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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. AKHEEL SYED RIZWAN

AI ILLING

Na ----------

UH ---------- Consultant : ---------- Dept : (labour ward)

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	@: 5:20 pm	MICU	(205)	

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
16/7/26	Blood Grouping ✓	V1260240003 ✓	Rani
	Cross checked by Pooja – 16/7/26 @ 6:30pm		
18/07/26	TCB	26024245 ✓	Dep
—	Cross checked done by Dep.	18/07/26 @ 11:15	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/07/26	TEOAE	1	3102998	Ref.
	Cross Checked done Ref.			18/07/26 @ 12:03pm

ANY OTHER INFORMATION

Date : 18/07/26 Time : 11:13Am Prepared By : Ref. 18/07/26 @ 11:13 Am

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sir. Akanksha	Sir. Ref.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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16-07-2026 0 Y 0 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

Patient Name :

Ward:

IP.No: 60729

DOA: 16/7/26

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	2	–	–	
7	Nurses Progress notes	3	–	–	
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	3	–	–	
26	Intake and Output chart (fluid Chart)	2	–	–	
27	Drug Chart (Regular prescription)				
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				
	Newborn details	1	–	–	
	Stat once only drugs	1	–	–	
	Humpty dumpty	2	–	–	
	Braden Q	6	–	–	
	Total No. of Pages				

31 - total pages

Signature and Date : Padma. 18/7/26 @ 7 AM

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-00060729 **Admit Date** : 16-Jul-2026 **Admit Time** : 12:02 PM **UHID** : VIH-00206993

Patient Details :

Patient Name	: Baby B/O POOJA CHOUDHARY	**Age**	: 0 D
Guardian	: Mr SOMESH CHOUDHARY	**DOB**	: 16-07-2026 10:42 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 12-10-590/122/3 KUSHAL JEWELLERS WARASIGUDA Sitaphal Mandi Hyderabad Telangana INDIA 500061	**Phone No**	: 6301802121
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-227-2 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-227-2 **Admission Type** : First Visit

Contact Details :

Name	: Mr SOMESH CHOUDHARY	**Relationship**	: Father
Contact Address	: 12-10-590/122/3 KUSHAL JEWELLERS WARASIGUDA Sitaphal Mandi Hyderabad Telangana INDIA 500061	**Phone No**	: 6301802121

Signature

Doctor Details :

Doctor Name	: Dr. AKHEEL SYED RIZWAN	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. pooja Mother's Name: mrs. pooja

Date of Birth: 16/7/26 Time of Birth: 10.42.31am Gender: ☐ Male ☑ Female

Birth Weight: 2.737 Kgs HC: 35 cm cm Lenght: 46 cm

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

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: A' positive Baby: —

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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

Indication: Prev. LSCS CPD.

Physical Assessment of New Born:

Temp: 36.4°C °C HR: 154/mt /Min RR: 52/mt /Min BP: — SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 10 (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: Pooja Signature: Date &Time: 16/7/26 @ 11am

PATIENT TRANSFER FORM

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Dr. AKHEEL SYED RIZWAN

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	16/7/26 @	16/7/26 : 5:30 pm
Transfer Ordered by	**Reason for Transfer**	
Dr. Sumadha	for observation	
From Unit	**To Unit**	**Information to Attendant**
MLW	(205)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(15)	Nil	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	(1) Baby kuches (1)	(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
Sis Pooja	Dr. Sumadha

Patient & Clinical Records Received by : Sushila

Date & Time of Patient Received : Sushila 16/7/26 at 5:30 pm

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
From Unit	To Unit	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer

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

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..EONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Pooja choudhary Age : 28y Father's Name : ..... Age : .....

Date of Birth : 25/4/98 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Akheel sir. Referring Consultant : Dr. supriya. M

Transferring Unit : ☑ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☑ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Pooja choudhary

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 16/7/26. Time of Birth : 10:42:31 (AM)

Place of Birth : RCH

Mother's Blood Group : 'A' positive

Birth Weight (gms) : 2.737 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38 + 3 WKS.

