Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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ACTIVITY RECORD FOR BILLING

MH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SIVA NARAYANA REDDY

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

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

Date of Admission : 29/6/26 Time : 6:43Pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 220-1 Ward : NICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	9:35Pm	[illegible]	Room (103)	[signature]

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
29/6/26	GRBS @ 8:30pm - 90mg/dl	V126021918	
29/6/26	Blood grouping	V126021917	
	Crow checked by manga 29/6/26 @ 8:44pm		
30/6/26	GRBS @ 8:00Am - 76 mg/dl	26021968	
30/6/26	GRBS @ 7:am - 72 mg/dl	26021971	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 1 H (F)
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	001	—	—	
4	Patient Trasfer Forms	01			
5	In-patient Medical Record	04	—	—	
6	Doctors Progress Sheets	01	—	—	
7	Nurses Progress notes	02	—	—	
8	Consultation Sheets				
	General Consent for Treatment	01	—	—	
	Conset for Surgery				
11	Consent for ~~Blood~~ Transfusion ~~BT~~				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for ~~Restraint~~ consent formula f	01	—	—	
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				
	TPR & BP chart	02	—	—	
	Intake and Output chart (fluid Chart)	01	—	—	
27	Drug Chart (Regular prescription)	01	—	—	
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	—	—	
	Pain assessment	01	—	—	
	others pages	03	—	—	
	Total No. of Pages	24			

Noted by Subhan 30/6/26 11 am

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. SIVA NARAYANA REDDY

NEW BORN DETAILS

B/O _____

DOB: 29/6/26 Sex: Female. Maternal Blood Group: 'O' positive.

Time: 5.50pm. Birth Weight: 2.754 Baby Blood Group: 'O' positive.

SVD / LSCS: ✓

Indication: _____

Diagnosis: 37wks / 2.754kgs / AGA / BM / NVD / CIAB

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: _____

Spo2 Post ductal Left Lower Limb: _____

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: 34 cms Length: 47 cms

Vaccination: OPV, BCG, Hep-B given on 30/6/26.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
30/6/26	1 ~~2.700kgs~~ 2.700kgs			✓	✓	DBM.	

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-00060519 **Admit Date** : 29-Jun-2026 **Admit Time** : 06:43 PM **UHID** : VIH-00206386

Patient Details :

Patient Name	: Baby B/O SRI PRAMADA TANGIRALA	**Age**	: 0 D
Guardian	: Mr C SAI PRAMOD	**DOB**	: 29-06-2026 05:50 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO 1-23-176, H NO 232, VIJAYALAXMI NILAYAM, ROAD NO 10, BHOODEVI NAGAR, ALWAL Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 8897711936/ 8940534574
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-220-1 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-220-1 **Admission Type** : First Visit

Contact Details :

Name	: Mr C SAI PRAMOD	**Relationship**	: Father
Contact Address	: H NO 1-23-176, H NO 232, VIJAYALAXMI NILAYAM, ROAD NO 10, BHOODEVI NAGAR, ALWAL Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 8897711936 / 8940543574

Signature

Doctor Details :

Doctor Name	: Dr. SIVA NARAYANA REDDY VENNAPUSA	**Specialisation**	: NEONATOLOGY
Referral Doctor	: DR.BHAVANA K	**Phone No**	:
Co-Consultant	:		

Payment Details :

Deposit Amount : 0.00

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

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29-06-2026 0 Y 0 M 0 D 1 H (F)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. sri pramada Mother's Name: mrs. sri pramada.

Date of Birth: 29/6/26 Time of Birth: 5:50pm Gender: ☐ Male ☐ Female

Birth Weight: 2.75kg Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: O+ positive Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 6pm

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.6 F °C HR: 145 b/M /Min RR: 46 b/m /Min BP: - SpO_2: 96%

Pain Score: 0 (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: prathyusha Signature: Date &Time: 29/6/26 @ 7pm

PATIENT TRANSFER FORM

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VIH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0Y0M0D1H (F)
Dr. SIVA NARAYANA REDDY

	Date & Time of Admission	Date & Time of Transfer Order
	29/6/26 at 6:43pm	29/6/26 at 9:35PM
Treating Consultant Name	Transfer Ordered by: Dr. Harish	Reason for Transfer: Observation
From Unit: L/W	To Unit: Room (103)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 15	Number of Imaging Films: -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small kuchies	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
SRS	Dr. Harish.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 9:42pm

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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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Pramada Age : 26Y Father's Name : Age :

Date of Birth : 28/8/1999 Date of Admission : UHID No.:

NICU Consultant : Dr. Shiva narayan 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 Pramada

Gender : ☐ M ☐ F Blood Group :

