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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

VIH-00206645 IP-00060588
Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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

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

Date of Admission : 6/7/26 Time : 5:37PM Date of Discharge : ---------- Time: ----------

Room / Bed No : 219-2 Ward : 4W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	6:30PM	LW	Room (203)	

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
6/7/26	Blood Grouping	V126022595	[illegible]
		[illegible] 6/7/26 GPMO	

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 : 07.07.26 Time : 9Am Prepared By : MERY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Padma	07.07.26 9Am		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206645 IP-00060588
Baby B/O NITTALA VENKATA
Patient Name : 06-07-2026 0Y0M0D3H (M)
Dr. SIVA NARAYANA REDDY

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	1	✓	✓	
6	Doctors Progress Sheets	2	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	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				
25	TPR & BP chart	2	✓	✓	
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	1	✓	✓	
	Neo braden Q'	1	✓	✓	
	'N' pass	1	✓	✓	
	Others	6+4	✓	✓	
	Total No. of Pages	30pages			

Dupika 4/7/26 @8AM
Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060588 **Admit Date** : 06-Jul-2026 **Admit Time** : 05:37 PM **UHID** : VIH-00206645

Patient Details :

Patient Name	: Baby B/O NITTALA VENKATA RAJASRI SUPRIYA	**Age**	: 0 D
Guardian	: Mr ABHINAY SONTI	**DOB**	: 06-07-2026 02:18 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: lakshmi nagar extension,dammaiguda Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 9959863224/ 9966664444
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-219-2 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-219-2 **Admission Type** : First Visit

Contact Details :

Name : Mr ABHINAY SONTI **Relationship** : Father

Contact Address : lakshmi nagar extension,dammaiguda Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 9959863224

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

PATIENT TRANSFER FORM

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VIH-00206645 IP-00060588
Baby B/O NITTALA VENKATA
08-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 5:37 PM	6/7/26 @ 6:30 PM
Transfer Ordered by	**Reason for Transfer**	
Dr. Siva Narayana Reddy	Dr. Sivanarayana reddy	Observation
From Unit	**To Unit**	**Information to Attendant**
L/W	Room (213)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
28	-	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small Kuches	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
Kanaka	Dr. Sivanarayana Reddy

Patient & Clinical Records Received by : Thanu 6/7/26 @ 7pm

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

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Baby B/O NITTALA VENKATA
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo supriya. Mother's Name: Mrs. N.V.R Supriya

Date of Birth: 6/7/26 Time of Birth: 2:18pm Gender: ☑ Male ☐ Female

Birth Weight: 2.665 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: B+ve Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 1:30pm

VIH-00202635 IP-00060578
Mrs NITTALA VENKATA RAJASRI
26-08-2000 25 Y 10 M 10 D (F)
Dr. BHAVANA K

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

Indication: normal vaginal delivery

Physical Assessment of New Born:

Temp: 36.5 °C HR: 150 /Min RR: 40 /Min BP: — SpO_2: 98% on RA

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 16 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Adithya Signature: Adithya Date &Time: 6/7/26 @ 3pm

VIH-00206645 IP-00060588
Baby B/O NITTALA VENKATA
08-07-2026 0 Y 0 M 0 D 3 H (M)
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06645

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : N.V.R SUPRIYA Age : 25yrs Father's Name : ASHWINI Age : 31 yrs.

Date of Birth : 6/6/26 : 2:18pm Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... 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 Supriya.

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 6/6/26 Time of Birth : 2:18pm

Place of Birth : Vikrampuri, rainbow Hosp

Mother's Blood Group : B +ve

Birth Weight (gms) : 2665gms Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+1 Week.

Current Obstetric History : (Booked / Unbooked Case) Booked at RCH, previous Antenatal at Trinity.

Maternal Age : 25yrs. Ht : ..... Wt : ..... BMI : ..... Married Life : 2yrs. LMP : 14/10/25 EDD : 21/7/26

Conception : Spontaneous or with Rx. : spontaneous.

