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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR HANDLING

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Name ----------

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

Date of Admission : 7/7/26 Time : 12:31Pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	@2:00 pm	ER	NICU	
8/7/26	9pm	NICU	1st Floor	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Abdul Khalid	7/7/26	3098590	
2.	Cross checked done by Sr.		Achuth	8/7/26
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
7/7	RBS – 103 mg/dl	26022678	
	CBP CRP SE		
	DCT, Retic Count	26022677	
	LFT	74	
	USG Abdomen	26016084	
8/7	NBS	26022760	
	RBS – 102	26022738	
9/7/26	GRBS – 87 mg/dl @7Am	26022927	
9/7/26	CBP, UBR.	26022887	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	Monitor	2pm	8/7/26 8pm	3098484	
"	Infusion pump	7pm	8/7/26 8pm	3098591	
8/7/26	Syringe pump	10am	8/7/26 4pm	3098685	
Cross checked done by S.			Achuth	8/7/26	
8/7/26	Syringe pump	10:30pm	8/7/26 8pm	3099052	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/7/1	IV Placement	1	3098485	
7/7	IV placement	1	3098691	
	Blood transfusion			
	Gross checked done by Sr. Aliyah			8/7/26
8/8/26	IVFG	1	3099061	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

INSURANCE COPY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby B/O SAHARA YASMEEN	**UHID**	VIH-00206080
Father/Guardian	Mr THANMAI SINGH	**Age/Gender**	0 Y 0 M 18 D/Female
Address	DOOR NO-401 AIBALA RESIDENCY NAGARAM, Nagaram, Hyderabad, Telangana, INDIA, 500083		
IP No	IP-00060603	**Admission Date**	07-07-2026
Ref Doctor	Dr.. PRASHANTHI ELIZABETH	**Discharge Date**	09-07-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS

Diagnosis:
Early term / AGA / Baby Girl/ Rh Negative Pregnancy
Neonatal hyperbilirubinemia
Hemolytic Anemia - LRBC Transfusion - IVIG Transfusion

Chronological age: 19 days

History: Baby of SAHARA YASMEEN is 19 D old baby girl was presented with the history of yellowish discoloration of eye and skin on day 17 of life. For the above complaints, she was investigated on OPD basis. In view of jaundice and low hemoglobin, she was admitted to Rainbow Children's Hospital for further management.

Birth History: Early term (37+1 weeks) baby girl, delivered to a Multigravida mother by elective Lower Segment Cesarean Section (Indication: High BMI) on 20.06.2026 at 9:16 am with birth weight of 2.875 kgs, on day 2 of life Transcutaneous bilirubin done on 22.06.2026 was 16 mg/dl for which double surface phototherapy was started. DCT was positive 4+ and Reticulocyte count was 6.5%. Repeat serum bilirubin before discharge was 8.2 mg/dl with indirect fraction of 8.0 mg/dl, hence baby was discharged on day 3 of life.

Name	Baby B/O SAHARA YASMEEN	UHID	VIH-00206080

Maternal History : Mrs. Mrs. SAHARA YASMEEN is a 33 years old G3P2A1L1 mother with marital life of 10 years. Non Consanguineous marriage. Mother's blood group is "O" Negative. Expected delivery date: 07.07.2026.

G1 : Male / early term (35 weeks)/ Bwt: 2.3 kgs / RDS - NICU admission for 2 days / Rh negative permanency.
G2 : Abortion
G3 : Present pregnancy, spontaneous conception.

She had regular antenatal checkups and antenatal scans were normal. There was no history of Urinary tract infection / Hydramnios / Premature Rupture of Membranes/ diabetes / Hypertension / Thyroid / Cardiac / Renal abnormalities. She received calcium, iron supplementation and TT prophylaxis.

On examination: At the time of admission, baby was euthermic and maintaining saturations on at room air. Her heart rate was 162/min, respiratory rate was 42/min, blood pressure was 68/41mmHg. Icterus present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly.

Weight on Admission : 3.10 kgs
Weight on Discharge : 3.12 kgs
Head circumference : 35 cms
Length : 47 cms
Baby blood group : "O" Positive (Blood group to be repeated after 4 months).

Investigations: Enclosed.

Management: Anemia- LRBC Transfusion: Baby was nursed in thermoneutral environment. She was started on intravenous fluids and routine investigations were sent, her complete hemogram showed hemoglobin 7.2

gm%, white blood cells count 11,690 cells/cumm, platelet count 7.51 lakhs/cumm. C- Reactive protein 6.0 mg/L. Serum electrolytes showed serum sodium - 140 mmol/L, serum potassium - 5.4 mmol/L, serum chloride - 103 mmol/L. Liver function tests showed SGPT 17 U/L, SGOT 22 U/L, ALP 145 U/L, total serum bilirubin was 8.2 mg/dl with indirect fraction 0.2 mg/dl, serum albumin was 8.2 g/dl, total protein was 6.0 g/dl, S.globulin was 2.4 g/dl. Reticulocyte was 6.5%. DCT was negative.

In view of severe anemia, the baby received one LRBC transfusion. As immune-mediated hemolysis was clinically suspected, one dose of IVIG was also administered. The baby remained hemodynamically stable following transfusion.

Serum bilirubin before discharge was 8.5mg/dl with direct fraction of 0.1mg/dl and indirect fraction of 8.4mg/dl.

Feeding : She was continued on oral feeds, which she accepted and tolerated well. At present, baby is on demand oral feeds, which she is accepting and tolerating well.

Ultrasound Abdomen:

Date	Day of life	Impression:
07.07.2026	17	Bilateral mild hydronephrosis. Right APD 4.5mm, Left APD 5.7mm. Adv Follow up. Small well defined echoic cyst in the left side of lower abdomen measuring 10x8.5mm showing few then internal septae --> Duplication cyst ? mesenteric cyst

Name	Baby B/O SAHARA YASMEEN	UHID	VIH-00206080

At the time of discharge: Baby was active, hemodynamically stable and maintaining saturations at room air, accepting feeds well.