Date of Birth : 29/6/26 Time of Birth : 5.50PM

Place of Birth : V-RCH

Mother's Blood Group : O+VE

Birth Weight (gms) : 2.750kg Length (cms) :

OFC (cms) :

Estimated Gesth Age : 37wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26/10M Ht : 155 Wt : 80kg BMI : Married Life : 2yrs LMP : 8/10/25 EDD : 19/7/26

Conception : Spontaneous or with Rx. : Spont

Booked at what GA. : 12+3 week AN Steroids Drugs / Doses : NO

Last Scans Details : 26/6/26 - SLIUF, 36+3WD, cephalic, PL-Ant high, AFI - 20.8cm, DOPPY - (N), Echogenic foci

TT Immunization and Iron / Folic Acid : Yes

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs H/O Itching at 29+5wk on stomach reduced spontaneously

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 : NO

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : NO

IUGR - when detected : NO

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

AFI : 20.8cm

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

Controlled or not, recent values, HbA1 values : Yes @ 29+5wks on diet

Compliance with Rx :

Scans : LGA, TIFFA , Fetal Echo :

H/o Hypothyriodism : when diagnosed ? Medication?

Yes on Thyroxine 100mg

Any other Chronic Medical Problems, when detected drugs ? NO

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

Infection : H/O, Fever

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

UTI : when : NO Any culture : NO

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

Medication during Pregnancy : Duration :

Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SIVA NARAYANA REDDY

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhavana ..... Hospital : V - Rich ..... ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : NO

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 37 wks ..... 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 | 10	9 | 10	

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 :

CTD

History of Present Illness: Baby delivered via NVD in Vx presented

↓

CIAB, HR > 100/min

↓

Delayed nasal suction & tactile stimulation etc.

↓

Delayed cord clamping was done for 60 sec

↓

cord was clamped & cut under aseptic conditions (2A + 1V)

↓

Investigation details in previous Hospital :

Inj' vit-k given

↓

Shift to mother side

Feeding History :

Past History :

NO

Family History :

Socio Economic History :

Patient Sticker

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5'C HR : 148/min RR : 50/min NIBP : ..... CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : NO Pallor : NO SpO2 : 96% @ RA

Anthropometry : Birth Weight : 2.75kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) NO Facial dysmorphism

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses : } WNL

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 : } WNL

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29-06-2026 0 Y 0 M 0 D 1 H (F)
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BREASTS :	...ax : Position of Nipples and Number :	} Ⓝ
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : - Ⓝ	} Ⓝ → 2A+V
GENITILIA :	Labia / Hymen : ~~Testicles/penis~~ : Anus :	} Ⓝ
HERNIAL ORIFICES	Free	
TRUNK and SPINE :	Ⓝ	
SKIN LESIONS :	None	
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	} Ⓝ Arms / Legs : Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 45/min 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 : B/L (E) Ⓝ Breath Sounds : NVBS Ⓝ Added Sounds : ....

Cardiovascular System :

HR : 158/min	BP : ....
Femoral Pulses : } felt	Precordial Activity : } NAD
Other Peripheral Pulses : }	Murmurs : }
	Signs of Cardiac Failure : ....

Abdomen :	Hernia orifice : Free
Shape : Ⓝ	Anal Patency : ~~2A+1V~~ (+) ht
Palpation : soft	Umbilical Cord : 2A+1V
Palpable masses : None	First urine passed : } NO
Abdominal girth :	Meconium passed : }

Patient Sticker

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

State of wakefulness : ..... WNL

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : ..... WNL

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : Bl symmetrical ..... DTR : ..... WNL

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

Any Congenital Anomalies : NO obvious visible external congenital Anomaly

.....

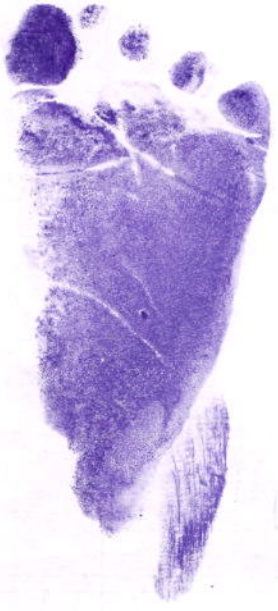
Diagnosis : FT | 37 wk | 2.75 kg | AGA | IM | F | NVD | CIAB

.....

FOOT PRINTS

Left Side :

Right Side :



Taken by Prathyusha 29/6/26

Resident Doctor :

Signature : .....

Name : Dr. Harish

Date & Time : .....

Consultant :

Signature : .....

Name : .....

