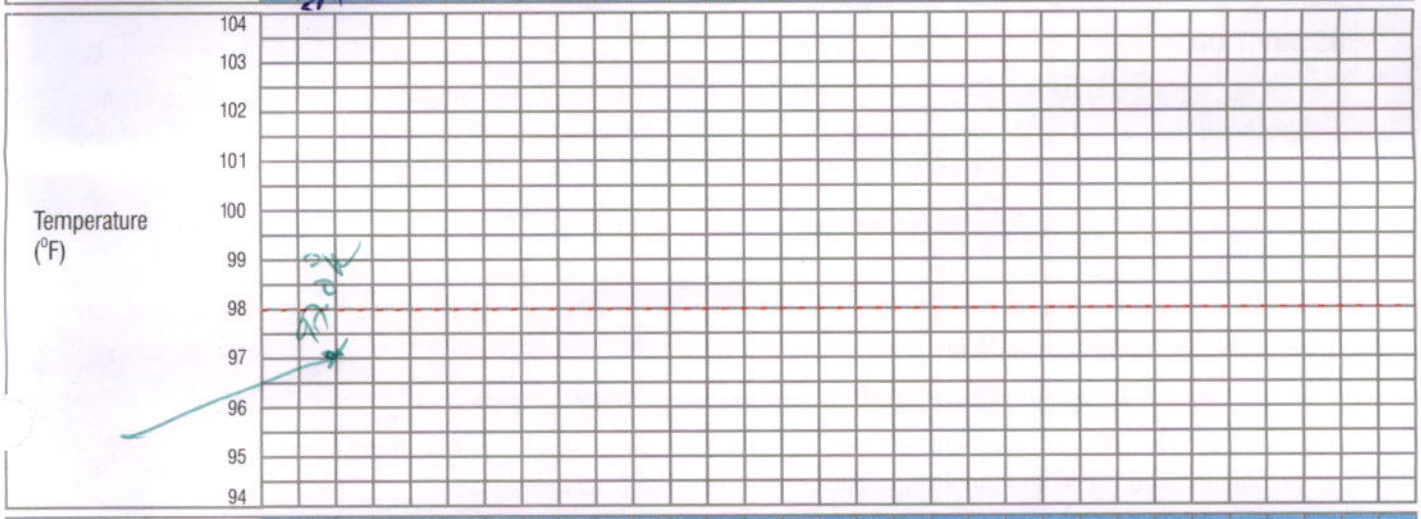
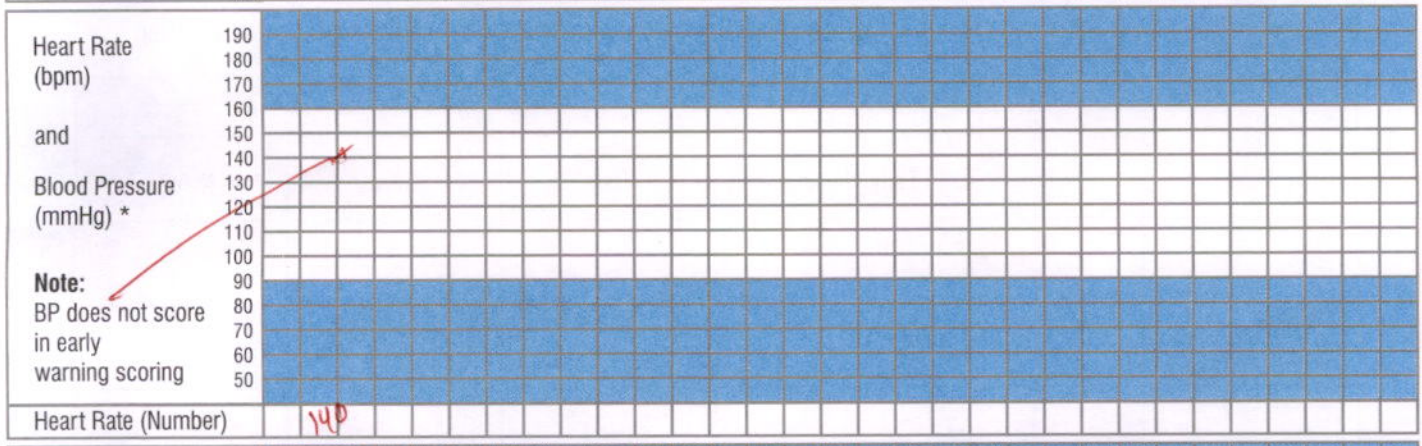
EARLY WARNING SCORE: CHILDREN'S UNIT