Advice :

1. Warmth care.
2. Continue demand oral feeding.
3. Encourage breast feeding.
4. Immunization as per schedule.
5. Vitamin D3 drops (1ml/800IU), 0.5 ml once daily till one year of age.
6. Trifer drops 0.2ml once daily till further advice.
7. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 11.07.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 9963766633 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

HIGH RISK FOLLOW UP

Name	Baby B/O SAHARA YASMEEN	UHID	MH-0020608

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Note: Register for Neurodevelopmental assessment with developmental specialist

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Harish
Typist : Kalyan

for

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Registrar/Resident/C.M.O

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. 040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O SAHARA YASMEEN	**Inpatient No.**	: IP-00060603
Age/Gender	: 0 Y 0 M 17 D/ Female	**Admit Date**	: 07-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 12:59
HEMOGLOBIN (Colorimetry)	**7.2**	**g/dL**	L	12.5 - 20.5
RBC COUNT (DC detection method)	**2.11**	**10^12/L**	L	3.6 - 6.2
PCV/HCT (Calculated)	**19.8**	**VOL%**	L	39 - 63
MCV (Calculated)	93.7	fL		86 - 124
MCH (Calculated)	33.9	pg/cells		28 - 40
MCHC (Calculated)	36.2	g/dL		28 - 38
RDW-CV (Calculated)	**12.3**	%	L	13 - 18
PLATELET COUNT (DC Detection Method)	**751**	**10^9/L**	H	150 - 450
MPV (Calculated)	8.3	fL		6.5 - 10
WBC COUNT (DC Detection Method)	11.69	10^9/L		5 - 19.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	32	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	50	%		43 - 53
MONOCYTES (Microscopy, Leishman stain)	09	%		4 - 16
EOSINOPHILS (Microscopy, Leishman stain)	**09**	%	H	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : ANISOCYTOSIS WITH NORMOCYTIC / NORMOCHROMIC NORMOCYTIC / HYPOCHROMIC,TARGET CELLS(+),1-2nRBC/100WBC WBC : TC NORMAL WITH MILD EOSINOPHILIA PLATELETS : INCREASED			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 12:59
CRP (Immunoturbidimetry)	6.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
DIRECT COOMBS TEST (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 12:59

Rainbow Children's Hospital - Secunderabad

H.No.3-7-22?/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O SAHARA YASMEEN	Inpatient No.	: IP-00060603
Age/Gender	: 0 Y 0 M 17 D/ Female	Admit Date	: 07-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
DIRECT COOMBS TEST	NEGATIVE		

Dr. SUREKHA DEVI ALLANKI, SENIOR CONSULTANT, TRANSFUSION CONSULTANT,

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 12:59
SODIUM (Direct ISE)	140	mmol/L	133 - 146
POTASSIUM (Direct ISE)	5.4	mmol/L	3.2 - 6
CHLORIDE (Direct ISE)	103	mmol/L	96 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 12:59
TOTAL BILIRUBIN (Azobilirubin)	**8.2**	**mg/dl**	H	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	**8.0**	**mg/dl**	H	<1.1
SGOT (AST) (Kinetic with P5P)	**22**	**U/L**	L	24 - 72
SGPT (ALT) (Kinetic with P5P)	17	U/L		8 - 32
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	145	U/L		120 - 470
PROTEIN (Biuret method)	6.0	g/dL		5.9 - 7
ALBUMIN (Bromocresol Green)	3.6	g/dL		1.8 - 4.4
GLOBULIN (Calculated)	2.4	g/dL		1.6 - 3.5
A/G RATIO (Calculated)	1.5			1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :07-07-2026 13:02

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.
040-42462200, Ext 2000,2001,2002,

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PatientName	: Baby B/O SAHARA YASMEEN	**Inpatient No.**	: IP-00060603
Age/Gender	: 0 Y 0 M 17 D/ Female	**Admit Date**	: 07-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE (GOD/POD)	103	mg/dl	70 - 140

RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)

TEST RESULT STATUS : REPORT ENTERED
Order Date :08-07-2026 03:45

RANDOM BLOOD GLUCOSE (GOD/POD)	102	mg/dl	70 - 140

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.
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O SAHARA YASMEEN	Inpatient No.	: IP-00060603
Age/Gender	: 0 Y 0 M 18 D/ Female	Admit Date	: 07-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
NEONATAL SCREENING ADVANCED (Specimen : BLOOD SPOT)			TEST RESULT STATUS : REPORT ENTERED Order Date :08-07-2026 07:53
17 OHP (17 HYDROXY PROGESTERONE) (Enzyme assay)	4.1	ng/ml	<30
BIOTINIDASE (Fluorometric)	270.6	U	>50
IRT	9.6	ng/ml	<70
TOTAL GALACTOSE (Fluorometric)	2.55	mg/dl	<10
THYROID STIMULATING HORMONE (Eclia)	1.2	uU/ml	<10
BIOCHEMICAL PARAMETERS			
G6PD (GLUCOSE 6 PHOSPHATE DEHYDROGENASE) (Enzyme assay)	7.2	U/ghb	>2

PatientName	: Baby B/O SAHARA YASMEEN	**Inpatient No.**	: IP-00060603
Age/Gender	: 0 Y 0 M 19 D/ Female	**Admit Date**	: 07-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :09-07-2026 06:53
TOTAL BILIRUBIN (Azobilirubin)	**8.5**	**mg/dl**	H	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	**8.4**	**mg/dl**	H	<1.1

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :09-07-2026 06:53
HEMOGLOBIN (Colorimetry)	12.7	g/dL		12.5 - 20.5
RBC COUNT (DC detection method)	3.93	10^12/L		3.6 - 6.2
PCV/HCT (Calculated)	**34.2**	**VOL%**	L	39 - 63
MCV (Calculated)	87.0	fL		86 - 124
MCH (Calculated)	32.2	pg/cells		28 - 40
MCHC (Calculated)	37.1	g/dL		28 - 38
RDW-CV (Calculated)	14.1	%		13 - 18
PLATELET COUNT (DC Detection Method)	393	10^9/L		150 - 450
MPV (Calculated)	8.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	8.75	10^9/L		5 - 19.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	28	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	52	%		43 - 53
MONOCYTES (Microscopy, Leishman stain)	10	%		4 - 16
EOSINOPHILS (Microscopy, Leishman stain)	**10**	%	H	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL WITH RELATIVE EOSINOPHILIA PLATELETS : ADEQUATE			

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

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.
040-42462200, Ext 2000,2001,2002.

PatientName	: Baby B/O SAHARA YASMEEN	Inpatient No.	: IP-00060603
Age/Gender	: 0 Y 0 M 19 D/ Female	Admit Date	: 07-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :09-07-2026 12:43
RANDOM BLOOD GLUCOSE (GOD/POD)	87	mg/dl	70 - 140

Baby B/O SAHARA YASMEEN

0 Y 0 M 17 D

Female

IP-00060603

VIH-00206080

SURENDER RAO DUSA

8143883013

R26-010894

07-07-2026 08:06 PM

09-07-2026 12:28 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size 5.4 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Contracted. Common bile duct appears normal.