Current Obstetric History : (Booked / Unbooked Case) unbooked to RCH, prev ANC @ women care & polyclinic.

Maternal Age : 26yr Ht : 156cm Wt : 88kg BMI : ..... Married Life : 4yr LMP : 24/10/25 EDD : 27/7/26

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : at conception AN Steroids Drugs / Doses : H/o depression & panic attack :6yr - took Inj ketamine 6 11 6 mon before conception

Last Scans Details : 10/7/26 - 35+6 WK, PI - Nor- TIFFA - no anomalies

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE - on T. Ecosporin

How many Drugs / Doses / Since how long : 150 mg OD

Stopped at 34 wks.

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / ⊖ .

Redistrbution in MCA) / Ductus Venosus : .....

AFI : 13 cm

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

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

—

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? ⊕

Hypothyroidism on Tab Thyroxine 25mcg OD

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever H/o Bleeding PV @ 4 mon GA managed conservatively

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

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

H/o acute Bronchitis @ 16 WKS 9 mon GA - course Rx.

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

Medication during Pregnancy : ..... Duration : .....

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PAST OBSTETRIC HISTORY

3..... P: ..... A: 2..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	4wk	sp miscarriage			D&C in 2023	
2	3 mon	missed miscarriage			D&C 2025	

PERINATAL HISTORY

Treating Obstetrician : Dr. Supriya. M Hospital : RetV ☒ Inborn ☐ Outborn

Duration of Labour LSCS ī assisted forceps

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : CPD.

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☒ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

on via Elective LSCS in cephalic presentation
CIAB (weak cry)
>100 HR.
1 loop of cord around neck.
↓
Baby received in prewarm lenin.
cord clamping done after 30 sec
↓
on tactile stimulation cry improved.
oronasal suction done.
↓
cord clamped under aseptic conditions
Inj vitamin K given
↓
shifted to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

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GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/T/A-good

VITALS : Temperature : ..... HR : 154/min RR : 52/min NIBP : ..... CFT : <3sec

Color of the extremities : .....

Jaundice : – Pallor : – SpO2 : 96% @RA @10min

Anthropometry : Birth Weight : 2.737kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... (AGA) : ..... SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) no abnormal facies

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :
} (n)

EYES :
Symmetry :
Red Reflex : – not done
Discharge :

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

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BREASTS : Thorax : Normal
Nipples and Number : Normal

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : normal
Bowel Sounds :
Umbilical Stump : 2A + 1V
Discharge : –

GENITILIA :
Labia / Hymen : ✓
Testicles/penis :
Anus : patent

HERNIAL ORIFICES –

TRUNK and SPINE : –

SKIN LESIONS : –

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

SpO_2 : 96-f-@RA Auscultation : BAE (+) Breath Sounds : NVBS (+) Added Sounds : –

Cardiovascular System :

HR : 154/Min BP : .....
Femoral Pulses : felt
Other Peripheral Pulses : felt
Precordial Activity : n
Murmurs : no
Signs of Cardiac Failure : –

Abdomen :

Shape : .....
Palpation : Soft
Palpable masses : –
Abdominal girth : .....
Hernia orifice : .....
Anal Patency : patent
Umbilical Cord : 2A + 1V
First urine passed : –
Meconium passed : –

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ual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : C/S/A- AGA

.....

Motor System :

Passive Tone : normal

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : .....

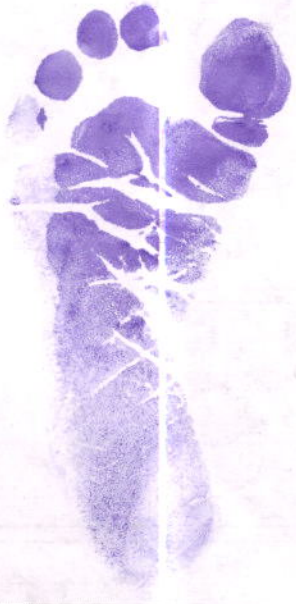
.....