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

Last Scans Details : 22/6/26 36 Weeks. AFI: 8.8cms EFW 2484grams.
Doppler - Normal.

TT Immunization and Iron / Folic Acid : Given.

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 : 1/1/24 B.P.

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

IUGR - when detected : .....

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

AFI : .....

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? at Conception diagnosed

Any other Chronic Medical Problems, when detected drugs ? Tab. Thyroxine 25mcg.

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

Infection : H/O, Fever

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

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

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

Medication during Pregnancy : — Duration : —

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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☒ Elective ☐ Emergency Indication : NVD.

Specify the reason : Primigravida.

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

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Baby B/O NITTALA VENKATA
06-07-2026 0Y0M0D3H (M)
Dr. SIVA NARAYANA REDDY

Patient Stic

History of Present Illn

Baby was delivered by emergency NVD.

Term | 37 Weeks AGA | 2.6 kg | LSD | male

Baby cried immediately after delivery

DCC done. + 1 min.

Umbilical cord clamped

Inj Vit-K Given.

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

—

Family History :

Socio Economic History :

VIH-00206845 IP-00060588
Baby B/O NITTALA VENKATA
05-07-2026 0 Y 0 M 0 D 20 H (M)
Dr. SIVA NARAYANA REDDY

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 150/m RR : 40/m NIBP : CFT : <3 sec

Color of the extremities : Acrocyanosis.

Jaundice : - Pallor : - SpO2 : 96 %.

Anthropometry : Birth Weight : 2.6 Length : 50 CM 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)

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

EYES :
Symmetry :
Red Reflex :
Discharge :
} WNL

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate : WNL, no cleft palate
Gums :
Lips :
Tongue :

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Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

THORAX and BREASTS : Shape of ... :
Position of Nipples and Number : ⊕

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

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

HERNIAL ORIFICES

TRUNK and SPINE : ⊕

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 : 40/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 : RA Auscultation B/L S1S2 ⊕ Breath Sounds : B/L ⊕ Added Sounds : –

Cardiovascular System :

HR : 160/min BP : –
Femoral Pulses : WNL: felt
Other Peripheral Pulses :

Precordial Activity : ⊕
Murmurs : No murmur
Signs of Cardiac Failure : –

Abdomen : (N)

Shape :
Palpation : soft –
Palpable masses : –
Abdominal girth : –

Hernia orifice : –
Anal Patency : ⊕
Umbilical Cord : Dry
First urine passed : –
Meconium passed : –

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Baby B/O NITTALA VENKATA
08-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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

State of wakefulness : .....

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 : ..... ⊕

Any Congenital Anomalies : ..... –

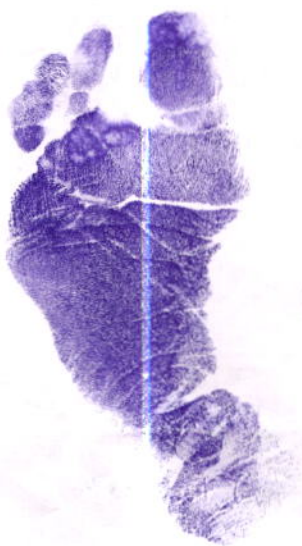
.....

Diagnosis : ..... Term/AGA ♂/ 2.6 kg. / Infant of Hypothyroid mother.

.....

FOOT PRINTS

Left Side :



Right Side :

Taken by Midwife @ 6/7/26 @ 2PM

Resident Doctor :

Signature : ..... Siva

Name : ..... Siva Reddy

Date & Time : ..... 8/6/26 ; 2.34 p.m.

Consultant :

Signature : ..... Dr. Reddy 8/7/26

Name : .....

Date & Time : .....

VIH-00206645 IP-[illegible]
Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

Patien

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 : · Warm Care
· Cord Care
· BF 2nd hrly f/o Burping.
· SBR, NBS } before discharge
OAE
· Vaccination as per schedule

Noted by [illegible]
6/7/26 @ 2:30 PM

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

Discharge Details:

Neonatal Condition at Discharge:

....