SPLEEN : Obscured by bowel gases.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :

Right kidney : 43x20 mm. Normal in size and echotexture and shows smooth contour. No calculi. Mild prominence of right renal pelvis (APPD 4.5mm).

Left kidney : 42x22 mm. Normal in size and echotexture and shows smooth contour. No calculi. Mild dilatation of left renal pelvis (APPD 5.7mm).

URINARY BLADDER : Distended minimally and appears normal.

No ascites / lymphadenopathy. No evidence bowel wall thickening /edema.

Baby B/O SAHARA YASMEEN	8143883013
0 Y 0 M 17 D	R26-010894
Female	07-07-2026 08:06 PM
IP-00060603	09-07-2026 12:28 PM
VIH-00206080	
SURENDER RAO DUSA	

Impression

1. **Bilateral mild hydronephrosis.**
   - **Right APD 4.5mm**
   - **Left APD 5.7mm.**
   - **Adv Follow up**
2. **Small well defined echoic cyst in the left side of lower abdomen measuring 10x8.5mm showing few then internal septae --> Duplication cyst ? mesenteric cyst.**

Suggested clinical correlation.

DEFICIEN… …EDICAL CASE SHEET

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Patient N… IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	2	—	—	
5	In-patient Medical Record	84	—	—	
6	Doctors Progress Sheets	3	—	—	
7	Nurses Progress notes	4	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
	Conset for Surgery				
11	Consent for Blood Transfusion	2	—	—	
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	—	—	
	Intake and Output chart (fluid Chart)	2	—	—	
27	Drug Chart (Regular prescription)	2	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Others	15			
	Total No. of Pages	48			

Noted by Berumika 9/7 @1pm

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

UHID No.:

Name :

Date of Birth :

NICU

NEONATAL WEIGHT CHART

Birth : Admission Weight
Weight Discharge Weight

Month
Date
Day

WEIGHT IN GRAMS

4500
4400
4300
4200
4100
4000
3900
3800
3700
3600
3500
3400
3300
3200
3100
3000
2900
2800
2700
2600
2500
2400
2300
2200
2100
2000
1900
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700

DO NOT WRITE OUTSIDE THE MARGINS

16402

Rainbow Children's Hospital

BirthRight by Rainbow

Check List for ICU Shift Outs

CASH / TPA

/IH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
10-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

SR 107 Special remarks SR ~~107~~

S.No	Parameters	Responsibility	Signature
1	Due clearence from **IP Billing & Financial Counselling** for the accomodation to be shifted	BILLING STAFF	
2	**Room Ready to Occupy -** Checking done for A/C , Lighting , Plumbing, Cleaning & Bedsheets	FLOOR COORDINATOR / MOD	8/7/2026 6:15pm
3	**Shift summary is prepared** or not Whether any Pharmacy Consumables are to be Replaced /Returns / Indent required **Pharmacy Clearence**	NURSING STAFF	8/7/26

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060603 **Admit Date** : 07-Jul-2026 **Admit Time** : 12:31 PM **UHID** : VIH-00206080

Patient Details :

Patient Name	: Baby B/O SAHARA YASMEEN	**Age**	: 0 Y 0 M 17 D
Guardian	: Mr THANMAI SINGH	**DOB**	: 20-06-2026 09:16 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: DOOR NO-401 AIBALA RESIDENCY NAGARAM Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 8143883013
		E-mail	: NA@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 THANMAI SINGH **Relationship** : Father

Contact Address : DOOR NO-401 AIBALA RESIDENCY NAGARAM Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 8143883013 / 6301542302

Signature

Doctor Details :

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

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Patient N VIH-00206080 IP-00060603 'HID : 5688 IPD : 3224 Gender : Female Age : 17 days

Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Wt: 3.16 kg
RBS: 103 mg/dl

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Sahara Age : 17 days Gender: ☐ Male ☒ Female

Date : 7/7/26 Time of Arrival : 12:22 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: 98.3°F PR: 152 b/m BP: 82/67 (71) RR: 32 b/m SpO_2: 100 %

Chief Complaints: c/o yellowish discoloration of skin & eyes, low Hb level

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☒ Sick Looking

Circulation / Colour
☒ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☐ Stable
☒ Unstable :
- ☒ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 12:26 pm

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☒ No

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

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

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

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

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

Name of Triage Nurse : Aschitha

Signature of Triage Nurse : As

Date & Time : 7/7/26 @ 12:26 pm

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Name : B/O. SAHARA YASMEEN UHID : VIH-00206080 IPD : IP-00060603 Gender : Female Age : 0 Y 0 M 17 D

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/7/26 Time of arrival : 12:28 PM low Hb level

Chief Complaints: C/O Yellowish discoloration of skin & eyes & RBS: 103mg/dl

Height : — Weight : 3.16 kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 12:32 PM

Patient Name : B/O. SAHARA YASMEEN UHID : VIH-00206080 IPD : IP-00060603 Gender : Female Age : 0 Y 0 M 17 D

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

Time	Nursing Notes
12:22pm	* patient came to ER
12:23pm	* Vitals checked and Recorded
12:28pm	* Dr. Harish Seen the patient and advised admission.
12:31pm	* Admission process Done
12:55pm	* IV placement Done * RBS → 103 mg/dl
1pm	* Collected the Samples & Send to lab
	* patient shifted to NICU

Samples collected by: Sr. Jyothi Rani Time: 12:55pm

Samples sent by : Time: 1pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 154 b/m BP: crying CFT: 22sec	Shift - out from ER to: NICU
RR: 30 b/m SPO_2 : 100 %	Time of Shift - out: @ 7/7/26 @
GCS: Alert & conscious Temperature : 98 °F	Handover given to: Sr. Uma
Pain Score: 0	(Nurse's Name) by · yashoda
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Cannulation

Name of the Nurse : Architha Signature of the Nurse :

Date & Time : 7/7/26 @ 2:00pm

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Date & Time of Admission	Date & Time of Transfer Order
7/7/26 12:31pm	8/7/26 9pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Surender Rao	Dr. Shilpa	stable

From Unit	To Unit	Information to Attendant
NICU	107	Yes ☐ No ☑

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
30 pages	NIL	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diapers	3
2.	feeding bottle	1
3.	Baby wipes	1
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sandy	Dr. Surender Rao

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 8/7/26 @ 9:10Pm

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206080 IP-00060603 Baby B/O SAHARA YASMEEN 20-06-2026 0 Y 0 M 17 D (F) Dr. SURENDER RAO DUSA	7/7/26 @ 12:31 PM	7/7/26 @ 2:00 pm
	Transfer Ordered by Dr. Harsha	Reason for Transfer Admission
From Unit ER	To Unit NICU	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 ?

