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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTI VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA **-ING**

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

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

Date of Admission : 13/07/26 Time : 8:38PM Date of Discharge : 14/07/26 Time: 11 am

Room / Bed No : 210 Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/07/26	9:20pm	E.R.	210	

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
14/2/26	SBR	26023640	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/07/26	DSPT	13/7/26 @ 10pm	14/7/26 am	3101250	Ref :-
	Name : Mr Uday kumar				
	Relation ship : father				
	Date & time : 13/ july / 2026 @ 10 pm.				
	Signature :				
	Cross ch by				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 14/2/26 Time : 11:30 am Prepared By : Sneha 14/2/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sneha	2nd Floor		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
Patient Name : 06-07-2026 0Y0M7D (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

IP.No: 60694.

Ward:

DOA: 13/7/26

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	3	✓	✓	
6	Doctors Progress Sheets	01	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
	TPR & BP chart	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	2	✓	✓	
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				
	Medical Reconilation	01	✓	✓	
	Braden Q	1	✓	✓	
	Pain Assessment	1	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Humpty dumpty	1	✓	✓	
	Total No. of Pages	22 pages			

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-00060697 **Admit Date** : 13-Jul-2026 **Admit Time** : 08:38 PM **UHID** : VIH-00206655

Patient Details :

Patient Name	: Baby B/O AKULA KALYANI	**Age**	: 0 Y 0 M 7 D
Guardian	: Mr M UDAY KUMAR	**DOB**	: 06-07-2026 06:20 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO:12-11-1030,WARASIGUDA Neredmet Hyderabad Telangana INDIA 500056	**Phone No**	: 9052003433/ 7259032021
		E-mail	: kalyani.ece48@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr M UDAY KUMAR **Relationship** : Father

Contact Address : H NO:12-11-1030,WARASIGUDA Neredmet Hyderabad Telangana INDIA 500056 **Phone No** : 9052003433

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

Patient Name : B/O. AKULA KALYANI UHID : VIH-00206655 IPD : IP-00060697 Gender : Male Age : 0 Y 0 M 7 D

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

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

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : 8:37pm

Chief Complaints: Yellowish discoloration of skin & eyes RBS: —

Height : — Weight : 2.87kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

Siblings in household ☐ Yes ☑ No (If yes How Many?) .....

Time of Initial assessment completed by ER Nurse : 8:39pm

Patient Name : B/O AKULA KALYANI UHID : VIH-00206655 IPD : IP-00060697 Gender : Male Age : 0 Y 0 M 7 D

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

Time	Nursing Notes
8:32pm	* Pt Came to ER
8:33pm	* vitals checked and Recorded
8:38pm	* ER Doctor Seen the Pt & advised admission
8:38pm	* Admission Done
	* SBR - 15.3 mg/dl Done in opd Basis
	* Pt shifted to ward

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110 b/m BP: Crying CFT: <3sec	Shift - out from ER to: 210
RR: 30 b/m SPO_2 : 99%	Time of Shift - out: 13/7/26 @ 9:30pm
GCS: Alert Temperature : 98°F	Handover given to: Sr. Shanti (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

—

Name of the Nurse : Sr. Kajal Signature of the Nurse :

Date & Time : 13/7/26 @ 9:30pm

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

wt - 2.87 kg

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

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o kalyani Age : 7days Gender: ☐ Male ☐ Female

Date : 13/7/26 Time of Arrival : 8:32 PM

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 147b/M BP 89/72 (79) 46b/M RR: SpO2: 99%.

Chief Complaints: yellowish discoloration of the skin & eyes

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

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

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:36 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sr. Kajal

Signature of Triage Nurse : Kajal

Date & Time : 13/7/26 @ 8:36pm

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206655 IP-00060697 Baby B/O AKULA KALYANI 06-07-2026 0 Y 0 M 7 D (M) Dr. SURENDER RAO DUSA	13/07/26 @: 8:38 PM	13/07/26 @: 9:30 PM
	Transfer Ordered by Dr. prashanthi	Reason for Transfer Admission
From Unit E.R	To Unit 210	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (21)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ? O.P file Given to

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
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
Sr. Rajyalaxmi	Dr. prashanthi

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

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA
_____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : B/o Akula Kalyani Age/Sex 7D/male.