....

....

....

....

....

....

....

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☐ ...ding 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: Term/♂/AGA/2.6 kg

.....

.....

.....

.....

.....

.....

Doctor Signature: Siva

Doctor Name: Dr. Siva

Date & Time: 2:30 pm 6/7/26

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Baby B/O NITTALA VENKATA
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Dr. SIVA NARAYANA REDDY

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 1st HOL	FT (37+1w) / male / 2.665kg / oligohydramnios / primi / NVD IOHM / [illegible]	
	O/E	
	Baby warm	
	M – B +ve	C/T/A good	
	B – B +ve	CRT <3sec	
	CVS - S1S2 (+)	
	U/M } passed.	RS - BAE (+)	
	P/A - soft	
		Plan
TW: 2.57kg (↓95g)		1) DBF 2hly Burping 2nd hr
		2) Warmth cord care
		3) SBR/NBS before d/s
		4) OAE Today
		5) Vaccination Today.
[signature]	Dr. [signature] 7/7/26 10N	Start FF. F/up on Thursday.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Noted by Padma
8/7/26 @ 11:1pm

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Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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SHIFT HAND OVER FORM

SITUATION	Diagnosis: Term / DGAB / 0x / 2.6 kg / Infant of Hypothyroid mother			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	6/7/26 E	6/7/26 E	7/7/26 N	7/7/26 M		
	Medical Condition (Any special condition to be noted):	–	–	–	Nil		
	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:	96°F	98.6°F	98.6°F	98.3F		
	Res:	40b/mt	41b/m	40b/m	50b/m		
	SpO_2:	99%	99%	99%	99%		
	Pulse:	150bpm	145bpm	145b/m	140b/m		
	BP:	–	–	–	–		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	'0'	'15'	'15'	15		
	Pain Score:	0	'0'	'0'	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:	–	–	–	Nil		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:		DBF 2nd hourly	DBF 2nd hourly	DBF 2nd hourly			
Handed Over By Name :		[illegible]	Thami	Deepika	padma		
Signature / ID :		020573	17342	607469	606329		
Date:		6/7/26	6/7/26	7/7/26	7/7/26		
Time:		@6:30pm	@8pm	@8AM	@8pm		
Taken Over By Name :		Thami	Deepika	Padma	Send to 44		
Signature / ID :		17342	607469	606329	& all Billing		
Date:		6/7/26	6/7/26	7/7/26			
Time:		@6pm	@8PM	@8pm			

VIH-00206845 IP-00060588
Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital
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..URSING 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-00206645 IP-00060588
Baby B/O NITTALA VENKATA
06-07-2026 0Y0M0D3H (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

Date: 6/7/26

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	2pm 6pm	Ensure safety Give feed Q2h	2pm 6pm	provided baby crib Given feed Q2h.	To prevent from fall Baby is tolerating	Baby is safe. No issues	Karah 6/7/26 6:30pm 6/7/26 Q8h
Night	8pm 12AM	Ensure Safety Maintain Good Nutritional Status	11pm 8Am	To provide side rails To give feeding & Burping 2nd baby	To provide safety To prevent dehydration	Re-Assessment was done Baby is safe	Deepika 6/7/26 @8Am.

VIH-00206845 IP-00060588
Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 20 H (M)
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: 7/7/26

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				1 Discharge Note's 1 Doctor came for the Rounds, Baby is stable. 1 Doctor advised Discharge			Doctors Name @ Ady
Afternoon							
Night							

CONSENT FOR FORMULA FEEDS

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Patient Name: Blo Nittala Venkata Rajasri Age: NB Gender: ☐ Male ☑ Female

UHID no: 206645 Department / Ward: SECOND FLOOR 208 Date: 07.07.2026

I Mr / Mrs. : Nittala Venkata Rajasri Aged 25 years, hereby declare that I have admitted my ☑ son / ☐ daughter in Rainbow Children's Hospital, Hyderabad on 06.07.2026

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant / Guardian:

Signature: S Abhinay

Name: Soma Abhinay

Relationship with patient: Husband

Date & Time: 7.7.26 : 12 : 15 pm

Witness

Signature:

Name: NITTALA V S S SRINIVASA SASTRY

Date & Time: 7.7.26 : 12 : 15 p.m.

