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

ACTIVITY RECORD FOR BILLING

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

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

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

Date of Admission : 30/6/26 Time : 1:27pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 205 Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	2pm	ER	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
	SBR	26022021	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.
30/6/26	DSPT. Date:	30/6/26	1/7/26 11:30AM.	309613
	Time:	2:40pm		
	Signature:	[signature]		

Proceedure	Quantity	Order No.	Signature

MATION

Time :

Prepared By :

	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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25-05-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

Patient Name

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	3	–	–	
6	Doctors Progress Sheets	2	–	–	
7	Nurses Progress notes	2	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	
)	Conset for Surgery				
.1	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)	2	–	–	
7	Drug Chart (Regular prescription)	2	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	- Emergency Triage form	1	–	–	
	medication form	1	–	–	
	- Humpty dumpty	1	–	–	
	Braden Q	3	–	–	
	N. pass	1	–	–	
	Total No. of Pages				

27 total pages

Signature and Date : Padma 1/7/26 @7AM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

NEW BORN DETAILS

B/O B/o. V Jhansi

DOB: 25-6-2026 Sex: female Maternal Blood Group: O+ ve

Time: 12.20pm Birth Weight: 2.31kg Baby Blood Group: O+ ve.

~~SVD~~ / LSCS: LSCS

Indication: _____

Diagnosis: NNH B.

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 99 %

Spo2 Post ductal Left Lower Limb: 98 %

Inference : if the value <92 or difference between preductal and post ductal is >3 esclate the situation

Any Specific Remarks: _____ Thyroid Screening: _____ : NBS: _____

Hearing Test (OAE): _____ Red Reflex: _____.

ER weight : 2.29 kgs

Head Circumference: _____ cms Length: _____ cms

Vaccination: _____

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
1/7/26		2.23 ↓ 60gms		✓	✓	DBM+FF	7.6 ↓ 0.1 7.5

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-00060523 **Admit Date** : 30-Jun-2026 **Admit Time** : 01:27 PM **UHID** : VIH-00206240

Patient Details :

Patient Name	: Baby B/O V. JHANSI	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr GOPICHAND SAJJANA	**DOB**	: 25-06-2026 12:20 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-5-433/4 suryanagar, old alwal flat no 100, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010	**Phone No**	: 9494260191
		E-mail	: jhansivalluri@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr GOPICHAND SAJJANA **Relationship** : Father

Contact Address : 1-5-433/4 suryanagar, old alwal flat no 100, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010 **Phone No** : 9494260191 / 7207430743

Signature

Doctor Details :

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

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206240 IP-00060523 Baby B/O V. JHANSI 25-06-2026 0 Y 0 M 5 D (F) Dr. SURENDER RAO DUSA	30/6/26 @ 1:27pm	30/6/26 @ 2pm
	Transfer Ordered by Dr. Sameera	Reason for Transfer Admission
From Unit ER	To Unit 205	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ? op file given to Attendr Sister

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Sameera

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Kajal	Dr. Sameera

Patient & Clinical Records Received by : Akanksha.

Date & Time of Patient Received : 30/6/26 @ 2:10pm

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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wt - 2.29 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O V. Jhansi Age : 5 days **Gender:** ☐ Male ☐ Female

Date : 30/6/26 Time of Arrival : 1:20 pm

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

Source of Information : ☐ Parents ☐ Others (Specify)

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 140 BP: 68/52(58) RR: 48b/m SpO_2: 96%

Chief Complaints: Yellowish discoloration of Body eyes and Skin

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

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

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

V. Jhansi
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 1:25pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sr. Kajal

Signature of Triage Nurse : Kajal

Date & Time 30/6/26 @ 1:25pm

Patient Name : B/O. V. JHANSI UHID : VIH-00206240 IPD : IP-00060523 Gender : Male Age : 0 Y 0 M 5 D

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/6/26 Time of arrival : 1:26pm

Chief Complaints: yellowish discoloration of eyes and skin RBS: —

Height : — Weight 2.29 kg BMI : Head Circumference (<2 years) 32 CM

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

If yes , identify

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 Brother

Time of Initial assessment completed by ER Nurse : 1:30pm

Patient Name : B/O V. JHANSI UHID : VIH-00206240 IPD : IP-00060523 Gender : Male Age : 0 Y 0 M 5 D