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discoloration of eye & skin.

History of present illness :

c/o yellowish discoloration of eye & skin
↓
Intermittent till the level of umbilicus.

feeding-well.

MBG - O+ve
BBG - B+ve

Mother passing pale coloured stools & dark coloured urine.

Bwt: 3.02 kgs.

Fwt: 2.80 kgs

Wt loss: 7%.

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0Y0M7D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

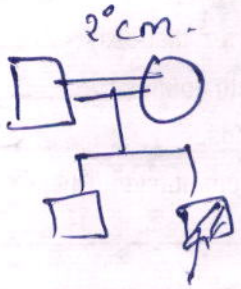
Past History : (Including details of any previous investigation or treatment)

12/07/26

TB - 15.3 mg/dL - DB - 0.9
IDB - 14.4.

Birth & Neonatal History:

37+3 wks / 3.024 kgs / LSCS.
CIAB. NO NICU Admion.



Birth & Socio Economic History:

About Father : class III
About Mother :
Any additional Information :

Developmental History :

(N)

Immunization History :

BCG, OPV, Hep B given.

(P.T.O.)

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 2.87kgs. (Centile ________)

On Examination :

Temperature : 98.06°f Pulse Rate : 120b/m B.P. crying. SPO2 100%.

Resp.rate and type of breathing : 22B/m.

Rash } (-)
Lymphadenopathy } Icterus +nt
Oedema : } Till the level of umbilicus.
Allergies (if any): }

Respiratory System :

Inspection (any s/o distress) : (-)

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ (+)

Any murmur : (-)

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

Per Abdomen :

Inspection (N)

Palpation : P/A : soft

Ausculation : } (N)
Spine : } External Genitelia : (N)

Relevant data from outside (CT, USG etc.,) ________

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert - 15/15

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power (R) 3/5 (L) 3/5

Co-ordinator :

Posture :

Involuntary Movements : (-).

Reflexes :

DTR +nt **Superficials:** +nt

Plantars Extensors

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

AHHB.

(P.T.O.)

VIH-00206855 IP-00060697
Baby B/O AKULA KALYANI
08-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent BIND.

Desired goals of the treatment : To treat Jaundice.

Planned Labs:

Repeat SBR - T/m @ 7:00 Am.

Noted by
Sr. Hema
13/7/26 @ 8:40 Pm

Planned Management

- DSPT
- Oral demand feeds Bf + Ff.
- Sporidex drops - continue..
- warmth care
- Monitor vitals
- Inform (SOS)

Signature of the Doctor: .....
Name of the Doctor: Dr. prashanthi
Date & Time: 13/07/26.

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

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

(1)

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
14/7/26 10 Am	S/B Resident	
	NNHB - DSPT	
		Plan
	S/ passing	- D/C today
		- F/u on Friday
	wt - 2.86 ↓20gm	
	S/ passing	
	O/E - Euthermic	
	CVS - S1S2 ⊕	
	RS - BAE ⊕	
	PA - soft	
	CNS - AF - good	
	CRT < 3 sec	
	SBR - 7.3 - 0.2 ~7.1	

[signature] [signature] [signature] 14/7/26

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
05-07-2026 0 Y 0 M 5 D (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

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (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

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Neonatal Jaundice			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: —			Post OP Day: —			
BACKGROUND	Date / Shift	13/7/26 N	14/7/26 M				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	DBF + FF	DBF + FF				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	97.2°F				
	Res:	31 b/m	40 b/m				
	SpO_2:	98%	95%				
	Pulse:	148 b/m	140 b/m				
	BP:	—	—				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	'15'	'15'				
	Pain Score:	'0'	'0'				
	Skin Integrity	Intact	Intact				
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:	DBF+FF	DBF+FF				
	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				
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Shanti	Sumitra				
Signature / ID :		17542	03105				
Date:		13/7/26	14/7/26				
Time:		@8am	@10AM				
Taken Over By Name :		Sumitra	Shanti				
Signature / ID :		03105	17542				
Date:		14/7/26	14/7/26				
Time:		@ 8 AM	8 AM				