Medications / Consumables / Surgicals / Hand over OP file given

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Hema	Dr. Harsha

Patient & Clinical Records Received by : Uma

Date & Time of Patient Received : 7/7/26 @ 2pm

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

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

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sahara Age : 32yr Father's Name : Age : 34yr

Date of Birth : Date of Admission : UHID No.:

NICU Consultant : Dr. Surendar Rao. 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 Sahara yasmeen

Gender : ☐ M ☐ F Blood Group : O positive

Date of Birth : 20/6/26 Time of Birth : 9:16 AM 20/6/26

Place of Birth : Rayv

Mother's Blood Group : O +ve negative

Birth Weight (gms) : 2.875 Length (cms) :

OFC (cms) :

Estimated Gesth Age : 37wk

Current Obstetric History : (Booked / Unbooked Case) Booked at Dr. Prashanthi

Maternal Age : 33yr Ht : 4.11" Wt : 80 kg BMI : Married Life : 10 LMP : 2/10/25 EDD : 7/7/26.

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : around 4 weeks. AN Steroids Drugs / Doses : Took one dose anti-D at 27wks and dose after delivery

Last Scans Details :

TT Immunization and Iron / Folic Acid : tab ecosprin 75mg/OD

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 :

no

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

no

IUGR - when detected :

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

AFI :

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

Controlled or not, recent values, HbA1 values :

no

Compliance with Rx :

Scans : LGA, TIFFA , Fetal Echo :

H/o Hypothyriodism : when diagnosed ? Medication?

no .

Any other Chronic Medical Problems, when detected drugs ?

(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 :

Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

PAST OBSTETRIC HISTORY

G : G3 P : 2 A : 1 L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1.	3yr 7mon	35WK	2.3kg	M	RDS - nicu admit for 2 days	RH-ve pregnancy

PERINATAL HISTORY

Treating Obstetrician : Dr. Prashanthi Hospital : RCH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : .....

Specify the reason : previous LSCS.

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
7/10	9/10.	

TOTAL

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 : persistant yellowish discolouration of eyes and skin

CLAB, B.Wt 2.8kg

Baby delivered by elective LSCS at RCH and given to mother side c

↓

I/V/O Ph-ve preg in labour – Hb : 11.8g%.

DCT 4+.

Retic count = 6.5%.

22/6/26 – TSB = 16 mg/dl. for which DSPT provided.

↓

at discharge TSB = 8.2 (Indirect = 8)

due to yellowish discolouration of skin & eyes reported at mayflower hospital

DOL-5 TSB = 16.8 g/dl. < D 2.3 / ID = 14.5

↓

Investigation details in previous Hospital :

photolherapy provided (DSPT)

↓

DOL-7 – TSB 12.6 < D = 1.6 / ID = 11.

Feeding History :

Retic count = 2%.

DCT = 3+

photolherapy continued

↓

DOL – Hb = 9.8 g%.

Past History :

PCV = 29.9%. RBC = 3.2. Hypocytic, Hypochromic

↓

Discharged and repeated test again thorijaya diag.

DOL-12 : TSB = 14.7 < D = 1.1 / ID = 12.6

Hb = 9.3 g/dl } normocytic normochromic

RBC = 2.7

PCV = 28.2.

Family History :

↓

readmitted for photolherapy at mayflower hp

Socio Economic History :

DOL = 16 : at time of discharge – TSB = 5.4 < D = 0.5 / ID = 4.9

Hb = 7.3

↓

came to Rainbow on DOL = 18 for further management

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

GENERAL EXAMINATION ON ADMISSION

General Disposition :

c/s/r/A - normal
icterus (+)
o2

VITALS : Temperature : euthermic HR : 160/min RR : 42/min NIBP : 68/41(50) CFT : <3sec

Color of the extremities : pink

Jaundice : + Pallor : + SpO2 : 98% @ RA

Anthropometry : Birth Weight : 2.875 kg Length : HC : Present Weight : 3.16 kg

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 : (N)
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 :
} (N)

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : B

ABDOMEN and UMBILICUS :
Shape : - BD
Organomegaly : no
Bowel Sounds : +
Umbilical Stump :
Discharge : no

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

HERNIAL ORIFICES free

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Deformities : N
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 : 98% RA Auscultation : BAE (+) Breath Sounds : NVBS Added Sounds : -

Cardiovascular System :

HR : 162/min BP : 68/41 (50)
Precordial Activity : n
Femoral Pulses : felt
Murmurs : -
Other Peripheral Pulses : felt
Signs of Cardiac Failure : .....

Abdomen :

Shape : ✓
Hernia orifice : free
Palpation : soft
Anal Patency : +
Palpable masses : .....
Umbilical Cord : -
Abdominal girth : .....
First urine passed : ✓
Meconium passed : ✓

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : C|T|A-(N).

.....

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 : Early Term | AGA | Baby girl | Rh -ve pregnancy | neonatal hyperbilirubinemia | anemia.

.....

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Surendra

Name : .....

Date & Time : .....

Consultant :

Signature : Dr. Surendra

Name : .....

Date & Time : .....

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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 : .....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

VIH-00206080 IP-00000000
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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: => contrus oral demand feed

=> TVacc

- CBP, CRP, SG, DCT, RCBIC LFT
- CxR, ABG - SOS
- AFBCY HB

Plan LABC / IUIG

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 3:30PM	=> one LRBC transfusion today	
	↓	
	TM one IVIG @ 1g/kg tomorrow	
	=> check for NBS	
	↓	
	If not done take sample before LRBC transfusion	
	- collect sample for NBS in next prick	
	- USG abdomen today	
10pm	USG abdomen ? B/L mild hydronephrosis Small well defined echoic cyst in (L) side of lower abdomen measuring 10 x 8.5 mm ? duplication cyst ? mesentric cyst	
	Plan: Review c Dr. Jyoti Paediatric surgeon after discharge.	