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

Time	Nursing Notes
1:20pm	* patient came to ER
1:25pm	* vitals checked & Recorded
1:26pm	* Dr. Sameera mam seen the patient Adviced for Admission, Admission done.
	* SBR 16.5 mg/dl < D : 0.2 / I : 16.3 OPD Basic done
	*
2pm	* patient shifted to ward (205)

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 122 b/m BP: Crying CFT: <2sce

RR: 47 b/m SPO$_2$: 97%

GCS: 15/15 Temperature : 98.5°F

Pain Score: 0

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 205

Time of Shift - out: 30/6/26 @ 2pm

Handover given to: Sr. Sydeq (Nurse's Name)

by.

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : B/o Jhansi Age/Sex 5D/F

Information given by: Mother Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discoloration of skin

History of present illness :

B/o Jhansi is an Early Term (37+3) / AGA / Live girl / LSCS / $G_2P_1L_1$

DOB : 25.6.2026 ; 12.20 PM

B.wt : 2.31 kg.

MBG } O+ve.
BBG }

SBR : 30.6.26

D : 0.2

16.5 / I : 16.3

For the above complaint she was admitted for phototherapy.

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Pediatric Multiorgan History & Physical Examination

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

N/A.

Birth & Neonatal History:

N/A.

Birth & Socio Economic History:

About Father :
About Mother : Class - II
Any additional Information :

Developmental History :

N/A.

Immunization History :

Immunized at birth

(P.T.O.)

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25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__2·29kg (Centile _____)

On Examination :

Temperature : 98·6°F Pulse Rate : 140/min B.P. 68/52 (58) mHg. SPO2 96% RA

Resp.rate and type of breathing : 30/min

Rash

Lymphadenopathy — IND — icterus ++

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S,S (+)

Any murmur : no murmur

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

Per Abdomen :

Inspection

Palpation : soft, no organomegaly

Ausculation :

Spine : External Genitelia :

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

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power obligatorily movt

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes : ++ / ++
++ / ++

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Neonatal Hyperbilirubinemia

(P.T.O.)

VIH-00206240 IP-00060523
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25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A.

Desired goals of the treatment : Treat the jaundice

Planned Labs:

SBR T/m 10.00 AM.

Planned Management

→ DSPT.
→ DBM
→ Warm care

Noted by
Sr. Kajal
30/6/26 @ 1:45 pm

Signature of the Doctor: Sameera
Name of the Doctor: Dr. Sameera
Date & Time: 30.6.26 : 1:30 PM

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

VIH-00206240 IP-00060523
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25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

(1)

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..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30.6.26 4:00PM	S/B Registrar	
	Neonatal Hyperbilirubinemia	
	On DSP7	
	O/E baby warm	
	cry }	
	tone } (N)	Plan
	activity }	→ SBR T/m 9.00AM
	H/L - NAD	→ Warm care
	P/A - soft.	→ DBM
	Sameer (Dr. Sameer)	Noted by Akanksha 30/6/26 @ 5PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/26	SB Resident	
9 AM	Δ: NAIHB	
	DSDT on going	
	CAT <3sec	
	CFA good	
	CVS S1S2 (+)	
	RS BAE (+)	
	PA Soft	
	CNS NAD	
	Plan	
	Trace IBG	
	D/c Today (Sun)	
	Noted by Dupika 11/7/26 @ 8AM	
Dr Surendra		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NNHB

Any Infection: ☐ Yes ☐ No ☐ ~~Not Known~~
If Yes Specify: Nil

Surgery / Procedure: Nill

Post OP Day:

BACKGROUND

Date / Shift	30/6/26 Morning	30/6/26 E	30/6/26 N	1/7/26 M		
Medical Condition (Any special condition to be noted):	Nill	Nil	Nil	Nil		
Diet:	DBF	DBF+Egg	DBF+RBM	DBF+EBM		

