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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

(1)

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

ACT LING

Nam ----------

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

Date of Admission : 9/7/26 Time : 1:48AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 220-1 Ward : ~~220~~ L/W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	9:30AM	L/W	204	

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
9/7/26	Blood grouping	V12602875	
	cross checked by manga 9/7/26 @ 4AM		

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 : 9/7/26 Time : 1pm Prepared By: Tmishra

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Bhone	9/7/26 1pm.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

Patient N

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	2	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	4	—	—	
6	Doctors Progress Sheets	1	—	—	
7	Nurses Progress notes	2	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	1	—	—	
26	Intake and Output chart (fluid Chart)	1	—	—	
27	Drug Chart (Regular prescription)	1	—	—	
28	Daily Investigation sheet				
29	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				
	Humpty Dumpty Form				
	Bmond 2 Gon	1	—	—	
	Pain Scale Chart	1	—	—	
	Fall Risk Chart	5	—	—	
	Total No. of Pages				

24 Page.

Signature and Date :

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-00060630 **Admit Date** : 09-Jul-2026 **Admit Time** : 01:48 AM **UHID** : VIH-00206725

Patient Details :

Patient Name	: Baby B/O DR HAVEELA	**Age**	: 0 D
Guardian	: Mr JOSEPH	**DOB**	: 08-07-2026 11:24 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 203,VASUMATHI NILAYAM, USHODAYA COLONY,GAJULARAAMARAM, QUTHBILAPUR,JEEDIMETLA Adilabad Adilabad Telangana INDIA 504001	**Phone No**	: 9738883484
		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 JOSEPH **Relationship** : Father

Contact Address : FLAT NO 203,VASUMATHI NILAYAM,USHODAYA COLONY,GAJULARAAMARAM,QUTHBILAPUR, JEEDIMETLA Adilabad Adilabad Telangana INDIA 504001 **Phone No** : 9738883484

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
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(1)

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. DR. Haveela Mother's Name: mrs. DR. Haveela

Date of Birth: 8/7/26 Time of Birth: 11:24pm Gender: ☑ Male ☐ Female

Birth Weight: 3.141kgs Kgs HC: 36cm cm Lenght: 48cm 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: Not at came

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 12AM

VIH-00206687 IP-00060613
Mrs DR HAVEELA
09-08-1993 32 Y 11 M 0 D (F)
Dr. NABAT LAKHANI

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

Indication: -

Physical Assessment of New Born:

Temp: 36.4°F °C HR: 140bl/mt /Min RR: 48bl/mt /Min BP: - SpO_2: 100%

Pain Score: - (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** 1.5 (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: manga Devi Signature: Date &Time: 8/7/26@ 2AM

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
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HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7/26	DATE	DATE	DATE	DATE
Age	Less than 3 years old	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	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	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	3				
	Patient Placed in Bed	2	–				
	Outpatient Area	1	–				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	–				
	Within 48 hours	2	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	1				
	Total		(15)				

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

	Bed in low position		crib				
	Call device within reach		–				
	Wheels Locked		–				
	Room free of clutter		–				
	Adequate lighting		–				
	Wheel chair [illegible]		–				
	Other Intervention(s) Specify		–				
	Nurse's Name:		manga				
	Signature:		(sign)				
	Date:		8/7/26				
	Time:		@2AM				

PATIENT TRANSFER FORM

(1)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206725 IP-00060630 Baby B/O DR HAVEELA 08-07-2026 0Y0M0D2H (M) Dr. SURENDER RAO DUSA	9/7/26 @ 11:48AM	9/7/26 at 9:30 PM
	Transfer Ordered by DR. Sivakrishna	Reason for Transfer Observation
From Unit LW	To Unit Room (204)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	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.	Baby small kooches - (1)	
2.		
3.		
4.		
5.		

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

DR. Sivakrishna

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
sis. Sahasini	DR. Sivakrishna

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

VIH-00206725 IP-
Baby B/O DR HAVEELA 0 Y 0 M 0 D 2 H (M)
08-07-2026
Dr. SURENDER RAO DUSA

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : [redacted] Haveela Age : 32yr Father's Name : ..... Age : .....

Date of Birth : 11:24pm Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Surendhra 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 Haveela

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 8/7/26 Time of Birth : 11:24pm

Place of Birth : Vikrampuri

Mother's Blood Group : O POSITIVE

Birth Weight (gms) : 3.141kg. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37W + 5D.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 1yr. LMP 17/10/25 EDD : 24/7/26.

Conception : Spontaneous or with Rx. : Spontenon

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

Last Scans Details : 36W+5D, SLIUA EFW 3024±44grms AFI: 12-18cm.

TT Immunization and Iron / Folic Acid : taken.

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 : .....