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/2/26. 12 AM.	LRBC Transfusion	
	20ml/kg LRBC transfusion over 4hr.	
	NPO 4hr during & 4hrs after transfusion.	
	Blood group = O neg.	
	collection date = 1/~~2~~7/2026.	
	Expiry date = 12/8/2026.	
	Bag no: NTRH26-07325.	
	Pre-transfusion vitals	Adv
	HR: 160/min	watch for adverse reaction
	SpO_2 = 96% @RA	
	RR = ~~4~~ 48/min	
	Temp - (N)	

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-05-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 6 AM	Early Term / AGA / Female / Rh-ve pregnancy / NVH / Anemia - 1x LRBC Transfusion.	
	T.Wt = 3.12 kg (↓30g)	-Normothermic
	I/O = 147.8 ml/kg/hr	- maintaining at Room air
	U/O = 2 ml/kg/hr	- c/T/A - good.
	B/O = 1	- CFT < 3sec.
	GRBS = 102 mg/dl.	- RS - BAE ⊕
		- CVS - S1S2 ⊕
		- P/A - soft, BS ⊕
	Plan	
	- Target SpO_2 : 90-95%.	DCT - ve.
	- Target MAP : > 40.	Retic = 6.5%
	- TV - 180 ml/kg/day (EBF = 47 ml/2nd day).	
	- on oral demand feeds	
	- ~~Usg abdo~~ LRBC transfusion done - ~~no adv~~ uneventful.	
	- Trace advanced NBS sample	
	- USG abdomen - mild B/L hydronephrosis [mesentric cyst? / duplication cyst?] follow up.	
	↓ plan to consult Dr. Jyothi after discharge.	
	- Today IVIg transfusion (1g/kg)	
	- I/O charting, GRBS monitoring.	
	Noted by - Sr. maheswari. 8/7/26 @ 10:30 AM	Shift to room evening.
		C-PAP, SBR T/m
		(NBS/TFT) check.
		IRON drops - 0.2ml/day
		Dr. 8/7/26 10:30 AM.

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	I.V.I.G. Transfusion NOTES	
8/7/26 12:30pm	· 1gram/kg I.V.I.G. going on	
	· Total 3.1gram in 50ml	
	· No any reaction observed	
	· Baby Tolerating well.	
	· I.V fluid is going on.	
Dr.		
8/7/26 4pm	SHIFTING NOTES	
	Early Term / AGA / female / Rh-ve Pregnancy / NNH / Anemia 1 x PRBC	
	adv	Normothermic
	· Shift to ward	Mp MIDAS ⊕
	· TJM CBC, SBR	CRP 2.4 ⊕
	· f/o NBS	B/A cord Rendered
	· GRBS Monitoring	
	· Warm care	
	· I/O Charting.	
Dr.		Noted by Pandey 8/7/26

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

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/8/26	C1S/B Resident	
9AM	Early term / AGA / 37w0d / LSCS / Rh-ve preg / Anemia / 1xLRBC / IVIG given	
O/E	C/T Afebrile CVS - S1S2 (N) RS - B/LAE (N) P/A S/NT CRT<3 sec. V/s stable	Plan - DBF / EBM supply 2 hrly - Warm care - Dolo Advise mother safety - Trifer drops OD 2ml
	Noted by Barnika 9/7 @1pm	Dr. [illegible] 9/8/26. 12:30PM

Patient Sticker

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

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

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 7/7/26	Diagnosis:	Surgery / Procedures: —	
	Allergies: Nil		Post OP Day: -	
	Date:	7/7/26		
	Area / Shift Time	ER / Morning		
	Diet:			
	Ventilation (RA, NP, NIV, VENTI)	RA		
INVASIVE LINES	1.			
	2.			
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions	—		
	PU Prophylaxis	-		
	DVT Prophylaxis	-		
	Vitals — BP	82/67 (71)		
	Vitals — PR	154 b/m		
	Vitals — RR	30 b/m		
	Vitals — SpO_2	100 %		
	Vitals — Temp	98.3°F		
	Pain Score	"0"		
	LOC (Alert, Conscious, Confusion, Unconscious)			
	Skin Integrity (Intact / Bedsore / Any other condition	Intact		
	Restraints If any — Physical	-		
	Restraints If any — Chemical	—		
	Fall Risk (Vulnerable Y/N) if yes score	"0"		
	(Ambulation, walking, moving with assistance, bed ridden)	-		
	ADL (Dependent / Non-Dependent)	Dependent		
	Critical Lab Test / Values (If any)	—		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS					
		Date:	7/7/26		
	Investigations Procedures	Area / Shift Time	–		
		Ordered / Planned	–		
		Due	–		
		Reports Pending	–		
		Referrals (If any)	–		
	Remarks (Special Interventions like, Drainage tube flushing etc.)		–		
Handed Over By Name :					
Signature :					
Date:					
Time:					
Taken Over By Name :					
Signature :					
Date:					
Time:					

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Anemia			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: Nil			Post OP Day: Nil			
BACKGROUND	Date / Shift	8/7/26 Night	9/7 M				
	Medical Condition (Any special condition to be noted):	Nil	Nil				
	Diet:	DBM	EBM+FF				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F				
	Res:	40bl/mt	40bl/m				
	SpO_2:	100%	99%				
	Pulse:	145bl/mt	140bl/m				
	BP:	—	—				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	15	15				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	EBM				
	Critical Lab Test / Values:	Nil	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				
Post Operative Procedure Special Orders:		Nil	Nil				
Handed Over By Name :		Subhamay	Beronika				
Signature / ID :		T74444	018727				
Date:		9/7/26	9/7/26				
Time:		@ 8pm	@ 1pm				
Taken Over By Name :		Beronika					
Signature / ID :		018727					
Date:		9/7/26					
Time:		@8am					

noted by Beronika 9/7 @1pm

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

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

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 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: 7/7/2026

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 7PM	Assessment Monitor vitals signs		Assessed the Baby condition Monitored vitals signs	Baby is active Baby on NPO	Baby is stable vitals are checked & Recorded	Uma 7/7/26
Night	8pm 8AM	~~Assessed~~ baby condition vitals monitoring		Assessed baby general condition vitals monitored	baby is active	Baby is hemodynamically stable	8/7/26 8AM

I-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 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: 8/7/26

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	2pm	⇒ Assese the Baby condition ⇒ vitals checked q4 Reorced ⇒ Orcal dimand feed		⇒ Assessed the Baby condition ⇒ vitals checked q4 Reorced ⇒ Orcal dimand feeds	⇒ Assessed the Baby condition ⇒ vitals checked q4 Reorced ⇒ Orcal dimand Feeds	Baby is Stable	Maheshwari 8/7/26 2pm
Afternoon	2pm	- Assessed the Baby Condition - Monitor Vitals - Baby Npo	2pm	- Assessed the Baby Condition. - Monitored Vitals - Baby Npo on IVIG transfusion	- Baby is Good - Vitals are Stable	Baby is Active	Nagarani 8/7/26 8pm
Night	8pm	→ maintain good nutritional status	10pm	→ DBF + Aptamil given every 2nd hrly	→ Baby is taking well	→ Baby is Stable	Subha 9/7/26 @8AM

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-05-2026 0 Y 0 M 19 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: 9/7/26

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				Discharge Note Doctor came for rounds and advised for discharge.			
Afternoon					Noted by Beronika 9/7 @ 1pm		
Night							

Patient Sticker

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: .....