Diagnosis : Term/Gn= 38 +2wk / Femal / CIAT / B.Wt = 2.737 / AGA

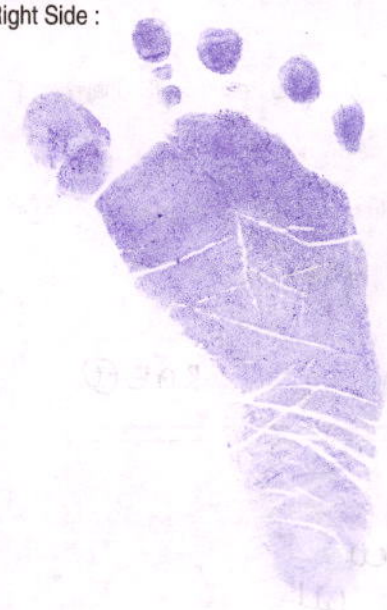
.....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : SY

Name : Sumedha

Date & Time : 16/7/26 10:30 AM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

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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 : - Cord care
- warmth care
- breastfeeding and baby f/b burping or on demand.
- vaccination as per schedule
- NBS, SBR, OAE before discharge

SG

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

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Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7 9Am	S/B Resident	
	Term/38+3/fem/C/AB/AGA/ 2.737/ 80Hrm 1.	
24100L		
	O/E	
	Baby content	
	CRT < 3 Sec	Plan
M A+ve	CTA Good	. DBF 2nd hly
B. AB+ve	AF @ level	. OAE Today
	CFT < 3S	. warmth care
	CVS - S1 S2 (+)	cord care
C/M/Passed	RS BAE (+)	
	PA soft	
	CNS NAD.	noted by Susbila 17/7/26 @ 12PM
	Bwt = 2.737	
	Cwt = 2.70	
	↓ 1.3% Bwt.	
Dr Shikar 1355381		

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26	lactation notes (Mrs. Ramyashwini)	
	• I^st time Mother	
	• Short nipple both sides	
	• Drops of milk seen	
	• Advised the Mother to hand express and offer the feed c paladai	
	• To feed every 2 hrs	
	• Move them to them	
	• To see in OPD with breast pump.	
	13:04 pm	

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

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0Y0M1D (F)
Dr. AKHEEL SYED RIZWAN

(2)

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
17/7 SDR	S/B Resident	
	Term/38+3/ fem/CGA3/2.737/70gm	
	38	
	o/E	
	Baby Cultured	
	CRT <3sec	
	CA Good	
	CVS - S1 S2 (+)	
	M BAE (+)	
	PA Soft.	
	plan	
	- TFB TFM 9AM	
	- monitor & inform (SOS)	
	Dr. Shilpa	
	noted by Sony 17/7/26 @ 8pm	

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
15-07-2026 0 Y 0 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(Dlw Dr Akheel)	
18/7/26 9:30 Am	S/R Resident	(HOL = 26 hrs; G_3A_2)
	Term (38^{+8} weeks) / Elective (CPD) / Rosy girl / CRAB / Bo HM / B.wt - 2.737 kg / AGA	
	wt - 2.79 kg ↑50 gm	plan
		- CIT + Cont. same instructions
	S/J / passing	- TCB today
	M → A+	- OAS today
	B → AB+	- Monitor vitals
		- Wt checking
	O/E - Euthermic	- Hypoxemia
	CVS - S_1S_2 (+)	
	RS - BAE (+)	
	PA - soft	
	CIAIT - good	
	CRT < 3 sec	TCB @ 46 hr of life = 13.3
	☑ B/L red reflex symmetrical	↓
Dr Deepthi		Rx Cutoff ≤ 12.5
	plan ↓ start RSPT repeat SBR / OAS (if willing)	
		f/u @ 5 AM