Date & Time : 30/6/26

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 : GRBS @8:30pm 90 mg/dl

cord care, warmth care

- BF f/b BP x 2hrly c on demand
- SBR, OAE, NBS BF discharge
- Vaccination as PCV schedule
- GRBS - 6th hrly 2 M 48 hrs

Prophylaxis @ 29/6/26

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

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Feed ☐ 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: .....

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Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0Y0M0D4H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	37wks / female / 2754 /	Primi NVD
30/6/2026		80 HM (Hypo)
8:20AM	C/T/A - Good	GDM on diet
16 HOL	CRT < 3 sec	Echogenic foci
	AF (N)	
	moro - Equal	
	Pulses - good	
M B] 0 +ve.	CVS - S1S2	plan
	CNS - NAD	- DBF fb burping Q2H
	RS - B/L AE ⊕	- warmth & cord care
	PA - soft	- vitals 6th hrly
TW -> 2.7kg		- SBR & NBS @ 48hrs
1.9% wtloss.		T/M - 6:00pm / before d/c.
	f/up thursday	- OAE T/M
Urine } passed. Stool }		d. Gan...
G ... 30/6/26		
		Noted by Subha 30/6/26

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient

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SHIFT HAND OVER FORM

SITUATION

Diagnosis: FT/37wks/2.75kg/AGA IM/F/NVD/CIAB

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	29/6/26 E	29/6/26 N	29/6/26 N	30/6 M		
	Medical Condition (Any special condition to be noted):	-	-	-	-		
	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:	98.1°F	98.1°F	98.3°F	98.6°F		
	Res:	50bl/mt	55bl/mt	50bl/mt	40bl/mt		
	SpO_2:	100%	100%	99%	98%		
	Pulse:	146bl/mt	150bl/mt	142bl/mt	131bl/mt		
	BP:	-	-	-	-		
	LOC:	Coursing	Coursing	Coursing	Coursing		
	Fall Risk Score:	15	15	15	15		
	Pain Score:	-	-		0		
	Skin Integrity	Intact	Intact	Intact	Intact		
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	DBF	DBF	DBF		
	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):	Dependent	Dependent	dependent	dependent		
Post Operative Procedure Special Orders:		DBF 2nd hourly GRBS 6th hourly.	DBF 2nd hourly GRBS 6th hourly	DBF 2nd hourly GRBS 6th hourly	Nil		
Handed Over By Name :		Pavitha	Kavya	Vasu	Subhan		
Signature / ID :		RN	020573	Gopika	Shanthi		
Date:		29/6/26	29/6/26	29/6/26	30/6		
Time:		@8PM	@9:30pm	@8AM	@ 1:00 AM		
Taken Over By Name :		Kavya	Vasu	Subhan			
Signature / ID :		020573	Gopika	Shanthi			
Date:		29/6/26	29/6/26	30/6			
Time:		@8PM	@9:30pm	@8AM			

Patient Sticker

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-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0Y0M0D1H (F)
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: 29/6/26

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							
Afternoon	7 Pm	Ensure safety	7 Pm	To provied cridle Crib.	To prevent fal	Baby is safe	Prabhu 29/6/26 @ 8pm
Night	8 Pm 10pm	Ensure safety Maintain Good Nutritional Status	9 Pm 11pm	To provied cridle crid. * Every 2nd hourly Feeding Burping give	To prevent fall. * to Prevent delydratio	Baby is Good Baby Re staff	29/6/26 @ 9:30pm Vasu 29/6/26 @ 8pm

VIH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0Y0M0D4H (F)
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: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		→ Discharge Note		→ Doctor come for rounds and advised to discharge			Soubhan 30/6 @11am
Afternoon							
Night							

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O SRI PRAMADA TANGIRALA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP-00060519**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/CRDL-LW-220-1**

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.
ceivers Signature:.....) 2

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: S HUSBAND

Name: C. SAI PRAMOD

Relationship: HUSBAND

Date: 29-06-2026 Time: 6:46 PM

Patient Address:

H NO 1-23-176, H NO 232,
VIJAYALAXMI NILAYAM, ROAD NO 10,
BHOODEVI NAGAR, ALWAL Alwal
Hyderabad Telangana INDIA 500010

Witness Name:

Witness Signature:

Rainbow Children's Hospital
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CONSENT FOR FORMULA FEEDS

VIH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SIVA NARAYANA REDDY

Patient Name : ..... Age : .....

Gender : M☐ F☐ - IP No : ..

Reg. No. : .....

Department : 1st Floor Date : 29/6/26

I Mr / Mrs. : ..... S / W / D / o. : .....

aged ..... years. Hereby declare that I have admitted my son / daughter .....