Goals

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

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

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN (F)
20-05-2026 0 Y 0 M 19 D
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7	DATE 9/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3	3	3			
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	B			
	Patient Placed in Bed	2		2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		14	13			

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

	Bed in low position		Crib	Crib			
	Call device within reach		✓	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		✓	✓			
	Wheel chair [illegible]		x	b			
	Other Intervention(s) Specify		✓	✓			
	Nurse's Name:		Sudha	Bindu			
	Signature:						
	Date:		8/7	9/7			
	Time:		11pm	1pm			

Docu. No. : RCH /FRM / CLINICAL / 005

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

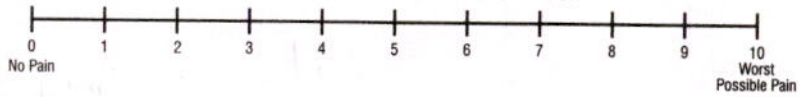
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[illegible]
9/7/26	1AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
9/7/26	6AM	0	.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	subham
9/7/26	1pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2 8/7			9/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-			
		Signature of the Nurse					Nsr + Cue	Sulo					

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :
Signature : ..... Name : Kalpna

Signature of Ward In Charge :
Signature : ..... Name : Elizabeth

Docu. No. : RCH /FRM / CLINICAL / 137

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

Ward : ....
Date : .....

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

HROM / 07
.....
.....

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	I.P. No.								REMARKS
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	0	0	0	0	0					
2	**One of the following signs is evident :** * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / **Observe cannula**	1	-		-	-					
3	**Two of the following signs are evident :** Pain at IV site Redness	Early stage of phlebitis / **Resite Cannula**	2	-	-	-	-					
4	**All of the following Signs are evident :** Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannual Consider Treatment	3	-	-	-	-					
5	**All of the following Signs are evident and Extensive :** Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site **Cannula Consider Treatment**	4	-	-	-	-					
6	**All of the following Signs are evident and Extensive :** Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced Stage of thrombophlebitis / **Initiate treatment Re site Cannula**	5	-	-	-	-					

NOTE : Phlebitis > grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :
Signature : ..... Name .....

Signature of Ward In Charge :
Signature : ..... Name .....

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 SAHARA YASMEEN**	**Age :**	**0 Y 0 M 17 D**
IP No:	**IP-00060603**	**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 ...o consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ...surance 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 ...irance. 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: Thanmai Singh.
Relationship: Father
Date: 7/7/2026 Time: 12:31 pm
Witness Name:
Witness Signature:

Patient Address:
DOOR NO-401 AIBALA RESIDENCY
NAGARAM Nagaram Hyderabad
Telangana INDIA 500083

Ref. No. : F / NICU / CON / ADM / 16

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I Sahara Yasmeen S/o Mr./ ~~Ms~~ Thanmai Singh hereby declare that our patient Mr. / Ms D/o Sahara Yasmeen Daughter is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's Hospital on 7/7/26 with UHID No. : 206080 who is related to me as

The doctors have explained to me in a language understood by me that my child has following health related issues :

The doctors have clearly explained to me that my patient Mr./ Ms. D/o Sahara Yasmeen during his / her stay in the NICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, UAC, UVC (Umblical Vein and Arterial Lines) PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in NICU has life threatening medical conditions.

I understand that when a child is sick in the NICU with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms D/o Sahara Yasmeen in the NICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : Sahara

Name : Sahara

Relationship with Patient: Mother

Date & Time : 7/7/26 @ 12:50pm

Witness :

Signature : Oma

Name : Oma Rani

Date & Time : 7/7/26 12:50pm

Doctor (who is taking the consent) :

Signature : Manish

Name : Dr. Manish

Date & Time : 7/7/26 @ 12:50pm

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Ref. No. : F / NICU / CON / ADM / 16

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్. ఐ. సి. యు) సమ్మతి పత్రం

రోగి పేరు .....

యు.హెచ్. ఐ.డి ..... వయస్సు .....లింగం పు☐ /స్త్రీ ☐

నేను ..... చి .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్‌లో తేది ..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్‌కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ఆర్జీలియర్ లైన్, సింట్రల్ లైన్ క్రెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇనర్శన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో(సవివరంగా) వివరించారు.

పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేనిచో మా బాలుడ / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి/బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి.

మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగినన విధంగా చికిత్స చేయడానికి వైద్యునికి నా పూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

LRBC

CONSENT FOR BLOOD TRANSFUSION

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: B/o Sahara Yasmeen

UHID.No : 206080 / 060603 Age: D17 Gender: Male ☐ Female ☐

Date: 21/7/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Cryoprecipitate
- ☐ Albumin
- ☑ Packed Red Blood Cells
- ☐ Single Donor Platelet
- ☐ Red Blood Cell
- ☐ Random Donor Platelets
- ☐ Whole Blood
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: Ramnai Singh

Date & Time 21/7/26 12am

Doctor (Who is talking the consent)

Signature: .....

Name: Sumedha

Date & Time 21/7/26: 12am

Witness

Signature: .....

Name: Akhila

Date & Time 21/7/26 12am

hRight™
BOW HOSPITALS
ght to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

ID. ..... తేదీ: .....

ఉత్పత్త రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి
న్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను.
త రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్
క్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక
తర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన
్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం
వీసుకున్నాను.
ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు
వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన
ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను.
నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient: B/O Sahasra Yasmeen UHID: 260.80 I.P. No: 60.60.3

Age: 18 Days Gender: Female Department: NICU Ward: NICU - II

Blood group of the patient: O+ve Blood group on the Blood bag: O-ve

Blood bank issue no: NTRH.26-07.325 Date of collection: 01/07/26 Date of expiry: 12/08/26

Date & Time of starting transfusion: 8/07/26 12Am. Planned duration of transfusion: over 4hrs

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12:00AM	139	36.5°C	89/64(48)	100%.				
12:30AM	148	36.5°C	71/41(50)	95%.				
1:00AM	153	36.5°C	72/53/(49)	99%.				
1:30AM	141	36.5°C	68/50/41	100%.				
2:00AM	159	36.5°C	89/68/(62)	99%.				
2:30AM	141	36.5°C	77/39/(51)	95%.				
3:00A	139	36.5°C	79/51(61)	93%.				
3:30AM	153	36.5°C	65/64(48)	100%.				
4:00AM								

Comments: .....