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
18-07-2026 0 Y 0 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 11:10 AM	Dlw Dr. Akheel S.R LAMA NOTES - Mother has been explained about the need / requirement of phototherapy i/v/o high bilirubin level (TCB @ 46 hrs of life = 13.3 mg/dL) ↓ treatment threshold is ≥ 12.5 mg/dL - Mother has also been explained & counselled the complications associated with high serum bilirubin levels in the form of kernicterus, dull activity, Hearing difficulties Neurological concern in the form of bilirubin induced neurological damage which causes permanent neurological damage, in their own understandable language. - Despite all these, they want to take their baby on their own responsibility & wish & leaving against medical advice (due to their personal issues) Mother Name :- Pooja Choudhary Mother Signature :- Pooja Date & time :- 18/7/26 @ 11:10 AM	

Akheel 11:10 AM

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 12:20 pm	S/B Dr. Akheel sir	
	Baby reviewed	
	Vitals (T)	
	- Advised Phototherapy	
	- Put parents advised	
	- Send LAMA	
	- f/up on Monday	
	Dr Nagaraj	
	Noted by Akheel 18/7/26 @ 2:30 pm	

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0Y0M0D6H (F)
Dr. AKHEEL SYED RIZWAN

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ING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Term/LSA 38+3 weeks female · WT 3 · /wt 2.737

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

Surgery / Procedure: —

Post OP Day: NBH

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	16/7/26 E	16/7/26 E	16/7/26 N	17/7/26 M	17/7/26 E	17/7/26 N
Medical Condition (Any special condition to be noted):	—	nil	Nil	Nil	Nill	Nil
Diet:	DBF	DBF	DBF	DBF	DBF+ff	DBF+ff
Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☒ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Vital Signs: Temp:	98.6F	98.6F	98.5F	98.9°F	98.6F	98.5F
Res:	within	42 b/m	42 b/m	40 b/m	41 b/m	42 b/m
SpO_2:	99%	98-1.	99%	99%	99%	98-1.
Pulse:	within	143 b/m	142 b/m	140 b/m	141 b/m	142
BP:	—	—	—	—	—	—
LOC:	Conscious	conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	'0'	14	14	14'	'15'	'15'
Pain Score:	'0'	0	0	'0'	'0'	'0'
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	nil	Nil	Nil	Nill	Nil
Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
Critical Lab Test / Values:	—	nil	Nil	Nil	Nill	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):	dependant	dependent	dependent	Dependent	Dependent	dependent
Post Operative Procedure Special Orders:	DBF	DBF, SBR BIF/DIC	NBS, SBR BIF D/C	PBS, SBR BIF, DIC	—	—
Handed Over By Name :	pooja	sushila	Vanaja	sushila	Sony	Padma
Signature / ID :		016993	905042	16993	9050143	606329
Date:	16/7/26	16/7/26	16/7/26	17/7/26	17/7/26	18/7/26
Time:	@.4pm	8pm	@8AM	8pm	@8pm	@8am
Taken Over By Name :	sushila	Vanaja	sushila	Sony	Padma	Akeelulla
Signature / ID :	016993	905042	016993	9050143	606329	606607
Date:	16/7/26	16/7/26	17/7/26	17/7/26	17/7/26	18/7/26
Time:	6:30pm	@8pm	8AM	@8pm	@8pm	@8am

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 0 D 20 H (F)
Dr. AKHEEL SYED RIZWAN

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Term | 38+3 | Female [c IAB] 2.737 Postm.						Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil
	Surgery / Procedure: —						Post OP Day:
BACKGROUND	Date / Shift	18/7/26 M					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	DBmtf					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4°F					
	Res:	46 b/m					
	SpO_2:	99%					
	Pulse:	138 b/m					
	BP:	—					
	LOC:	Consciou					
	Fall Risk Score:	15'					
	Pain Score:	00 score					
	Skin Integrity	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:	DBmtf					
	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					
Post Operative Procedure Special Orders:		LAMA D/C.					
Handed Over By Name :		Akausha					
Signature / ID :		606604					
Date:		18/7/26					
Time:		@12:30 PM					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:		File sending to Billing					