On Ecospirin 75mg since 2 week

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

IUGR - when detected : —

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

AFI : polyhydramnios

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

Controlled or not, recent values, HbA1 values : —

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? —

Any other Chronic Medical Problems, when detected drugs ? .....

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

Infection : H/O, Fever H/o UTI at 20wk. urine cs showed Entero-coccus - mx - conservatively

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

UTI : when : ..... Any culture : .....

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

Medication during Pregnancy : PROM (+) Duration : .....

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ 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 : .....

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	1 Minute	5 Minutes	10 Minutes
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			
			TOTAL	7/10	8/10	10/10

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 :

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0Y0M0D2H (M)
Dr. SURENDER RAO DUSA

delieved By NVD via forceps delivery
⇓
DCC done at 1 min
⇓
Cried Immediately after delivery
⇓
Inj Vitamin-K Given

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

GENERAL EXAMINATION ON ADMISSION

General Disposition : Acrocyanosis ⊕
. Colour/perfusion/tone - fair

VITALS : Temperature : Normothermic HR : ..... RR : 50/min NIBP : — CFT : <3sec

Color of the extremities : Acrocyanosis ⊕

Jaundice : — Pallor : — SpO2 : .....

Anthropometry : Birth Weight : 3.141kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex :
Discharge :
} ⊕

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

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
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BREASTS : Shape of Thorax : Position of Nipples and Number : N

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

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

HERNIAL ORIFICES

TRUNK and SPINE : N

SKIN LESIONS :

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50/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 : Auscultation : BILAE(+) Breath Sounds : No added Added Sounds :

Cardiovascular System :

HR : 150 BP : Precordial Activity : (+)

Femoral Pulses : well felt Murmurs : –

Other Peripheral Pulses : well felt Signs of Cardiac Failure : –

Abdomen :

Shape : (N) Hernia orifice : –

Palpation : soft Anal Patency : –

Palpable masses : – Umbilical Cord : Ar Lg

Abdominal girth : First urine passed :

Meconium passed :

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

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

State of wakefulness : ..... Active

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : Complete DTR : (+)

ATNR : (+) Skull and Spine : (N)

Any Congenital Anomalies : No any Cong anomalies

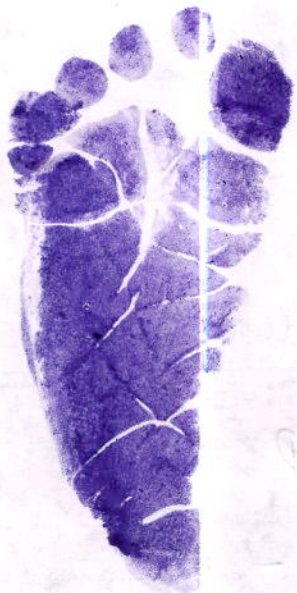
.....

Diagnosis : Term / ♂ / 3.1 kg.

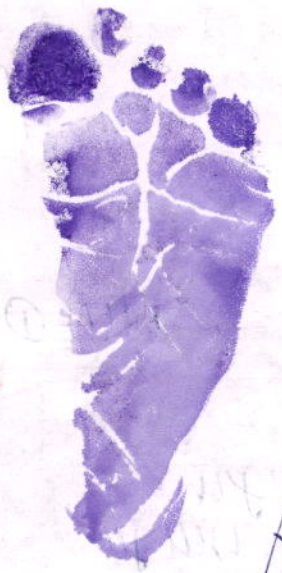
.....

FOOT PRINTS

Left Side :



Right Side :



Taken by Prathyusha

Resident Doctor :

Signature : SIVA

Name : Dr. SIVA

Date & Time : 8/7/26 !

Consultant :

Signature : .....

Name : .....

Date & Time : .....

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0Y0M0D2H (M)
Dr. SURENDER RAO DUSA

DISC

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 :
- Warm Care
- Cord Care
- Ord demand feeding
- Vaccination as per Schedule

noted by parents

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. SURENDER RAO DUSA

Fe ☐ ...ively ☐ 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-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 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
9.1.26 10.00am	4B Registeran Early Iseem (37^{+5} wks) / AGA / HOL-12 / NVD	
	o/E baby warm cry tone (N) activity CVS- S, S, (+) RS- BAE (+), clear P/A - soft B/L Testis : descended voiding ✓ meconium ✓ B.wt : 3.14 kg T.wt : 3091 kg (150gm) HBbr : O+ve. BBbr : O+ve	Plan → DBM → Warm care → OAE T/m → Check red reflex Noted by Bhanu
	Sameera (Dr. Sameera)	

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 14 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206725 IP-00060630
Baby B/O DR HAVEELA
08-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