.....

Nurse Name: Akhila Nurse Signature : AK

NTR Memorial Trust Blood Centre, Hyderabad
NTR Bhavan, Road No.2, Banjara Hills Hyderabad – 500034
Ph.No. 04048577888, Lic.No. 01/HD/AP/2008/BB/R

LEUCO DEPLETED RED CELLS -ALIQUOT-A

Qty. 60 ml derived from 350 ± 35 ml of whole human blood mixed with 49ml of CPD with 78ml S[illegible] Storage & Transport temp. is 2° C to 6° C

O
Rh Negative

NTRH26-07325

Syphilis HIV I & II HBsAg Anti HCV	Non reactive
MP - Negative Donor Type: Voluntary	

Blood Group : O Neg
Collection Date : 01/Jul/2026
Expiry Date : 12/Aug/2026

1. Keep continuously [illegible] 3) Disposable [illegible] ment.4) Appropriate [illegible] Recipient shall be use [illegible] ble evidence of [illegible] it of WHB IP will [illegible] Practitioner. [illegible] ıd with in one hour [illegible] ross matching re[illegible] group, Blood unit number and recipient identity and blood group 10) Transfuse under Medical supervision 11) In case of any reaction

rad-sure™ irradiation indicator
OPERATOR: Raj DATE: 07.07.26.
25 Gy INDICATOR [redacted] IRRADIATED
LOT 040312GX25
2029-02-11

IVIG

CONSENT FOR BLOOD TRANSFUSION

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: B/O - Sahara Yasmeen Age: ..... Gender: Male ☐ Female ☑

UHID.No : 206060 / 060603 Date: 8/7/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
IVIG ☒ Albumin	☐ Red Blood Cell	☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: Thanmai Singh

Date & Time 8/7/26 1:30 pm

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. Siva Krishna

Date & Time 1:30 pm 8/7/26

Witness

Signature: .....

Name: .....

Date & Time 8/7/26 1:30pm

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా
☐ క్రయోప్రెసిపిటేట్
☐ మొత్తం రక్తం
☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు
☐ ఒకే ధాత ప్లేటిలెట్స్
☐ ఎర్ర రక్త కణం
☐ Random Donor Platelets
☐ Whole Blood
☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

Aptamil Gold

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 : Sareaha Yasmeen Age : ..... Gender : ☐ Male ☒ Female

UHID No : 2026080 Reg. No. : ..... Department : NICU Date : 7/7/26

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... 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 :

Signature : .....

Name : Thanavai Singh

Relationship with Patient: Father

Date & Time : 7/7/26

Witness :

Signature : Uma

Name : Uma

Date & Time : 7/7/26

Doctor (who is taking the consent) :

Signature : .....

Name : DR. GANESH

Date & Time : 7/7/2026

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. ..... రిజిస్ట్రేషన్ నెం.: .....విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :

I.P. No

NURSES ASSESSMENT CHART

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 Diagnosis : Weight : 3.16 kg Chart No. : 1

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200							139	145	137	158	166	162	171	153	149	138	175	149	138	149	141	139	153	163
BLACK - RESP	105 190																								
GREEN - TEMP	104 180																								
BLUE - NIBP	103 170																								
	102 160																								
	101 150																								
A- ALERT	100 140																								
V-VOICE	99 130							98.6	98.6	98.6	98.6	98.6	98.6	98.6	36.5	36.5	36.5	36.5	36.5	36.8	36.8	36.8	36.8	36.5	36.5
P-PAIN	98 120																								
U-UNRESPONSIVE	97 110																								
	96 100																								
VERBAL	95 90							41	34	35	46	44	45	37	41	39	53	61	41	59	39	48	50	65	60
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30							68	72	68	89		89	71	53	23	84	68	23	79	81	29	91	71	70
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24							50	52	50	62		62	67	59	59	85	56	52	65	41	81	81	45	51
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18							41	41	41	48		68	41	38	39	85	41	59	38	31	39	29	29	40
	16																								
	14																								
	12																								
	10																								
1 2 3 4 5 6 7 8																									
O2								100	97	96	99	98	97	94	99	100	98	100	98	99	98	99	100	98	99
SPO2								—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
RBS								—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
SUCTION								—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PHYSIOTHERAPY								—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
AVPU								A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Uma

Morning Shift : [illegible]

Evening Shift : Uma 7/7/26 @8PM

Night Shift : Akila 7/7/26 @8AM

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :

I.P. No

NURSES ASSESSMENT CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 8/7 Diagnosis : Weight : 3.12 Chart No. : (23)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	138	140	128	127	136	142	133	146	126	150	129	132	168		140		139		119		130		150	
BLACK - RESP	190																								
GREEN - TEMP	180																								
BLUE - NIBP	170																								
	160																								
	150																								
A- ALERT	140	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.8	36.6	37.2	36.4	36.8	38.2		98.6		98.6		98.6		98.6		98.8	
V-VOICE	130																								
P-PAIN	120																								
U-UNRESPONSIVE	110	79	74	80	76	91	73	85	92	82	90	78	84												
	100																								
VERBAL	90	1	1	1	1	1	1	1																	
5-ORIENTED	80																								
4-CONFUSED	70	55	53	56	54	62	48	58	60	58	70	68	69	60											
3-IN APPROPRIATE WORDS	60	1	1	1	1	1	1	1																	
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40	41	44	44	44	46	34	45	48	47	60	46	65	45											
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22	49	58	40	45	41	85	29	33	41	36	45	36	85		30		42		51		33		40	
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
1 2 3 4 5 6 7 8	12																								
	10																								
O2																									
SPO2		98	97	98	97	99	97	97	97	98	96	97	94	97		97		98		96		98		97	
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A		A		A		A		A		A	

Signature of the Nurse : Mahi

Morning Shift : Maheswari 8/7/26 @2PM

Evening Shift : Manorama 8/7/26 8pm

Night Shift : Sulochana 8/7/26 @ 10PM

Ref No. F/INF

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

Patient Name

I.P. No

NURSES ASSESSMENT CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 9/7/26 Diagnosis : Weight : Chart No. :