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0Y0M0D6H (F)
Dr. AKHEEL SYED RIZWAN

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NURSING CARE RECORD

Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10AM	Ensure Safety		provide baby side Cribe	TO prevent bed falls	TSCby is safe	pooja 16/7/26 @.
Afternoon	2pm	Ensure safety maintain DIBr		provide baby cribe 2n Hourly	BO prevent bedfalls Given by shaby feeding	BCby is safe Beby is good	pooja 16/7/26 @ 2pm
Night	9pm	* Maintain Fluid Balance	11pm	* Every 2nd hrly feeding & Burping given.	* To prevent dehydration	Reassessment done Baby is stable	Vanitha 16/7/26 @ 8pm

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 0 D 8 H (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

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

Date: 17/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify: DBF & Burping provide
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Improve Activity Tolerance
- ☐ 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	10 Am	* Ensure Safety	10:10 AM	* Provided side rails	* prevent fall risks.	* Re-Assessment done baby is safe.	sushma 17/7/26 @8pm
	12 pm	* Provide DBF & burping	12:10 PM	* provided DBF & burping every 2nd hourly	* prevent dehydration.		
Afternoon	3pm	* Maintain fluid balance	5pm	* Every 2nd hourly Feeding & Burping is given.	* TO Prevent dehydration.	* Baby is Safe & Active	Jony 17/7/26 @8pm
Night	9pm	Maintain fluid Balance	11Pm	* Every 2nd hourly Feeding & Burping given	* TO prevent dehydration	Re-assessment done Baby is Stable	Padma 17/7/26 @8Am

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY (F)
16-07-2026 0Y0M1D
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 18/7/26

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	9 AM	* Ensure Safety	9 AM	* provided Side rails	* prevent fall risks.	* Re-Assessment done baby is Safe.	Savy 18/7/26 @ 1pm
	10 AM	* Maintain fluid Balance.		* provided DBF + FF & burping every 2nd hourly.	* TO prevent dehydration.		
Afternoon		LAMA Discharge noty TCB. Done at 9:45Am. Doctor Advice phototherapy for Baby. Doctor. Counselled about forthe complication & Treatment mangement to the mother. Baby Baby mother Want to discharge. They Dont want phototherapy. Doctor. They Discharged on LAma.				TCB: 13.3 mg/dl	Akash 18/7/26 @ 12:30 PM
Night							

Noted by Akash 18/7/26 @ 12:30 pm

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0Y0M1D (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

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

Date: .....

Goals

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

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

Rainbow Children's Hospital
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 POOJA CHOUDHARY**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060729**	**Sex:**	**Female**
Consultant:	**Dr. AKHEEL SYED RIZWAN**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-227-2**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature:.....

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Sonal choudhary.
Relationship: Father
Date: 16-7-2026 Time:
Wittness Name:
Wittness Signature:

Patient Address:

12-10-590/122/3 KUSHAL JEWELLERS
WARASIGUDA Sitaphal Mandi
Hyderabad Telangana INDIA 500061

Ref. No.: F/HW/CON/LAMA/12

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CONSENT FOR LEFT AGAINST MEDICAL ADVICE

(If patient attendee refusing the ambulance services)

Patient Name: B/o pooja choudhary Age : D1 (6Hrs) Gender: ☐ M ☐ F

UHID / IP No.: V.I.H-D020688.3 Department: 2nd floor ward Date: 18/2/26

I Pooja Choudhary S/D/W/o Somesh Choudhary here by give declare that my son / Daughter B/o pooja choudhary Age is diagnosed of Neonatal hyperbilirubinemia

The doctor Dr. Deepthi explained me the condition of my baby's nature of illness and need of ~~further~~ management & Hospitalisation care. However after extensive discussion with the family members, I have decided not to continue treatment in this hospital and I want to take my baby to another health care facility. The hospital staff have advised to take my baby in an ambulance with appropriate medical care facilities and a healthcare worker.