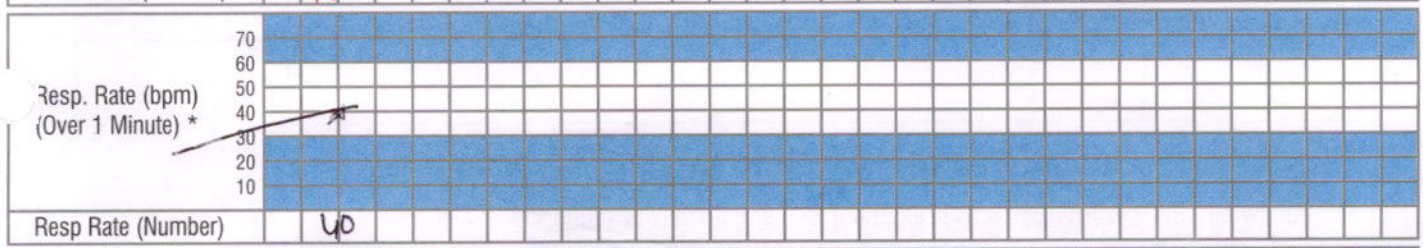
Date: 14/7/26 Time: 10

Doctor/Nurse/Family Concern?





Heart Rate (Number) 140



Resp Rate (Number) 40

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

ACTIONS NB: Scores 3 should be recorded overleaf	
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(...EN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. SURENDER RAO DUSA

Patient S

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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
12/7												
	08:00 am											
	09:00 am											
	10:00 am	DBF								✓		Meghana 12/7/26 2pm
	11:00 am											
	12:00 pm	DBF										
	01:00 pm											
Total Intake : Good						**Total Output :** passed						
12/7	02:00 pm	DBF										Meghana 12/7/26 6pm
	03:00 pm											
	04:00 pm	DBF										
	05:00 pm											
	06:00 pm	DBF										
	07:00 pm											
Total Intake :						**Total Output :**						
12/7/26	08:00 pm											Soup
	09:00 pm	DBF										
	10:00 pm									✓		
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF										
Total Intake :						**Total Output :**						
13/7/26	02:00 am											Soup
	03:00 am	DBF										
	04:00 am											
	05:00 am	DBF										
	06:00 am						✓			✓		
	07:00 am	DBF										
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

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

FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/7	08:00 am											
	09:00 am		DBF									
	10:00 am										0	
	11:00 am		DBF				✓					13/7
	12:00 pm		DBF									
	01:00 pm											
Total Intake :						**Total Output :**						
13/7	02:00 pm											
	03:00 pm		DBF							✓		
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm						✓					
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		DBF									
	10:00 pm											
	11:00 pm		DBF									
	12:00 am											
	01:00 am	DBF fff					✓					
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	DBF fff					✓					
	04:00 am											
	05:00 am											
	06:00 am	DBF										
	07:00 am									✓	1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : .....

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/11	08:00 am											
	09:00 am		DBF									
	10:00 am									✓	0	
	11:00 am		DBF									14/11
	12:00 pm											0102
	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-00206860 IP-00060675
Baby B/O BANDA SHRUTHI (M)
12-07-2026 0 Y 0 M 2 D
Dr. SURENDER RAO DUSA

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

FLUID CHART

Sheet No. : .....

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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

STAT / ONCE ONLY DRUGS

Name: .....

Weight: H: 230 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
12/7	9:20AM	INJ VITAMIN K	1mg	IM			

Verified
Dr. Rishika
Clinical Pharmacologist

VIH-00206860 IP-00060675
Baby B/O BANDA SHRUTHI
12-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital
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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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