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200		140			135																			
BLACK - RESP	105 190																								
GREEN - TEMP	104 180																								
BLUE - NIBP	103 170																								
	102 160																								
	101 150																								
A- ALERT	100 140		36°C			36°C																			
V-VOICE	99 130																								
P-PAIN	98 120																								
U-UNRESPONSIVE	97 110																								
	96 100																								
VERBAL	95 90																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40		8																						
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22		90			95																			
2-EXTENSION	20																								
1-NONE	18																								
1 2 3 4 5 6 7 8	16																								
	14																								
	12																								
	10																								
O2																									
SPO2			100			99																			
RBS			—			—																			
SUCTION			—			—																			
PHYSIOTHERAPY			—			—																			
AVPU			A			A																			

noted by Bernadette 9/7 @ 1 pm

Signature of the Nurse : Bmiji

Morning Shift : Evening Shift : Night Shift :

474 − 161.7 985 + 88.2

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	Aptamil	40ml							25ml	0	Urea 7/7 kg @ 8PM
	06:00 pm			5% ISOP							0	
	07:00 pm			19.7							0	
Total Intake :						**Total Output :** 25 ml						
	08:00 pm			19.7							0	
	09:00 pm			19.7							0	
	10:00 pm	I.V Blood		19.7						15 ml	0	
	11:00 pm			19.7							0	
	12:00 am	15.8		19.7			✓			25 ml	0	
	01:00 am	15.8		19.7							0	
Total Intake :						**Total Output :** 35 ml						
	02:00 am	15.8		19.7							0	Azithro 7/7 120 @ 8PM
	03:00 am	15.8		19.7							0	
	04:00 am	~~ISOP~~		19.7						25ml	0	
	05:00 am			19.7							0	
	06:00 am			19.7						10ml	0	
	07:00 am			19.7							0	
Total Intake :		292.1ml				**Total Output :** 35 ml					(~~80~~)	95ml

Total 24 hrs. Intake	197.8cc/kg/day	Total 24 hrs. Output	2.0cc/kg/hr.

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2) 8/7/26

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.

		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							
8/7/26	08:00 am	Aptamil gold	60ml							15ml	0	
	09:00 am										0	
	10:00 am										0	
	11:00 am		60ml				✓			20ml	0	
	12:00 pm		N	10.5 DBF							0	
	01:00 pm		P	17.4							0	
Total Intake : 117.4 ml						Total Output : 35 ml						
	02:00 pm		O	17.4	R.V.B.L						0	
	03:00 pm		N	15.8	1.6					20ml	0	
	04:00 pm		P	12.6	3.2						0	
	05:00 pm			6.2	6.4					20ml	0	
	06:00 pm		O	5.5	12.8						0	
	07:00 pm			5.5	13.5					15ml	0	UMB 8/7/26 8PM
Total Intake : 114 mL stop 13.5						Total Output :						
8/7/26	08:00 pm		60ml + Aptamil Gold								0	
	09:00 pm									✓		
	10:00 pm		EBM				✓					
	11:00 pm										0	
	12:00 am		DBF									
	01:00 am									✓		
Total Intake :						Total Output :						
9/7/26	02:00 am											Subha 9/7/26 @ 8AM
	03:00 am		EBM									
	04:00 am									✓	0	
	05:00 am		EBM									
	06:00 am											
	07:00 am		EBM							✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 19 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

9/7

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/7	08:00 am											
	09:00 am		EBM									
	10:00 am									—		
	11:00 am		EBM									
	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 :**						

9/7 @1pm

Noted by Baramilla 9/7 @1pm

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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							
	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**	

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: .....N.K.A..... ☐ 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: ..... Shifted to: .....

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	TRIFER Drops (1ml = 50mg).	0.2ml	P/O	24 hrly		☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ 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 : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: NICU

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	TRIFERDON DROPS	0.2 ml	PO	24 hrly		☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ 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. Harsha

Date & Time : 7/7/26 @ 12:20PM

Nurse Name & Signature: Sr. Leena

Date & Time : 7/7/26 @ 12:20PM

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 7/7/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 3.16 kg Ward. NICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/8/26	5pm	I.V FLUID 150-P 5% ~~[illegible]~~ 150 ml/kg/day	I/V	19ml/Hour.	Diva	Umg / Potash	7/8/26		[illegible] / Swetha
8/8/26	1730 pm	I.V FLUID 150-P 150ml/kg/day.	I/V	19ml/Hour	[illegible]	Mahe / Roop	8/8	[illegible]	Jnes / Adhy

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

VIH-00206080 IP-00000000

Baby B/O SAHARA YASMEEN

20-06-2026 0 Y 0 M 17 D (F)

Dr. SURENDER RAO DUSA

Weight. 3.16kg Ward. NICU

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

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

Signature .....

Name .....

VERIFIE

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	12:4pm	LRBC Transfusion	20ml/kg over 4 hrs	IV	SY	Akku Rekha Nee
8/7/26		~~IVIgG 3.1gm~~	~~60ml~~ over 4 Hours	IV		
		IVIG (1gm/kg) (3.2gm in 50ML)				
8/7/26	1:30 pm		0.5ML/kg/hr (1.6 ML/hr)	I.V over 60 mins	AA	Mahi Prasanna
			1ML/kg/hr (3.2 ML/hr)	I.V over 60 mins	AA	Mahi Prasanna
			2ML/kg/hr (6.4 ML/hr)	I.V over 60 mins	AA	Uma Achyuta
			4ML/kg/hr (12.8 ML/hr)	I.V over 60 mins	AA	Uma Achyuta
			13.5 ML/hr	I.V over 60 mins	AA	Uma Ade
			13.5 ML/hr	IV over 60 mins	AA	Uma Ade

VIH-00206080 IP-00060603
Baby B/O SAHARA YASMEEN
20-06-2026 0 Y 0 M 17 D (F)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS Weight. 3.16kg Ward. NICU

DRUG : TRIFER DROPS				Date / Time
Dose: 0.2ml	Route: P/O	Frequency: 24 hrly	Start Date: 8/7	
Name & Signature of the Doctor Starting the Drugs: DIVA DR. DIVA				SHP
Additional Instructions: 4mg/kg/dose.				
Daily Doctor's Endorsement by a Sign				

DRUG : TRIFER DROPS.				Date / Time 8/7
Dose: 0.2ml	Route: P/O	Frequency: 24 hrly	Start Date: 8/7	
Name & Signature of the Doctor Starting the Drugs: DIVA DR. DIVA				Tomuse RCH
Additional Instructions: 4mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

Clinic 8/7/26

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				