However, I do not wish to use the ambulance and I am taking my baby at my own conveyance, fully understanding the dangers of the same. I don't have any complaints against the doctors and hospitals staff.

Attendant:

Signature: Pooja

Name: Pooja

Date & Time: 18/2/26 @ 11:20 Am

Witness:

Signature: .....

Name: .....

Date & Time: .....

Doctor:

Signature: .....

Name: Dr Deepthi

Date & Time: 18/2/26 @ 11:20 Am

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Your Right to a Safe Delivery

వైద్య సలహాకు వ్యతిరేకంగా వదిలి వెళ్తున్నందుకు సమ్మతి

(రోగి సహాయకుడు అంబులెన్స్ సౌకర్యాన్ని తిరస్కరించినచో)

రోగి పేరు : _____ వయస్సు _____ వు ☐ / స్త్రీ ☐

ఐడి నెం: _____ విభాగము : _____ తేది : _____

నేను _____ S/D/W/o _____

ఇందు మూలముగా ధ్రువీకరించునది ఏమనగా నా కుమారుడు / కూతురు _____

_____ వయస్సు _____ దీనిలో నిర్ధారణ (డయాగ్నిసిస్)

చేయబడ్డారు డాక్టర్ _____ నాకు నా కుమారుడు/కూతురు యొక్క

పరిస్థితి అనారోగ్యం గురించి వివరించారు. దానికి _____

_____ తగిన సంరక్షణ అవసరం అని వివరించారు. అయితే కుటుంబ సభ్యులు

నేను తగిన విస్తృతమైన చర్చల తరువాత ఈ అనుపత్రిలో చికిత్స కొనసాగించకూడదని

నిర్ణయించుకున్నాము మరియు నేను మరొక ఆరోగ్య సంరక్షణ సౌకర్యానికి తీసుకొని పోవుచున్నాను.

అనుపత్రి సిబ్బంది నా _____ అంబులెన్స్‌లో ఒక ఆరోగ్య సిబ్బందితో తీసుకొని

పోవాలని సలహా ఇచ్చారు. అయితే నేను అనుపత్రి ద్వారా అందించిన సౌకర్యాలను తిరస్కరిస్తూ,

నా _____ సౌలభ్యం ద్వారా తీసుకొని పోవుచున్నాను. నాకు డాక్టర్స్

మరియు అనుపత్రి సిబ్బంది మీద ఎటువంటి ఫిర్యాదులు లేవు.

సహాయకుడు (అటెండెంట్)

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

సాక్షి

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

డాక్టర్

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

CONSENT FOR FORMULA FEEDS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name: B/o. pooja choudhary Age: NB Gender: ☐ Male ☑ Female

UHID no: 206993 Department / Ward: 2nd floor Date: 14/7/26

I Mr / Mrs. : Pooja choudhary Aged 28 years years, hereby declare that I have admitted my ☐ son / ☑ daughter in Rainbow Children's Hospital, Hyderabad on Kharkana

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

Patient Attendant / Guardian:

Signature: .....

Name: Pooja

Relationship with patient: Mother

Date & Time: 17/7/26 1:49 p.m

Witness

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking consent):

Signature: .....

Name: N. Deepti

Date & Time: .....