ASSESSMENT

Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.0°F	98.2F	98.2F		
Res:	48b/m	42b/m	42b/m	40b/m		
SpO_2:	97%	99%	99%	99%		
Pulse:	122b/m	139bpm	126b/m	122b/m		
BP:	68/52(58)	—	—	—		
LOC:	Conscious	Conscious	Conscious	Conscious		
Fall Risk Score:	14	15	15	10		
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:	Nill	Nil	NR	Nil		
Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	DBF	EBM	EBM	DBF		
Critical Lab Test / Values:	(16.5 Initial) SBR – 16.5 0.2		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):	Dependent	Dependent	dependent	dependent		
Post Operative Procedure Special Orders:	Nill	SBR 1/M 10Am	SBR 1/M 9Am	SBR Done		
Handed Over By Name :	Kajal	Akanksha	padma	Deepika		
Signature / ID :	[illegible]	[illegible]	606329	607469		
Date:	30/6/26	30/6/26	1/7/26	1/7/26		
Time:	2pm	@8pm	@8Am	@2pm		
Taken Over By Name :	Akanksha	padma	Deepika	File sended to Billing on 1/7/26 @ 10AM		
Signature / ID :	[illegible]	606329	607469			
Date:	30/6/26	30/6/26	1/7/26			
Time:	@2:10 pm	@8pm	@8Am			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Nil			
Afternoon	3 pm	* maintain Good Nutritional Status. * maintain personal hygiene.	3:30 pm	*feeding & Burping given every 2nd hourly. * Dipers changed	* maintained No chasting & Prevented Dehydration	* Re-Assessment Done. Bby is stable. & active.	Kavitha 30/6/26 @8pm
Night	12Am	* maintain personal hygiene.	1Am	* maintained the personal hygiene. 1 Diper changed.	* Prevented to the Infection	* Re-Assessment Done - every 2nd hourly feeding.	Padma 1/7/26 @8Am

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NURSING CARE RECORD

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Date: 1/7/26

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	8AM 11AM	Ensure safety Maintain Good Nutritional status	10AM 2pm	To provide Safety To give Feed & Burp 2nd hrly	To provide safety To prevent dehydration	Re-Assessment was done Baby is Safe	Deepika 1/7/26 @2pm
Afternoon				Discharge Notes Doctor came for rounds Baby is Safe Doctor said Baby to get discharge	Noted by Deepika 1/7/26 @ 10AM		
Night							

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O V. JHANSI**	**Age :**	**0 Y 0 M 5 D**
IP No:	**IP-00060523**	**Sex:**	**Female**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned 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:

Relationship:

Date: Time:

Witness Name:

Witness Signature:

Patient Address:

1-5-433/4 suryanagar, old alwal flat no 100, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

H/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/6/26 Time:

Doctor/Nurse/Family Concern?	pm	pm	pm	pm	am

Temperature (°F)

	97.0°F	98.0°F	98.2°F	98.6°F	98.2°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	148	143	150	140	142

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

Resp Rate (Number)	39	42	40	45	42

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

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.

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-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
Dr. SURENDER RAO DUSA

lo. : RCH/ FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 1/7/26 Time:	9	11
Doctor/Nurse/Family Concern?	AM	AM
Temperature (°F)	98.2°F	98.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		
Note: BP does not score in early warning scoring		
Heart Rate (Number)	130	132
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	40	42
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%
Conscious Level: Normal / Altered	N	N
GCS *	-	-
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	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
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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)

Patient

VIH-00206240 IP-00060523
Baby B/O V. JHANSI
25-06-2026 0 Y 0 M 5 D (F)
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FLUID CHART

Sheet No. : 1

30/6/26

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

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				Nil							
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
30/6/26	02:00 pm		DBM									
	03:00 pm						✓			✓		
	04:00 pm		EBM & DBM									
	05:00 pm											
	06:00 pm		EBM (60ml)									
	07:00 pm									✓		
Total Intake :						**Total Output :**						
	08:00 pm		EBM (40ml)									
	09:00 pm											
	10:00 pm						✓			✓		
	11:00 pm											
1/7	12:00 am		EBM (60ml)							✓		
	01:00 am						✓					
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am		EBM (75ml)				✓			✓		
1/7	04:00 am											
	05:00 am											
	06:00 am									✓		
	07:00 am		EBM (60ml)				✓					
Total Intake :						**Total Output :**						

Akanksha 30/6/26 @6PM.

padma 1/7/26 @8Am

Total 24 hrs. Intake		Total 24 hrs. Output	

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 205

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4	NIL					☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sameera / Sameera

Date & Time : 30/6/26 @ 1:42 pm

Nurse Name & Signature: Sr. Kajal / Kajal

Date & Time : 30/6/26 @ 1:42 pm