Doctor (who is taking consent):

Signature:

Name: Dr. Sameera

Date & Time: 7.7.26 ; 12:15 P.M

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

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

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

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

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

పేషెంట్ అటెండెంట్ / గార్డియన్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

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 NITTALA VENKATA RAJASRI SUPRIYA**	**Age :**	**0 Y 0 M 0 D 3 H**
IP No:	**IP-00060588**	**Sex:**	**Male**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/CRDL-LW-219-2**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for 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 arance. 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: ABHINAY SOWTI
Relationship: Brother
Date: 06/02/26 Time: 05.37 P.m
Wittness Name:
Wittness Signature:

Patient Address:
lakshmi nagar extension,dammaiguda Nagaram Hyderabad Telangana INDIA 500083

VIH-00206645 IP-00060588
Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 3 H (M)
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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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7/26 Time:	2		4		6			11			3			7										
Doctor/Nurse/Family Concern?	PM		PM		PM			PM			AM			AM										

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.2 98.1 98.2

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)	150	158	143	140		120			140															

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

70 60 50 40 30 20 10

Resp Rate (Number)	55		50		56			40			50			52										
Resp Distress: Mod/ Severe / None / Mild	NA		NA		NA			NA			NA			NA										
Receiving O_2 (l/min) O_2 Saturations (%)	99		99		99			98			99			99										
Conscious Level: Normal / Altered	✓		✓		✓			NA			NA			NA										
GCS *	✓		✓		✓			-			-			-										
TOTAL SCORE Number of shaded boxes	0		0		0			0			0			0										
Pain Score	0		0		0			0			0			0										
Observer's Initials	K		K		K			D			D			D										

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

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

VIH-00206645 IP-00060588
Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 20 H (M)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital
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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-00206845 IP-00060588
Baby B/O NITTALA VENKATA
06-07-2026 0 Y 0 M 0 D 20 H (M)
Dr. SIVA NARAYANA REDDY

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 1/1/26 Time: 10

Doctor/Nurse/Family Concern? 10m

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.2

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

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number) 140

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

70 60 50 40 30 20 10

Resp Rate (Number) 36

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min)

O_2 Saturations (%) 99

Conscious Level: Normal | Altered

C

GCS * 15

TOTAL SCORE
Number of shaded boxes 0

Pain Score 0

Observer's Initials D

Noted by Padma 1/1/26 @ 11.10am

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

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

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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-00206645 IP-00060588
Baby B/O NITTALA VENKATA
08-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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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 :**						
6/7/26	02:00 pm	DBF									0	
	03:00 pm									✓	0	
	04:00 pm	DBF									0	6/7/26 @6:30pm
	05:00 pm										0	
	06:00 pm	DBF								✓	0	
	07:00 pm										0	
Total Intake :						**Total Output :**						6/7/26 @8PM
6/7/26	08:00 pm	DBF								✓	0	
	09:00 pm						✓					
	10:00 pm	DBF										
	11:00 pm									✓		
	12:00 am	DBF										
	01:00 am											
Total Intake :						**Total Output :**						Dupilcy 6/7/26 @8Am
7/7/26	02:00 am	DBF										
	03:00 am									✓		
	04:00 am	DBF					✓					
	05:00 am											
	06:00 am	DBF										
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

7/7/26

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.

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
7/7	08:00 am											
	09:00 am		2, 38							✓		
	10:00 am											
	11:00 am											
	12:00 pm											Deah 3/7/26 @11am
	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 Padma 7/7/26 @11pm

Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00206645 IP-00060588
Baby B/O NITTALA VENKATA
08-07-2026 0Y0M0D3H (M)
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

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						

Culture and Sensitivities : .....

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.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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