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

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

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

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

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

పేషెంట్ అటెండెంట్ / గార్డియన్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. AKHEEL SYED RIZWAN

CLINICAL / 124

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

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/2/20 Time: 11 1 3 5 7 9 1 4 7

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4°F 98.6°F 98.2°F 98.4°F 98.6°F 98.4°F 98.6°F 98.4°F 98.4°F

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) 146 143 131 141 139 142 139 141 142

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

70 60 50 40 30 20 10

Resp Rate (Number) 48 51 52 49 42 43 46 45

Resp Distress	Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)		✓	~	~	99	99	99	99	98
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N
GCS *		✓	✓	✓	15	NA	NA	NA	NA
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0
Observer's Initials		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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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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-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
15-07-2026 0 Y 0 M 0 D 8 H (F)
Dr. AKHEEL SYED RIZWAN

oc. 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: 17/7/26 Time:	10	2	6	10	2	6
Doctor/Nurse/Family Concern?	Am	Am	pm	pm	Am	Am
Temperature (°F)	98.5°F	98.6°F	98.6°F	98.0°F	97.5°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	140	142	139	140	145	150
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	40	42	45	36	35	40
Resp Distress: Mod/ Severe / None / Mild	N					
Receiving O_2 (l/min) O_2 Saturations (%)	99	96	99	99	98	99
Conscious Level: Normal / Altered	N	N	A	A	A	A
GCS *	N	15	0	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	RG	RG	RG	P	P	P

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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	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-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 0 D 20 H (F)
Dr. AKHEEL SYED RIZWAN

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.
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/7/26 Time: 10

Doctor/Nurse/Family Concern? Any

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4°F

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) 138

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

70 60 50 40 30 20 10

Resp Rate (Number) 40

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

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.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. AKHEEL SYED RIZWAN

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

FLUID CHART

Sheet No. : 1

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

		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							
16/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	DBF	✓									
	12:00 pm											
	01:00 pm	DBF	✓									
Total Intake :						Total Output :						
16/7	02:00 pm									✓	0	
	03:00 pm	DBF	✓								0	
	04:00 pm	DBF	✓								0	
	05:00 pm										0	
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
16/7	08:00 pm											
	09:00 pm											
	10:00 pm	DBF								✓		
	11:00 pm											
	12:00 am						✓					
	01:00 am											
Total Intake :						Total Output :						
17/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	DBF								✓		
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	Urine - 3 times Stool - 1 time

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0Y0M0D8H (F)
Dr. AKHEEL SYED RIZWAN

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							
16/7/26	08:00 am		DBF									
	09:00 am											
	10:00 am		DBF									Sucy 17/7/26 @2pm
	11:00 am											
	12:00 pm		DBF									
	01:00 pm						✓					
Total Intake :						**Total Output :**						
17/7/26	02:00 pm	DBF+FF										Sony 17/7/26 @ 8pm
	03:00 pm						✓			✓		
	04:00 pm	DBF+FF										
	05:00 pm											
	06:00 pm											
	07:00 pm	DBF + FF					✓					
Total Intake :						**Total Output :**						
17/7	08:00 pm											Padma 17/7/26 @2am
	09:00 pm											
	10:00 pm	DBF +FF										
	11:00 pm						✓			✓		
	12:00 am											
	01:00 am	DBF+FF										
Total Intake :						**Total Output :**						
18/7	02:00 am											Padma 18/7/26 @8 AM
	03:00 am	DBF + FF					✓			✓		
	04:00 am											
	05:00 am											
	06:00 am	DBF +FF					✓			✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	—	Total 24 hrs. Output	Urine - 4 times Stool - 6 times

Sticker

VIH-00206983 IP-00060729
Baby B/O POOJA CHOUDHARY
18-07-2026 0 Y 0 M 0 D 20 H (F)
Dr. AKHEEL SYED RIZWAN

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							
18/7/26	08:00 am		DBF+FF									
	09:00 am						✓			✓		
	10:00 am		FF									
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0Y0M0D6H (F)
Dr. AKHEEL SYED RIZWAN

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

FAT / ONCE ONLY DRUGS

Name: B/o Pooja choudhary

Weight: 2.737 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7/26	10:50am	Inj vit K	1mg/stat	im			

Verified
Dr. Rishika
Clinical Pharmacologis
15/7/26

VIH-00206993 IP-00060729
Baby B/O POOJA CHOUDHARY
16-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
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RESULT SHEET

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

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

Culture and Sensitivities : .....

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.....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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