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

VIH-00206855 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 8 D (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

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-00206855 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0Y0M7D (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: 13/7/26

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							
Night	8:30 pm to am	Assess the baby condition Give oral demand feeds.	9:30 pm to am	Assessed the baby condition Given oral demand feeds.	Baby is Stable & active	Baby is Haemodynamically Stable.	14/7/26 @8am

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
05-07-2026 0 Y 0 M 7 D (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: 14/8/25

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	Maintain Fluid Balance Ensure safety	10 AM	To provided feeding & Burping Every 2nd hourly Provided side rails	To prevent dehydration Prevent falls risk	Reassessment done. Baby is safe	
Afternoon				Discharge Done Dr came for round and advise the pt will stable. And the file will send for billing.			Jeevitha 14/8/25 @ 10pm
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 AKULA KALYANI**	**Age :**	**0 Y 0 M 7 D**
IP No:	**IP-00060697**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 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: Mr. M. Uday Kumar
Relationship: Father
Date: 13/7/26 Time: 8:38 pm
Witness Name: Mukesh
Witness Signature:

Patient Address:
H NO:12-11-1030,WARASIGUDA
Neredmet Hyderabad Telangana
INDIA 500056

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

M / 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: 13/2/26 Time:	10	3	7
Doctor/Nurse/Family Concern?	for	Am	am
Temperature (°F)	98.4	98.6	98.4
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Note: BP does not score in early warning scoring			
Heart Rate (Number)	131	141	157
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	40	48	50
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	92	94	96
Conscious Level: Normal / Altered			
GCS *	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	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.

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 8 D (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

C ATION 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-00206655 IP-00060697
Baby B/O AKULA KALYANI
05-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

CH/ 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: 11/2/26 Time: 10 17

Doctor/Nurse/Family Concern? Am Pm

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

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) 31 35

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

70 60 50 40 30 20 10

Resp Rate (Number) 46 45

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2 (l/min)			
O_2 Saturations (%)		95	99
Conscious Level	Normal		
	Altered		
GCS *		C	C
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	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.

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILD'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-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (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

FLUID CHART

Sheet No. : .....

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	FF	30ml									
	11:00 pm											
	12:00 am	DBF										
	01:00 am						✓			✓		
Total Intake :						**Total Output :**						
	02:00 am	DBF										
	03:00 am										0	
	04:00 am	DBF										
	05:00 am											
	06:00 am	DBF										
	07:00 am											
Total Intake :						**Total Output :**						

14/8/26

Total 24 hrs. Intake	—	Total 24 hrs. Output	Urine - 1 time Stool - 1 time

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

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
05-07-2026 0 Y 0 M 5 D (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

FLUID CHART

Sheet No. : .....

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							
14/7/26	08:00 am		2 BF				✓					
	09:00 am											
	10:00 am										0	
	11:00 am		2 BF									
	12:00 pm									✓		
	01:00 pm		2 BF				✓					
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	

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

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (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

DRUG CHART

Date of Admission: 13/07/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... ture .....

Baby B/O AKULA KALYANI
06-07-2026 0Y0M7D (M)
Dr. SURENDER RAO DUSA

S. M[illegible] 13/7/26

REGULAR PRESCRIPTIONS

Weight. 2.87kg Ward. 210

DRUG : CEPHALEXIN DROPS

Dose	Route	Frequency	Start Date
0.4ml	P/O	12th hrly	13/7

Name & Signature of the Doctor Starting the Drugs: Dr. [signature]

Additional Instructions: (1ml = 100mg) 15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	13/7	14/7
11 am	X	[initials]
11 pm	[initials]	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
08-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Weight. 2.875 Ward. 210

	Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY : Name ..... Signature .....

VIH-00206655 IP-[illegible]
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 2.k7kg Ward. 210

		Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

VERIFIED BY : Name ..... Signature .....

VIH-00206655 IP-00060697
Baby B/O AKULA KALYANI
06-07-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

RESULT SHEET

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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