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

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Newborn			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	9/7/26 Night	9/7/26 M	9/8/26 M			
	Medical Condition (Any special condition to be noted):	—	—	Nil			
	Diet:	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			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.4°F	36.4°F	97.9F			
	Res:	45bpm	45bpm	45bpm			
	SpO_2:	99%	99%	99%			
	Pulse:	149bpm	140bpm	140bpm			
	BP:	—	—	Nil			
	LOC:	conscious	conscious	conscious			
	Fall Risk Score:	15	15	15			
	Pain Score:	0 scale	0 scale	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	—	Nil			
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil	DBF	DBF			
	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	Dependent	dependent			
Post Operative Procedure Special Orders:		DBF and hourly	DBF and hourly	—			
Handed Over By Name :		Prashanth	Mr. Suhail	Bhanu			
Signature / ID :		020533	020477	12887			
Date:		9/7/26	9/7/26	9/8/26			
Time:		@6am	9:30AM	7hrs			
Taken Over By Name :		Suhail	Bhanu	Jael			
Signature / ID :		020477	12887				
Date:		9/7/26	9/8/26				
Time:		9:30AM	9:30am				

sandra to

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00206725 IP-00060630
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08-07-2026 0Y0M0D2H (M)
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NURSING CARE RECORD

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Date: 9/7/26

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							
Afternoon	~~AFN~~ =						
Night	2AM 6AM ⇒ prevent infection	Ensure safety	2:10 AM 6:10 AM	⇒ provided cribe & warm care ⇒ TO prevent to infection	⇒ Baby safety ⇒ maintained hand hygiened	⇒ Baby safe & comfortable ⇒ Baby hygiened	mangaa 9/7/26 @6:40AM

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08-07-2026 0Y0M0D2H (M)
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NURSING CARE RECORD

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Date: 9/7/26

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	8 Am	DBF & maintain Personal Hygiene.	8 Am	DBF 3rd hourly given - Ensure safety	DBF 3rd hourly given - vitals with hourly checking	Baby good - Prevent infection.	9/7/26 9 AM
Afternoon				doctor came for stabul and	round baby is ole		Rohini 9/7/26
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 DR HAVEELA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP-00060630**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**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 urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the e 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.
ceivers 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:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

FLAT NO 203,VASUMATHI NILAYAM, USHODAYA COLONY, GAJULARAAMARAM,QUTHBILAPUR, JEEDIMETLA Adilabad Adilabad Telangana INDIA 504001

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(1)

/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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LY WARNING SCORE: CHILDREN'S UNIT

Date: 9/7/26 Time: 1Am 3Am 5Am 7Am 1Pm

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4 98.0 98.0 98.4 98.5

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) 140 150 149 147 135

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

70 60 50 40 30 20 10

Resp Rate (Number) 45 50 49 53 43

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2 (l/min)					
O_2 Saturations (%)	100	99	99	100	99
Conscious Level	Normal / Altered	–	–	–	–
GCS *		–	–	–	–
TOTAL SCORE Number of shaded boxes					0
Pain Score		–	–	–	0
Observer's Initials					

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

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

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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)
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)

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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
	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											
9/7/26	11:00 pm											
	12:00 am	DBF	✓									manga 9/7/26 @ 1115 Am
	01:00 am											
Total Intake : Good						Total Output : Not Passed						
	02:00 am	DBF	✓							✓		
	03:00 am											
9/7/26	04:00 am	DBF	✓									NO manga 9/7/26 @ 7Am
	05:00 am											
	06:00 am	DBF	✓									
	07:00 am											
Total Intake : Good						Total Output : passed						

Total 24 hrs. Intake	Good	Total 24 hrs. Output	passed

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FLUID CHART

Sheet No. : 2

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

		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							
9/7/26	08:00 am	DBF					✓			✓		
	09:00 am											
	10:00 am	DBF										
	11:00 am											
	12:00 pm	DBF										
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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STAT / ONCE ONLY DRUGS

Name: Haveela

Weight: 3.1 Kg Kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
8/7/26	1730hrs	INJ. VITAMIN-K	1MS IM STAT	I/V			

Ecu. No. : RCH /FRM / CLINICAL / 136

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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						

(P.T.O)

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.,) : .....

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NEW BORN DETAILS

B/O HAVEELA

DOB: 8/07/26 Sex: male Maternal Blood Group: O +ve

Time: 11:24pm Birth Weight: 3.1kg Baby Blood Group: O +ve

SVD / LSCS: NVD

Indication: _____

Diagnosis: Term baby wt - 3.1kg baby girl ♂

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 99%.

Spo2 Post ductal Left Lower Limb: 98%.

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: 33 cms Length: 49 cms

Vaccination: _____.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
				✓	✓		

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	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					
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	4				
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3				
	Patient Placed in Bed	2					
	Outpatient Area	1	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	2				
	Other Medications / None	1					
	Total		14				

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:			Pshanj				
Signature:							
Date:			9/07/26				
Time:			1PM				