In ~~the NICU of Rainbow Children's Hospital, Hyderabad~~ on ..... Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : T. Madhavi

Name : Madhavi Tangirala

Relationship with Patient: mother

Date & Time : 29-6-2026 @ 10:29 PM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. GANESH

Date & Time : 29/6/26 @ 10:29 PM

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

డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

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

రిజిస్ట్రేషన్ నం : ..... ఐ.పి. నం : .....

నేను శ్రీ/శ్రీమతి : ..... S/W/D/O: .....

వయస్సు : ..... సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్‌బో పిల్లల ఆసుపత్రి, ఎన్ఐసియులో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు డబ్బాపాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సంతకము : _____

పేరు : _____

తేది మరియు సంతకము : _____

సాక్షి

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

VIH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SIVA NARAYANA REDDY

Patient

CAL / 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

Date: 29/6/26 Time:	6	8	10	12	4	7	
Doctor/Nurse/Family Concern?	PM	PM	PM	AM	AM	AM	
Temperature (°F)	98.1	98.1	98.1	98.3	98.3	98.4	
Heart Rate (bpm) and Blood Pressure (mmHg) *			10				
Heart Rate (Number)	140	148	145	138	140	142	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	55	56	53	42	40	41	
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	100	99	98	99	
Conscious Level: Normal / Altered	NA	NA	NA	NA	NA	NA	
GCS *	NA	NA	NA	NA	NA	NA	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	
Observer's Initials	PS	PS	PS				

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-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0Y0M0D4H (F)
Dr. SIVA NARAYANA REDDY

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/6/26 Time: 9

Doctor/Nurse/Family Concern? AM

Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	98.6 AM
	98	
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) *	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
Note: BP does not score in early warning scoring	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)		142
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)		
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)		99
Conscious Level: Normal / Altered		N
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		SR

Noted by Sudhan 30/6/26 @ 11AM

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
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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)

VIH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SIVA NARAYANA REDDY

Pat

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. : 1

29/6/26

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.

		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											
29/6	06:00 pm											
	07:00 pm	DBF					✓			✓	0	
Total Intake :						**Total Output :**						
	08:00 pm											
29/6	09:00 pm	DBF								✓	0	Vasu 29/6/26 @9:30PM
	10:00 pm											
	11:00 pm											
	12:00 am	DBF					✓			.		
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	.										
30/6/26	04:00 am	DBF+++					✓					
	05:00 am											
	06:00 am		DBF+++				.			✓		
	07:00 am											
Total Intake :						**Total Output :**						

Vasu 30/6/26 @8AM

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0Y0M0D4H (F)
Dr. SIVA NARAYANA REDDY

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. : .....

30/6/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
30/6	08:00 am											
	09:00 am		DAP									
	10:00 am									✓		
	11:00 am		DAP ✓									30/6
	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 :**						

Noted by
Sub Inc
30/6
@ 11A

Total 24 hrs. Intake		Total 24 hrs. Output	

IH-00206386 IP-00060519
Baby B/O SRI PRAMADA TANGIRALA
29-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

AT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/6	6:10pm	INJ Vitamin-K	1 MG	I.M			

VIH-00206386 IP-00060519
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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 :-		'O' positive				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00206385 IP-00060519
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/6/26	DATE 30/6/26	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3	–	–			
	7 to less than 13 years old	2	–	–			
	13 years old and above	1	–	–			
Gender	Male	2	–	–			
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4	–	–			
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	–	–			
	Psych / Behavioral Disorders	2	–	–			
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3	–	–			
	Forget Limitations	2	–	–			
	Oriented to own ability	1	–	–			
	History of Falls or Infant-Toddler Placed in Bed	4	4	4			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3			
	Patient Placed in Bed	2	–	–			
	Outpatient Area	1	–	–			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	–	–			
	Within 48 hours	2	–	–			
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	–	–			
	Hypnotics	3	–	–			
	Barbiturates	3	–	–			
	Phenothiazines	3	–	–			
	Antidepressants	3	–	–			
	Laxatives / Diuretics	3	–	–			
	Narcotics	3	–	–			
	One of the Meds listed above	2	–	–			
	Other Medications / None	1	1	1			
	Total		15	15			

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		–	–			
	Call device within reach		Yes	Yes			
	Wheels Locked		Yes	Yes			
	Room free of clutter		–	–			
	Adequate lighting		–	–			
	Wheel chair support		Yes	Yes			
	Other Intervention(s) Specify		–	–			
	Nurse's Name:		Pradhyumna	Vakati			
	Signature:		P	A			
	Date:		29/6/26	30/6/26			
	Time:		@7pm	5AM			

Patient Sticker

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total						

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position						
	Call device within reach						
	Wheels Locked						
	Room free of clutter						
	Adequate lighting						
	Wheel chair support						
	Other Intervention(s) Specify						
	Nurse's Name:						
	Signature:						
	Date:						
	Time:						